

# TX 1<sup>ST</sup> 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: \_\_\_\_\_

**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<br>(water, electric, gas,<br>trash, landline, cable) |                 |                    |                 |                    |
| School Tuition   |                 |                    |                 |                    |
| Cell Phone   |                 |                    |                 |                    |
| Food (groceries, eating<br>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 financial institutions or other related parties.

\_\_\_\_\_  
CLIENT/HOMEBUYER'S PRINTED LEGAL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-CLIENT/HOMEBUYER'S 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.