

## Walker Montgomery C.D.C. HOMEBUYER APPLICATION

RSONAL INFORMATION	Date:	Date:		
Head of Household:	Age:		<del></del>	
Address:				
City:	State:	Zip:		
Telephone:	_			
Marital Status: Single Marr	ied Divorced	Widow/Widower_		
All Persons Living With You:				
All Persons Living With You:  Name	Relationship	Age	Sex	
	Relationship	Age	Sex	
	Relationship	Age	Sex	
	Relationship	Age	Sex	
	Relationship	Age	Sex	
		Age	Sex	
Name		Age	Sex	

If YES, what is the nature	of the condition?		
PRESENT HOUSING INFO	RMATION		
How long have you lived	at your present address?		
If you presently rent, how	much is your rent?	\$	per
Landlord's Name:			
Address:			
Telephone:			
A. DEBTS  List all current debts, in separate sheet if necessary		chases, credit cards, h	ospital/doctor bills, etc. Attach
COMPANY/LENDER	AMOUNT OWED	PAYMENT	FREQUENCY
		<del></del>	·

If you have ever failed to pay a debt, had a foreclosure, taken bankruptcy, or had a judgment against you for debt, attach a separate sheet of paper explaining the details.

ıe	Age	Sex	
t 4 digits Social Security #_	Do you receive F	ood Stamps? YesNo_	
DO YOU WORK? LIST	ALL EMPLOYERS AND W	AGES BELOW. Attach 60	
EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB
DO YOU RECEIVE A	BENEFIT CHECK (SOC. Attach current benefits state	IAL SECURITY, SSI, V	A, TANF, UNEMPLOYE
WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY
ARE YOU SUPPOSED Attach court order, paym	TO RECEIVE CHILD SUP-	PORT, ALIMONY, OR R	
TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?
OR OTHER ASSETS (	GS, CHECKING ACCOUN DO NOT LIST YOUR CA	TS, STOCKS, RETIREME AR OR HOUSE) Attach I	ENT, ADDITIONAL PRORS 1099 forms, bank st
deeds.  TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET
	:		
IF YOU RECEIVE NO	INCOME, FILL IN THE BO	X BELOW:	
NAME	ARE YOU A MINOR?	IF OVER 18, HOW LO	ONG UNEMPLOYED?
ddress listed is my princ	on about me in this application in the providing false information of the providing false in this application of the providing false in this application of the providing false information of	ce is approved, I will co	omply with all HOME

## HOUSEHOLD INCOME CALCULATION D.

4.

	All informat	ion should co	ome from Inc	dividual Inco	ome Calcula	tion Sheets		
	1. Number in Household							
	Nun	nber with Inc	ome					
	Nur	nber without	Income					
	2. Inco	ome Limits fo	or Montgom	erv. County	. Dated			
				,,,				
Hou	ston-The W	oodlands-Su	gar Land, T	X HUD Me	dian Incom	e:		
Persons in Home	I	7	3	4	5	6	7.	
30% Income Limits	\$16,600	\$18,950	\$21,300	\$23,650	\$25,550	\$27,450	\$29,350	\$31,250
Very Low Income	\$27,600	\$31,550	\$35,500	\$39,400	\$42,600	\$45,750	\$48,900	\$52,050
60%	\$33,120	\$37,860	\$42,600	\$47,280	\$51,120	\$54,900	\$58,600	\$62,460
Low Income	\$44,150	\$50,450	\$56,750	\$63,050	\$68,100	\$73,150	\$78,200	\$83,250
	inc	ow totals from come: mily Membe			lculations pa	<u>Tota</u> l	ls from Indiv ulation shee	vidual Income

Calculate Total Household Gross Annual Income:

## AUTHORIZATION FOR RELEASE OF INFORMATION

RE:			
то:	,		
I, the undersigned, do he entity to furnish to Walk condition.	ereby authorize the above name pe ker Montgomery C.D.C. full and ac	rson, firm, financial institution, occurate information regarding my	or governmental y financial
business; disclosure of a disclosure of amount repensions, disability bencompensation, welfare a residents of household at the household who is all I hereby release any national disclosure of amount of the household who is all the reby release any national disclosure of amount of the household who is all the reby release any national disclosure of a disclosure of	nclude disclosure of wages and salary interest dividends and net incorceived from annuities, period paynefits, unemployment compensation assistance, determinable allowance and all regular pay, special paymenso a member of the Armed Forces.	me from any kind of real or pers nents from insurance policies, re- t, social security benefits, workm s (i.e. alimony), T.A.N.F./A.D.O tts and allowances received from	onal property; tirement income, nen's ., income to n any member of
information furnished p	oursuant to this authorization.		
Signature	SS#	Date	
Address	City/State	Zip Code	
Specific Information R	equested:		
Authorized Representa	ative	Date	

## CERTIFICATION AND AGREEMENT

I certify that all the information above is complete, correct and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive housing assistance. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers and landlords; and further, I also give permission to check my credit rating and the credit information contained herein either directly or through a credit reporting agency.

Co-Applicant	RETURN COMP			Date
	RETURN COMP	LETED APPL		
			ICATION AND	O ATTACHMENTS TO:
	Walker Montg	omery C.D.C.	/Donna Glass	
	143 Forest Serv	ice Rd., 233		
	New Waverly,	Гехаs 77358		
Manager's Comm	nents:			
Prior Residence C	Check:			
Credit Check:				
Disposition:	Approved/Date:			Notified Date:
	Disapproved/Date:		<del></del>	Notified Date:
Manager's Signa	ture			
Date:		<del></del>		
J				