



Application Packet HOME Program

Instructions for completing the application packet:

PRE-QUALIFYING APPLICATION FORM

Please note all areas need to be completed and all adult members of the household will need to sign and date the last page. Anyone living in the home, 18 years of age or old, must sign.

HOME PROGRAM APPLICATION RELEASE AND CONSENT

Please note all areas need to be completed and all adult members of the household will need to sign and date the last page. Anyone living in the home, 18 years of age or old, must sign.

Support documentation to be provided by the applicant when application is returned to East Texas Council of Governments should include:

- Copy of the **Warranty Deed**
- Copy of a **Texas Certificate** showing all taxes are current
- Copy of **Texas Driver's License** and **Texas Identification** for each adult member of the household
- Copy of a **Social Security Card** for each adult member of the household
- Additional documents may be requested upon review of the application packet.

Please return the completed application packet and requested information **as soon as possible**. You will be contacted to arrange a time to discuss your application and the program details.

ALL DOCUMENTS MUST BE SUBMITTED BY .



TDHCA – Home Program

Pre-Qualifying Application

Date/Time Application Returned _____ **Initials** _____

Dear Applicant: The information on this form will be used to pre-qualify households under the Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. Appointments be will scheduled to complete an additional “Intake Application” once the household has been verified.

CONTRACT ADMINISTRATOR: East Texas Council of Governments
TDCHA CONTRACT NUMBER: #21017-0044

APPLICANT NAME

CURRENT ADDRESS

--	--	--

CITY

STATE

ZIP CODE

--	--	--

HOME NUMBER

CELL NUMBER

OTHER NUMBER

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CONTACT PERSON

CONTACT NUMBER

LIST EACH PERSON LIVING IN THE HOME

Name	Relationship	Date of Birth	Student Status FT/PT
1.			
2.			
3.			
4.			
5.			
6.			

LIST INCOME SOURCES FOR EACH HOUSEHOLD MEMBER 18 YEARS OF AGE AND OLDER (Social Security, SSI, Salary, Child Support, Etc.)

Name	Source of Income	Monthly Income
1.		
2.		
3.		
4.		
5.		
6.		

CURRENT EMPLOYER INFORMATION

--	--

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

--	--

COMPANY NAME

CONTACT PERSON

--	--	--

CITY

STATE

ZIP CODE

--	--	--

WORK NUMBER

FAX NUMBER

OTHER NUMBER

--	--

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

--	--

COMPANY NAME

CONTACT PERSON

--	--	--

CITY

STATE

ZIP CODE

--	--	--

WORK NUMBER

FAX NUMBER

OTHER NUMBER

HOUSEHOLD ASSETS (COMPLETE EACH THAT APPLIES)

	Account Number	Average Balance	Financial Institution
Checking Account			
Savings Account			
Credit Union Account			
Stocks, Bonds, Mutual Funds			
Real Estate (other than current home)			
IRA/Keogh Account			
Retirement/Pension Fund			
Trust Fund			
Mortgage Note Held			
Life Insurance			
Other:			

EACH HOUSEHOLD MEMBER 18 YEARS OF AGE AND OLDER, MUST SIGN:

APPLICANT SIGNATURE	DATE
CO-APPLICANT SIGNATURE	DATE
ADULT MEMBER SIGNATURE	DATE
ADULT MEMBER SIGNATURE	DATE
ADULT MEMBER SIGNATURE	DATE

HOME Program Application Release Consent

I/We, _____, the undersigned hereby authorize (homeowner leave blank _____) to release without liability, information regarding my/our employment, income, and/or assets to the East Texas Council of Governments for purposes of verifying information provided as part of my/our application for the federally funded HOME Program.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited, employment, income and assets, medical or child care allowances, or medical records verifying handicaps or disabilities. I/We understand this authorization can only be used to obtain information that is pertinent to eligibility as a HOME Program Applicant.

INFORMATION SOURCES

The groups or individuals that may be asked to release information include (but not limited to):

Past and present employers	Welfare agencies	Retirement Systems
Support and Alimony	Veterans Administration	Banks/Financial institutions
State Unemployment Agencies	Medical/Child Care Providers	
Social Security Administration		

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review the file and correct any information that I/we can provide is incorrect.

EACH HOUSEHOLD MEMBER 18 YEARS OF AGE AND OLDER, MUST SIGN:

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

ADULT MEMBER SIGNATURE

DATE

ADULT MEMBER SIGNATURE

DATE