



CLT Home Ownership Application

Tel (512) 479-6275 Fax (512) 478-9949 Email yolanda@guadalupe.org

Applicant Information

NAME		GENDER	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	PHONE NUMBER(S)	
CURRENT ADDRESS			
CITY		STATE	ZIPCODE
<input type="checkbox"/> Own <input type="checkbox"/> Rent	MONTHLY PAYMENT OR RENT	HOW LONG?	CREDIT SCORE (IF KNOWN)
EMAIL ADDRESS			

Have you ever lived in the 78702 or 78721 postal zip code area? More specifically, do you live in, or have family living in, the area south of East 11th Street, east of Interstate 35, west of Route 183, and north of Town Lake? Yes No

If yes, how long? _____ Address _____

Race (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> African American/Black American | <input type="checkbox"/> Multiple Race |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Indian/Alaska Native | <input type="checkbox"/> White-Hispanic | <input type="checkbox"/> Decline to Respond |

Employment Status

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Self-Employed | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Work full-time for employer | <input type="checkbox"/> Full-time student | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Work part-time for employer | <input type="checkbox"/> Permanently unable to work | <input type="checkbox"/> U.S. Veteran |

Education Attainment

- | | |
|--|---|
| <input type="checkbox"/> Less than High School Diploma | <input type="checkbox"/> Certification from a vocational/technical training program |
| <input type="checkbox"/> High School Diploma or equivalent | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some post-secondary education | <input type="checkbox"/> Master's or other Graduate Degree |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Decline to Respond |

Marital Status

- Single Married/Domestic Partnership Divorced Legally Separated



Applicant History

PREVIOUS ADDRESS

CITY	STATE	ZIPCODE
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Have you ever been evicted? Yes No

Have you ever been through the foreclosure process? Yes No

How many times have you been late with rent and/or bill payments in the last year? Please specify per payment type below.

Have you declared bankruptcy in the past 7 years? Yes No

Employment Information

CURRENT EMPLOYER	JOB TITLE
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EMPLOYER ADDRESS

CITY	STATE	ZIPCODE
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EMPLOYER PHONE NUMBER	EMPLOYER EMAIL ADDRESS	EMPLOYER FAX NUMBER
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<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	HOW LONG EMPLOYED?	GROSS MONTHLY INCOME	ANNUAL INCOME
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ADDITIONAL EMPLOYMENT AND OTHER SOURCES OF INCOME

Household Information

Please list yourself and each member of your household.

NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
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NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME
NAME	RELATIONSHIP	AGE	DATE OF BIRTH	SOURCE OF INCOME	MONTHLY INCOME



Please list the employment for each working household member.

NAME	EMPLOYER'S NAME			LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE	
NAME	EMPLOYER'S NAME			LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE	
NAME	EMPLOYER'S NAME			LENGTH OF EMPLOYMENT
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE	

Are there any handicapped members of your household? Yes No

Assets Information

TOTAL VALUE OF ALL ACCOUNTS \$	CHECKING ACCOUNT \$	SAVINGS ACCOUNT \$
INVESTMENTS \$	REAL ESTATE \$	RETIREMENT ACCOUNT \$
CHILD SUPPORT/ALIMONY \$	OTHER \$	

Debt Information

Auto

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
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Medical

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE

Credit Card(s)

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE

Student Loan(s)

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE

Other

MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE
MONTHLY PAYMENT	MONTHS LEFT TO PAY	UNPAID BALANCE



General Information

Are you or your spouse first time homebuyers? Yes No

What is your desired number of bedrooms and bathrooms? _____

What is the most important to you about the neighborhood where you purchase? (Select top 3)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Proximity to work/school | <input type="checkbox"/> Proximity to family/friends |
| <input type="checkbox"/> Safety/Crime | <input type="checkbox"/> Proximity to amenities | <input type="checkbox"/> Location |
| <input type="checkbox"/> Other _____ | | |

I declare that the statements and information given above are true and correct, and I hereby authorize verification of references given and will provide a copy of my credit report and criminal background check if needed. **I understand it is my responsibility to keep a copy of this application for my records and I understand that my application will be kept on file for five (5) years from the date received by GNDC, provided my telephone numbers are correct and working. I also understand that GNDC office will contact me only by telephone.**

Please include a copy of a recent credit report, or evidence of a recent credit report score, with your completed application.

Signature _____

Date _____

Signature _____

Date _____

