

Wake Up At Home CDC

# 2026 Intake Packet

USDA Section 502 Direct • 504 Repair • 504 Disaster Assistance

Please complete this packet in full before your file can be reviewed. You may complete the packet online at your client portal or print, fill it out by hand, and return it to Wake Up At Home Community Development Corporation.

**Disclaimer:** Wake Up At Home CDC assists applicants with USDA housing program paperwork. We are not the U.S. Department of Agriculture and cannot guarantee approval, funding, or eligibility. All funding decisions rest solely with USDA.

## 1. Applicant Information

<b>Full Legal Name</b>	
<b>Date of Birth</b>	
<b>Social Security #</b>	
<b>Marital Status</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Current Address</b>	
<b>City / State / Zip</b>	
<b>Length at Current Address</b>	
<b>Preferred Contact Method</b>	

## 2. Co-Applicant Information

<b>Full Legal Name</b>	
<b>Date of Birth</b>	
<b>Social Security #</b>	
<b>Relationship to Applicant</b>	
<b>Phone</b>	
<b>Email</b>	

### 3. Household Members

List every person who will live in the home (excluding applicant/co-applicant listed above).

Full Name	DOB	Relationship	SSN

### 4. Employment & Income (Applicant)

Employer Name	
Employer Address	
Job Title	
Start Date	
Gross Monthly Income	
Hours per Week	
Supervisor Name & Phone	

### 4b. Employment & Income (Co-Applicant)

Employer Name	
Employer Address	
Job Title	
Start Date	

<b>Gross Monthly Income</b>	
<b>Hours per Week</b>	

## 5. Monthly Non-Wage Income

<b>Social Security / SSI</b>	
<b>Disability</b>	
<b>Child Support Received</b>	
<b>SNAP / TANF</b>	
<b>Unemployment</b>	
<b>Pension / Retirement</b>	
<b>Rental / Investment Income</b>	
<b>Other Income (describe)</b>	

## 6. Debts and Assets

<b>Checking Account Balance</b>	
<b>Savings Account Balance</b>	
<b>Retirement / 401(k)</b>	
<b>Other Assets</b>	
<b>Credit Card Debt (total)</b>	
<b>Auto Loans</b>	
<b>Student Loans</b>	
<b>Child Support Owed</b>	
<b>Other Monthly Debts</b>	

## 7. Purchase or Repair Information

### For 502 Direct (home purchase)

<b>Preferred Location / County</b>	
<b>Approx. Purchase Price</b>	
<b>Have you found a property?</b>	
<b>Property Address (if identified)</b>	
<b>Are you a first-time homebuyer?</b>	

### For 504 Repair / Disaster

<b>Property Address to be Repaired</b>	
<b>Do you own the home? (Yes/No)</b>	
<b>Year Home was Built</b>	
<b>Description of Needed Repairs</b>	
<b>For Disaster: date/nature of disaster</b>	

## 8. Comments

## 9. Required Documents Checklist

- Identification card for each household member age 18+

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- Social Security card for each household member age 18+

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- Copy of \$30 cashier's check made out to USDA-RHS

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- Detailed credit reports: Equifax, Experian, TransUnion, MyFICO

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- 2024 W-2 or IRS Wage Transcript

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- 2024 signed Federal Tax Return or Tax Transcript

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- 2025 W-2 or IRS Wage Transcript

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- 2025 signed Federal Tax Return or Tax Transcript

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- Last 30 days of pay stubs from all employers

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- Self-employment Profit & Loss Statement (if applicable)

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- 1099 income documents (if applicable)

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- Award letters: unemployment, SSI, disability, SNAP/TANF, housing assistance

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- Last 2 months of bank statements

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- Last 2 months of Cash App / Apple Pay / PayPal / other financial statements

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- Dependent daycare or school enrollment documents (if applicable)

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- Child support court order and last 12 payments (if applicable)

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- Landlord contact & move-in date for all residences in the last 2 years

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- Vehicle year, make, model for each vehicle owned

## 10. Authorization to Release Information

I hereby authorize Wake Up At Home Community Development Corporation and the U.S. Department of Agriculture Rural Housing Service (USDA-RHS) to verify any information provided in this intake packet, including but not limited to employment, income, credit history, banking information, tax returns, rental history, child support, public assistance, and any other records necessary to determine eligibility for USDA housing programs. I understand this authorization is valid for the duration of my application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Return completed packet to: Wake Up At Home CDC • [info@wuah.org](mailto:info@wuah.org) • [Dunbar.Annjanette@wuah.org](mailto:Dunbar.Annjanette@wuah.org)