

**GALVESTON HOUSING FINANCE CORPORATION
WINNIE STREET PROJECT
HOMEBUYER APPLICATION**

(All Household Members over the age of 18 must complete and sign.)

Name(s) _____

Address _____

City, State, Zip Code _____

Information on primary contact:

Home Phone: _____ Work Phone: _____

Email address: _____

List all persons that will be residing in the home, including yourself:

Name	Relationship	Age	Sex	Social Security No.

SPECIFY INCOME FOR EVERYONE RESIDING IN HOUSEHOLD List each type of income separately. (Wages, Child Support, Social Security, Retirement, Rental Income, Unemployment, Welfare, etc.):

Name	Source of Income (Employer Name, Address & Phone Number, Child Support (County Filed in), Social Security, Other Income, etc.)	Gross Income (Specify annually, monthly, weekly, hourly)

ASSETS:

Specify Asset		Value of Asset or Account
Checking Account:	Owner & Name of Bank:	
Checking Account:	Owner & Name of Bank:	
Checking Account:	Owner & Name of Bank:	
Savings Account:	Owner & Name of Bank:	
Savings Account:	Owner & Name of Bank:	
Savings Account:	Owner & Name of Bank:	

Stocks/Bonds:	Owner & Company or Issuer:	
Stocks/Bonds:	Owner & Company or Issuer:	
Stocks/Bonds:	Owner & Company or Issuer:	
Retirement Account:	Owner & Name of Bank or Company:	
Retirement Account:	Owner & Name of Bank or Company:	
Retirement Account:	Owner & Name of Bank or Company:	
Real Estate:	Owner & Location:	
Real Estate:	Owner & Location:	
Real Estate:	Owner & Location:	
Other Assets (specify):	Owner & Description:	
Other Assets (specify):	Owner & Description:	
Other Assets (specify):	Owner & Description:	

Marital status of Applicant(s): Married Separated
 Unmarried (single, divorced, or widowed)

Are all Applicants currently residents of Galveston or do all Applicants intend to reside in Galveston? Yes No

Are there outstanding judgments or property taxes or assessments against any Applicant?
 Yes No

If "Yes": Name of Applicant: Amount? _____ Explain: _____

Name of Applicant: Amount? _____ Explain: _____

Name of Applicant: Amount? _____ Explain: _____

I/We hereby certify that the information and statements made on this application and all information furnished in support of this application are true and correct to the best of my/our knowledge. I/We understand that GHFC and/or its representatives or agents will obtain the necessary verifications and documentation required to consider this application and I/we will duly give my/our authorization for such verifications. I/We understand and agree that GHFC is the sole judge of our household's eligibility to participate in this program, and its determination of the income eligibility of our household based upon this Application will be final, and is not appealable in any manner. I/We agree that the property purchased under this program will be used as my/our principal residence, and that leases will not be allowed. I/We also agree that I/we will not hold GHFC, any officer or director of GHFC, or any representative, agent, or attorney of GHFC liable for any acts, other than illegal acts, made or taken in connection with the consideration of this Application or any information gathered pursuant to it, or the administration and implementation of this Program.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Co-Applicant's Signature

Date