POHNPEI STATE GOVERNMENT
HOUSING AUTHORITY
P.O. Box 1109
Kolonia, Pohnpei, FSM 96941
Phone: (691) 320-2582/2096 Fax: (691) 320-2304

APPLICATION FOR HOUSING ASSISTANCE

Applicant		Age		SS No.	
Co-Applicant		Age		SS No.	
Village		Municipality			

Mailing Address: _____ Telephone: Home: _____

Email Address:_____ Office: _____

No. of Dependents_____ Any of them employed. _____ If so, list their names & income below

Name	Age	Relationship	Date of Birth	School & Grade or Employer & Position

EMPLOYMENT:

Employer: _____ Job Title: _____ How Long: _____
Address: _____ Work Phone No._____

Immediate Supervisor_____ Mo. Salary:
Other Sources of Income: _____
Total Earnings

$_____
$_____
$_____

FINANCIAL OBLIGATIONS: Loan Obligations:

Institution Balance	Original Amount	Monthly Payment	

HOUSEHOLD EXPENSES:

	PAST 12 MONTHS	NEXT 12 MONTHS
Living Expenses		
Taxes Paid		
Capital Goods		
Total:		

CONDITION OF HOME: [ ] Overcrowded [ ] Deteriorated [ ] No house/living with others
Of structure: [ ] Concrete [ ] Concrete/Tin [ ] Wood/Tin [ ] Local

Construction Plan: [ ] New Construction [ ] Renovation [ ] Completion

Project Estimated Cost: $_____

Request: $_____ How much are you willing to pay each month? $_____

How much can you contribute to the project cost from your own resources? $_____

COLLATERAL: [ ] Ihmw [ ] Sahpw [ ] Soahng teikan: _____

Security: _____ Location: _____

CERTIFICATION:

We, the undersigned having read and received the explanation on the requirements of this application had therefore certify that all information provided herein are true and correct to the best of our knowledge and we further understand that the determination of my faulty or misrepresentation of information contained herein is sufficient cause for denial of our request.

_____ _____ _____ _____
Signature of Applicant Date Signature of Co-Applicant Date

FOR OFFICE USE ONLY: ***Receiving Official should make sure that the following are complete.***

Received By: _____ ***Date:*** _____
Name and Title

_____ ***House Design***
_____ ***Dev. Plan*** ***SCREEN POINTS:*** _____
_____ ***Material List***
_____ ***Land Document/Map***
_____ ***Credit Check***
_____ ***Permits: EPA, HPO and R&MD***
_____ ***Verification of Employment***
_____ ***Allotment/Check-Stub***
_____ ***Field Inspection***
_____ ***Before Picture***

REMARKS: _____

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REQUEST FOR EMPLOYMENT VERIFICATION

To: (Name and Address of Employer)

From: (Pohnpei Housing Authority)

P.O.Box 1109
Kolonia, Pohnpei FM 96941

I have applied for credit with Pohnpei State Housing and stated that I am employed by you. My signature authorizes verification of the information requested below.

Name and Address of Applicant:

_____
Signature of Applicant

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

_____ _____ _____
Signature of PSHA Representation Title Date

APPLICANT'S INFORMATION

1. Is applicant currently employed? ( )yes ( )no
2. Total time employed. _____yrs. _____mos.
3. Probability of continued employment for_____mos.
4. Employment contract expiration date (if applicable) _____
5. Position or Job Title_____
6. Gross monthly income(if commissions are involved, briefly explain method of computation and % of the gross income they represent). _____
7. Total deductions, including credit union payments _____

_____ _____ _____
Signature of Employer Representative Title Date

POHNPEI STATE HOUSING AUTHORITY
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KOLONIA, POHNPEI, FSM 96941
Phone: (691)320-2582/4225 Fax: (691)320-2304

AUTHORIZATION TO RELEASE INFORMATION

NAME**:** **SS. 03-**

I/We have applied for or obtained a loan from the Pohnpei Housing Authority. As part of this process or in considering me for interest credit, payment assistance, or other servicing assistance on such loan, PSHA may verify information contained in request for assistance and in other documents required in connection with the request.

