



## Application

Thank you for your interest in applying for HAUCDC's Program. To be considered you must fully complete the following application and submit it along with a signed 1003 Form or a copy of your most recent Tax Return ( you may scratch out SS# or any other information other than name, address, households size, and total Income. **If any information that is supplied on the application changes during the application process it is your responsibility to notify HAUCDC immediately.**

<b>PLEASE BE SURE YOU MEET THE BASIC REQUIREMENTS TO APPLY;</b>
<input type="checkbox"/> Owner occupant <input type="checkbox"/> Taxable and/or Non-Taxable Income within the Income limits

Today's Date:		MM/DD/YYYY	
How did you hear about us?			
Applicant Name:			
Current Address:			
City:		State:	Zip:
Applicant Home #:		Applicant Cell #:	Applicant Email:
Spouse Information (If applicable) →		Spouse Cell:	Spouse Email:

Please list the address of the Home you would like to Purchase:

Applicants Employer		Salary or wage:		Other Income		VA or SSA	
Co-Applicants Employer		Salary or wage:		Other Income		VA or SSA	

Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			If Married, how many years?	
Race:	Ethnicity:	Commit to be Owner Occupant	<input type="checkbox"/> YES <input type="checkbox"/> NO		

List ALL members who will be living in the home (Including Yourself)

AGE	NAME	RELATIONSHIP
1.		
2.		
3.		
4.		
5.		
6.		

<b>Annual Household Income:</b> \$	
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I understand that by signing below the applicant certifies that I and all other applicants have read the application, all supporting documentation and that, under penalty of law, the information that I/we have submitted with this application is true and factual. Furthermore, I/we agree that the submission of this application does not, in any way, denote an approval of the application or the materials contained within by HAUCDC, its local partner, brokers or any other contractor or representative of HAUCDC. HAUCDC has sole and final decision of the approval of all applications. Should the application be approved, the applicant(s) certify they understand the restrictions of the second lien.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you, or an immediate family member, currently employed with any of the below institutions/ organization or currently in the hiring process? Please check the below box: <input type="checkbox"/> Chase <input type="checkbox"/> Bank of America <input type="checkbox"/> Houston Area Urban CDC <input type="checkbox"/> National Community Stabilization Trust	<input type="checkbox"/> YES <input type="checkbox"/> NO
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\_\_\_\_\_  
Homebuyer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homebuyer Signature

\_\_\_\_\_  
Date

Property Address:

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**PART V. DETERMINATION OF INCOME ELIGIBILITY**

Is the household at or below 50% of AMI?	<input type="checkbox"/> yes / <input type="checkbox"/> no	<input type="checkbox"/> yes / <input type="checkbox"/> no	<input type="checkbox"/> yes / <input type="checkbox"/> no
Is the household at 50% to 80% of AMI	<input type="checkbox"/> yes / <input type="checkbox"/> no		
Is the household at 81% 100% of AMI?	<input type="checkbox"/> yes / <input type="checkbox"/> no		
Is the household at 101% to 120% AMI%	<input type="checkbox"/> yes / <input type="checkbox"/> no		
Is the Household over 120% AMI?	<input type="checkbox"/> yes / <input type="checkbox"/> no		

Household Income at Move-in : \$

Household Size at Move-in:

**SIGNATURE OF HAUCDC REPRESENTATIVE**

Based on the representations herein and upon the proof and documentation required for a complete submission, the individual(s) named in Part II of this Income Certification is/are eligible under the provisions of program rules and regulations to live in a unit in this Project.

\_\_\_\_\_  
SIGNATURE OF HAUCDC REPRESENTATIVE

\_\_\_\_\_  
DATE

Primary Mortgage Gender  Male /  Female

Head of Household age? \_\_\_\_\_

Owner occupant Property  yes /  no