

## NEW HOME CONSTRUCTION

### Required Application Documents

- **Photo ID** for all adults residing in the household: Driver's License, TX ID, Military ID or Passport
- **Social Security Card** for every person in the household
- **Birth Certificate(s)** for all children residing in the household
- **Verification of all Income** for any person that is working or receiving income and residing in the household
  - Most recent tax return (1040 or 1040A),
  - Social Security award letter
  - Job Earnings, Name and address of Employer with 3 months recent pay stubs
  - Child Support Award/ Alimony letter if applicable
- **Divorce Decree** if applicable
- **Three months of Bank Statements** saving & checking for all individuals
- **Current loans statement:** Credit Card, Student loan, Car loan, Etc.... must have monthly payment and balance amounts
- **Applicants may not have a felony conviction within the last 3 years.**
- **Do you pay child support, alimony, etc.....**

**Please call our office and make an appointment to bring in application and all required documents.**

**Please sign all documents.**

**\*Application is not a guarantee of services, you must qualify for the programs\***

**Galilee Community Development Corporation**

**39 Buick Street**

**San Angelo, Texas 76901**

**(325) 655-6700**

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For Staff use only:

\_\_\_ AHAP \_\_\_ TEXAS FIRST \_\_\_ RURAL \_\_\_ USDA \_\_\_ OTHER

## Galilee Community Development Corporation

# Personal Information Client Assessment Form

### Part One- Biographic and Demographic Information

Name1: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race:  American Indian/Alaskan Native       Asian       African-American       White  
 Native Hawaiian/ Pacific Islander       Biracial or Multiracial       Other \_\_\_\_\_

Ethnicity:       Hispanic       Non-Hispanic      Are you a Veteran?  yes  no

Marital Status:  Separated       Married  Unmarried (single, divorced, widowed) Are you Disabled:  yes  
 no

Name2: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race:  American Indian/Alaskan Native       Asian       African-American       White  
 Native Hawaiian/ Pacific Islander       Biracial or Multiracial       Other \_\_\_\_\_

Ethnicity:       Hispanic       Non-Hispanic      Are you a Veteran?  yes  no

Marital Status:  Separated       Married  Unmarried (single, divorced, widowed) Are you Disabled:  yes  
 no

Dependents: \_\_\_\_\_

NAME	GENDER	DATE OF BIRTH	RACE	ETHNICITY		Relationship to Applicant
				Hispanic	Non-Hispanic	

# Galilee Community Development Corporation

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My household type is...  Single Adult  Married  Cohabiting  Married with Dependents  
 Single female-headed household with dependents  Single male-headed household with dependents  
 Living with non-spousal family members  Other \_\_\_\_\_  
Family Household Size \_\_\_\_\_

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## **Part Two: Employment Status**

Name 1's Employment Status:  Employed Full-time  Employed Part-time  Seasonal Worker  
 Unemployed, receiving benefits  Unemployed, receiving no benefits  Retired  
 Self-Employed  Disabled, receiving benefits  Other: \_\_\_\_\_  
Employer: \_\_\_\_\_  Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name 2's Employment Status:  Employed Full-time  Employed Part-time  Seasonal Worker  
 Unemployed, receiving benefits  Unemployed, receiving no benefits  Retired  
 Self-Employed  Disabled, receiving benefits  Other: \_\_\_\_\_  
Employer: \_\_\_\_\_  Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## **Legal Status- This applies to all individuals in the household over 14 yrs. of age**

\_\_\_ No criminal history  Currently on parole. If yes, release date \_\_\_\_\_

\_\_\_ Prior conviction  Current outstanding criminal warrant, arson conviction

\_\_\_ Registered Sex Offender

If current, or prior conviction, please specify:

Year \_\_\_ Type of offense: Non-violent crime \_\_\_ Violent crime/felony \_\_\_ Date Released \_\_\_\_\_

If Violent crime/felony, please explain: \_\_\_\_\_

**2023 HOME Client Profile Form**

1. Client name: \_\_\_\_\_ 2. Date: \_\_\_\_\_

3. Address: \_\_\_\_\_ 4. Zip Code \_\_\_\_\_

5. Race Category: \_\_\_\_\_ White  
 \_\_\_\_\_ Black/ African American  
 \_\_\_\_\_ Black/ African American & White  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Asian & White  
 \_\_\_\_\_ American Indian/ Alaskan Native  
 \_\_\_\_\_ American Indian/ Alaskan Native & White  
 \_\_\_\_\_ Native American/ Other Pacific Islander  
 \_\_\_\_\_ Other Multi-Racial

6. Ethnicity (circle one):        Hispanic                      Non-Hispanic

7. Female Head of Household (circle one): Yes or No

8. Income Guidelines: Step 1- Circle the number of Persons in your household  
 Step 2- Circle the Household Income Range (under the number you already circled in Step 1 above.)

Number in Household (2022 Income Limits) effective June 15, 2023

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
30% Extremely Low	\$16,850	\$19,250	\$21,650	\$24,050	\$26,000	\$27,900	\$29,850	\$31,750
50% Very Low	\$28,100	\$32,100	\$36,100	\$40,100	\$43,350	\$46,550	\$49,750	\$52,950
60% Limits	\$33,720	\$38,520	\$43,320	\$48,120	\$52,020	\$55,860	\$59,700	\$63,540
80% Low Income	\$44,950	\$51,350	\$57,750	\$64,150	\$69,300	\$74,450	\$79,550	\$84,700

I acknowledge Galilee Community Development Corporation may need to verify the documentation provided to support the L/M income classification. I have provided this information and certify to its accuracy to the best of my knowledge and belief.

\_\_\_\_\_  
 Head of Household Signature & Date

\_\_\_\_\_  
 Staff Member Signature & Date



## Eligibility Release Form

Galilee Community Development Corporation  
 39 Buick St  
 San Angelo, Texas 76901

\*\*\*\*\*

Check one

Home Repairs     Demolition  
 Homebuyers     Revitalization

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*Purpose:* Your signature on the Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above Galilee CDC to obtain information from a third party relative to your eligibility and continued participation in CDBG, Home and/or Helping Hands programs.

*Privacy Act Notice Statements:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to determine the level of benefit from the HOME Program: to protect the Government's financial interest; and to verify the release to appropriate Federal, State, and local agencies, when relevant, to civil, criminal or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. Galilee CDC is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign the Revitalization Program Eligibility Release Form prior to the receipt of benefit to establish continued eligibility. Additional signatures and income information must be obtained from new adult members whenever they join the household or whenever members of the household turn 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR A COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

\_\_\_\_\_  
 Head of Household- Signature and Date

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

\_\_\_\_\_  
 Member #3- Signature and Date

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

Information Covered: Inquires may be made about items initiated by the applicant

	Verification Required	Applicant's Initials
Income (all sources) Example: Wages, business investments, pensions, retirement	Yes or No	
Social Security or SSI	Yes or No	
Unemployment	Yes or No	
TANF	Yes or No	
Alimony Child Support	Yes or No	
Assets (all sources) Example: Real and personal	Yes or No	
All available credit information	Yes or No	
Other (list)  _____ _____	Yes or No	

*Authorization:* I authorize Galilee CDC to obtain information specified above me and my household that is pertinent to eligibility in the CDBG/HOME and Helping Hands Programs and to release my application information to the consumer Credit Counseling Service and, if applying for new construction or down payment and closing cost assistance, to local banking institutions.

- I Acknowledge that:*
1. A photocopy of this form is valid as the original.
  2. I have the right to review the information received using this form (with a person of my choosing to accompany me).
  3. I have the right to copy information from this file and to request correction of information I believe to be inaccurate.
  4. All adult household member will sign this form and cooperate with Galilee CDC in this process.
  5. I have read and signed the handout titled "HOME Program Income Inclusions and Exclusions."

\_\_\_\_\_  
 Member #2- Signature and Date

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

\_\_\_\_\_  
 Member #4- Signature and Date

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

**Part Three: My current housing status is:**

- Renting     
  Homeowner with Mortgage     
  Homeowner (no mortgage)     
  Homeless  
 Living with family (paying rent)   
  Living with family (not paying rent)  
 Other \_\_\_\_\_ Do you currently receive rental assistance subsidies? \_\_\_\_\_  
 If YES, please specify: \_\_\_\_\_

**Part Four: Your Debt and Average Monthly Expenses**

	Name on Account		Name on Account	
Average Monthly Debt	Monthly payment	Balance of account	Monthly payment	Balance of account
Rent				
Car Payments				
Car Insurance				
Credit Card 1				
Credit Card 2				
Childcare/daycare				
Child Support/ Alimony				
School Tuition				
Household Utilities (water, electric, gas, trash, landline, cable)				
School Tuition				
Cell Phone				
Food (groceries, eating out)				
Student Loan				
Other:				
Other:				

**Part 5: Your Income, Qualification Standards, and Signatures**

<b>Household member</b>	<b>Estimated Annual Income</b>	<b>Source of Income/Additional Information</b>
Head of Household	\$	
Member 2	\$	
Member 3	\$	
Other Income (Food Stamp, Housing Assistance, Social Security, Retirement, etc....)	\$	
<b>TOTAL</b>	\$	
Assets including Checking/Savings Balances, Individual Retirement Account, (Do not include car.)	\$	
Do you own land, home or rental property? If so, how much is property worth?	\$	
<b>TOTAL</b>		

**PLEASE BRING ALL SUPPORTING DOCUMENTATION FOR THE ITEMS LISTED ABOVE.**

I acknowledge that Galilee Community Development Corporation or HUD may need to verify the documentation provided to support the income classification. I have provided this information to certify to its accuracy to the best of my knowledge and belief.

\_\_\_\_\_  
Head of household

\_\_\_\_\_  
Date

\_\_\_\_\_  
GCDC Authorized Signature

\_\_\_\_\_  
Date

COMMENTS:



## Galilee Community Development Corporation

Matthew 25:40 Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.

I hereby authorize Galilee Community Development Corporation to obtain and release my information to San Angelo Public Housing Authority, financial institutes, or other related parties.

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CLIENT PRINTED LEGAL NAME

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SIGNATURE

---

DATE

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CO-CLIENT PRINTED LEGAL NAME

---

CO-CLIENT'S SIGNATURE

---

DATE

The second signature block is only to be used when there is a co-applicant.

This information will only be used in consideration for housing development by the organizations listed above. This information will not be released to any other party without written consent of above clients. I understand any income information needed for reports or demographic to funders will be provided to them.