I/We authorize you to provide to PSHA for verification purposes the following applicable information.

- Past and present employment or income records.
- Bank accounts, stocks holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan, I further authorize PSHA to order a consumer credit report and verify other credit information.

This authorization is valid for the life of the loan.

_____ _____ _____

Applicant Signature Co" A" Signature Date:

POHNPEI STATE HOUSING AUTHORITY
P.O.BOX 1109
KOLONIA, POHNPEI, FSM 96941
Phone: (691)320-2582/4225 Fax: (691)320-2304
Email: phauthority@mail.fm

Name of Creditor: Mesenieng Credit Union

Applicant Name:	Social Security Number**:**
Co-Applicant Name**:**	Social Security Number**:**

The above Applicant(s) have applied for Housing Authority Loans. We would apricate any information that you may be able to supply to their financial responsibility.

CREDIT INFORMATION, ACTIVE/OPEN LOANS:

Date of Loan	High Amount	Current Balance	Monthly Payment	Term	Last Transaction	Next Due	Rating

I/We authorize you to provide credit inquiries to PSHA for verification purposes:
-

Applicant's Signature: Co-Applicant's Signature:

Credit Check By:_____

Print Name: Signature: Date:

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KOLONIA, POHNPEI, FSM 96941
Phone: (691)320-2582/4225 Fax: (691)320-2304
Email: phauthority@mail.fm

Name of Creditor: Bank Of Guam

Applicant Name:	Social Security Number**:**
Co-Applicant Name**:**	Social Security Number**:**

The above Applicant(s) have applied for Housing Authority Loans. We would apricate any information that you may be able to supply to their financial responsibility.

CREDIT INFORMATION, ACTIVE/OPEN LOANS:

Date of Loan	High Amount	Current Balance	Monthly Payment	Term	Last Transaction	Next Due	Rating

I/We authorize you to provide credit inquiries to PSHA for verification purposes:
-

Applicant's Signature: Co-Applicant's Signature:

Credit Check By:_____

Print Name: Signature: Date:

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Email: phauthority@mail.fm

Name of Creditor: Bank Of FSM

Applicant Name:	Social Security Number**:**
Co-Applicant Name**:**	Social Security Number**:**

The above Applicant(s) have applied for Housing Authority Loans. We would apricate any information that you may be able to supply to their financial responsibility.

CREDIT INFORMATION, ACTIVE/OPEN LOANS:

Date of Loan	High Amount	Current Balance	Monthly Payment	Term	Last Transaction	Next Due	Rating

I/We authorize you to provide credit inquiries to PSHA for verification purposes:
-

_____

Applicant's Signature: Co-Applicant's Signature:

Credit Check By:_____

Print Name: Signature: Date:

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Phone: (691)320-2582/4225 Fax: (691)320-2304
Email: phauthority@mail.fm

Name of Creditor: FSM DEVEOPMENT BANK

Applicant Name:	Social Security Number**:**
Co-Applicant Name**:**	Social Security Number**:**

The above Applicant(s) have applied for Housing Authority Loans. We would apricate any information that you may be able to supply to their financial responsibility.

CREDIT INFORMATION, ACTIVE/OPEN LOANS:

Date of Loan	High Amount	Current Balance	Monthly Payment	Term	Last Transaction	Next Due	Rating

I/We authorize you to provide credit inquiries to PSHA for verification purposes:
-

_____

Applicant's Signature: Co-Applicant's Signature:

Credit Check By:_____

Print Name: Signature: Date:

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Name of Creditor: SMALL BUSINESS QUARANTY

Applicant Name:	Social Security Number**:**
Co-Applicant Name**:**	Social Security Number**:**

The above Applicant(s) have applied for Housing Authority Loans. We would apricate any information that you may be able to supply to their financial responsibility.

CREDIT INFORMATION, ACTIVE/OPEN LOANS:

Date of Loan	High Amount	Current Balance	Monthly Payment	Term	Last Transaction	Next Due	Rating

I/We authorize you to provide credit inquiries to PSHA for verification purposes:
-

_____

Applicant's Signature: Co-Applicant's Signature:

Credit Check By:_____

Print Name: Signature: Date: