| gndc-logo-transparent.gifCLT Home ownership Application | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | |
| **Name:** | | | | | | | **Gender:** | |
| **Date of birth:** | | | **SSN:** | | | **Phone(s):** | | |
| **Current address:** | | | | | | | | |
| **Email address:** | | | **City, State:** | | | **ZIP Code:** | | |
| **Have you ever lived in the 78702/78721 postal zip code area? More specifically, do you live in, or having 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(es): | | | | | | | | |
| **Race(check all that apply):**  ❑ White ❑ Asian ❑ African American/Black American ❑ Indian/Alaska Native ❑ Native Hawaiian/Pacific Islander  ❑ White- Hispanic ❑ Multiple Race ❑ Other ❑ Decline to Respond | | | | | | | | |
| **Employment Status:**  ❑ Self-Employed ❑ Work full-time for employer ❑ Work part-time for employer ❑ Homemaker  ❑ Full-time student ❑ Permanently unable to work ❑ Unemployed ❑ Retired ❑ U.S. Veteran | | | | | | | | |
| **Educational Attainment:**  ❑ less than HS Diploma ❑ HS Diploma or equivalent ❑ Some post-secondary education ❑ Associate’s Degree  ❑ Certification from a vocational/technical training program ❑ Bachelor’s Degree  ❑ Master’s or other Graduate Degree ❑ Decline to Respond | | | | | | | | |
| **Marital Status:** ❑ Single ❑ Married/Domestic Partnership ❑ Divorced ❑ Legally Separated | | | | | | | | |
| **Credit Score (if known):** | | | | | | | | |
| **Own Rent** (Please circle) | | | **Monthly payment or rent:** | | | | **How long?** | |
| **Previous address:** | | | | | | | | |
| **Have you ever been evicted? Y / N** | | | **Have you ever been through the foreclosure process? Y / N** | | | | | |
| **How many times have you been late with rent and/or bill payments in the last year? Please specify per payment type.** | | | | | | | | |
| **Have you declared bankruptcy in the past 7 years?** | | | | | | | | |
| **Are there any handicapped/ special needs members of your household?** | | | | | | | | |
| **Employment Information** | | | | | | | | |
| **Current employer:** | | | | **Job Title:** | | | | |
| **Employer address:** | | | | | | | **How long?** | |
| **Employer Phone:** | **Employer E-mail:** | | | | | **Employer Fax:** | | |
| **Hourly Salary (Please circle)** | | | **Gross monthly income:** | | | **Annual income:** | | |
| **Additional employment and other sources of income:** | | | | | | | | |
| **Please list yourself and each member of your household:** | | | | | | | | |
| **Source of**  **Name Relationship Age DOB Source of Income Gross Monthly Income**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please list the employment for each working household member.**  **Name of Family Member Employer's Name & address How long employed there?**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **ASSETS:** | | | | | | | | |
| **Total Value of All Accounts:** | | | | | | | | |
| **Checking Account: $** | | | | **Savings Account: $** | | | | |
| **Investment: $** | | | | **Real Estate: $** | | | | |
| **Retirement Account: $** | | | | **Child Support/ Alimony: $** | | | | |
| **Other: $** | | | |  | | | | |
| **DEBTS:** | | | | | | | | |
| **Source** | | **Monthly Payment** | | | **Months Left To Pay** | | | **Unpaid Balance** |
| Auto | |  | | |  | | |  |
| Medical | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Credit Card(s) | |  | | |  | | |  |
|  | |  | | |  | | |  |
| Student Loan (s) | |  | | |  | | |  |
| Other | |  | | |  | | |  |
| **GENERAL HOUSEHOLD AND INTAKE QUESTIONS:** | | | | | | | | |
| Are you or your spouse first time homebuyers? | | | | | | | | |
| 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)  ❑ Schools ❑ Safety/Crime ❑ Proximity to work/school ❑ Proximity to amenities ❑ Proximity to family/friends    ❑ Location ❑ 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. | | | | | | | | |
| Applicant Signature(s): | | | | | | | Date: | |