



Galilee Community Development Corporation

Amy Young Required Documents

- _____ Intake application with all required signatures
- _____ Income verification: SS award letter, pension, retirement benefits, 3 months of Paystubs
- _____ Disability paperwork if DI is not stated on SS award letter
- _____ Last income taxes if employment income was reported in household
- _____ Photo ID and social security cards of ALL adults in the house
- _____ Birth certificates for members under 18
- _____ 2 months of bank statements of all accounts in the household
- _____ Warranty deed of home, if applicable

Additional:

Date turned in: _____

Notes:

AMY YOUNG BARRIER REMOVAL PROGRAM INTAKE APPLICATION

The information on this form helps determine if the household is eligible for the Texas Department of Housing and Community Affairs's (TDHCA) Amy Young Barrier Removal Program. Please complete this entire form and DO NOT leave any blanks. The completed application should be returned to the Administrator, identified below. If there are any sections that you do not understand, please contact the Administrator. Thank you in advance for your cooperation.

A. ADMINISTRATOR CONTACT INFORMATION	
Administrator Organization:	TDHCA Reservation Agreement Number:
Contact Person Name:	Contact Title:
Address:	
Email Address:	Phone:

B. APPLICANT AUTHORIZATION OF ASSISTANCE IN COMPLETING INTAKE APPLICATION	
With my signature, I authorize the person named below to assist me with completing this Intake Application.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name and title/relationship of person assisting Applicant

C. HOUSEHOLD CONTACT INFORMATION	
Head of Household Name:	
PRINCIPAL Residence Street Address: <small>(exactly as printed on driver's license or other government ID)</small>	
City, State, Zip:	County:
Email Address:	Home Phone: Cell Phone:
Emergency Contact Name:	Phone:

D. HOUSEHOLD COMPOSITION – (List all members of the Household)				
Full Name <small>(exactly as printed on driver's license or other government ID)</small>	Relationship to Head of Household	Date of Birth	Receiving income	Check if Veteran
1	Head of Household		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Dependent <input type="checkbox"/> Spouse <input type="checkbox"/> Other Adult		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Important Information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Cost Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit with the Texas Veterans Portal at <https://veterans.portal.texas.gov/>

E. MONTHLY INCOME – List ALL income for ALL adults and children in the household					
Income Source	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	TOTAL
Social Security/SSI <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Annuity <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary (include bonus/commissions) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support <input type="checkbox"/> Anticipated <input type="checkbox"/> Voluntary <input type="checkbox"/> Court Ordered (regardless if paid)					
Salary from 2 nd job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Recurring Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (do <i>not</i> include food stamps/SNAP payments): <input type="checkbox"/> Yes <input type="checkbox"/> No					
TOTAL:					

F. HOUSEHOLD ASSETS – List ALL liquid assets for ALL adults and children in the household		
Asset Source	Cash Value	Name of Financial Institution
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL:		

*When listing the "cash value" of stocks, bonds and mutual funds, indicate the amount you would have after deducting any penalties or fees for cash withdrawal.

Funds in tax-deferred accounts for retirement or education savings (i.e., Individual Retirement Accounts, 401ks, 529, 529A (ABLE) plans) are not counted as liquid assets for this program

G. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA or the Administrator?

NO

YES If YES, identify who, organization and role: _____
Is this a current role? NO YES If NO, identify date role ceased: _____

2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA or the Administrator (either through familial or business ties)?

NO

YES If YES, identify who, organization and role: _____
Is this a current role? NO YES If NO, identify date role ceased: _____

H. APPLICANT INSPECTION AGREEMENT, ELIGIBILITY RELEASE & PRIVACY ACT NOTICE

APPLICANT'S INSPECTION AGREEMENT

APPLICANTS MUST INITIAL BELOW

I have applied for housing assistance under the Housing Trust Fund. If this assistance is approved, I allow the Administrator to inspect my property, which is located at the address listed above. _____

I agree to allow the Administrator's and the Building Contractor's personnel on my property as needed while they are planning and performing construction work. _____

I agree to allow my property to be photographed during my participation in the Program. _____

I will inspect construction work performed on my property as frequently as possible, and I will advise the Building Contractor and Administrator of any difficulties, and I will report any poor workmanship observed. _____

ELIGIBILITY RELEASE

I understand that my signature on this Intake Application, along with the signature of each household member 18 years of age or older, authorizes the Administrator to obtain information from third parties regarding our eligibility for Program participation.

PRIVACY ACT NOTICE STATEMENT

The Texas Department of Housing and Community Affairs requires the information listed in this form to determine an applicant's eligibility for Program assistance, and may verify the accuracy of the information provided. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, if necessary, to prosecutors or civil, criminal, or regulatory investigators. Failure to provide any information may result in delay or denial of your eligibility approval. Each adult member of the household must sign this Intake Application Form prior to Program participation.

I. REAL ESTATE OWNED

1. Do you own property in addition to or other than your principal residence?

NO

YES IF YES, list the address(s): _____

J. APPLICANT AUTHORIZATION AND CERTIFICATION

I authorize the Administrator to obtain information about my household and myself to determine our eligibility for Program participation. I acknowledge that:

- 1) A photocopy or scanned copy of this form is as valid as the original; AND
- 2) I have the right to review this form; AND
- 3) I have the right to a copy of information provided to Administrator and to request correction of any information I believe is inaccurate; AND
- 4) All adult household members will sign this form and cooperate with the Administrator in the eligibility verification process.

With my signature below:

I certify that I DO NOT have debt owed to the State of Texas, including

- 1) a tax delinquency;
- 2) a child support delinquency;
- 3) a student loan default; or
- 4) any other delinquent debt owed to the State of Texas.

Owner-occupied homes ONLY must also certify the following statement:

I, _____, certify with my signature below, that
(Printed Name)

- 1) I am the Owner of Record for the property identified in this application and it is my principal residence; AND
- 2) I have a good and marketable title; AND
- 3) I am current on all existing mortgage loans or home equity loans associated with this property; AND
- 4) I have no outstanding real property taxes on my property OR I am enrolled in and current with a taxing authority-approved payment plan for at least 6 consecutive months prior to date of this initial application.

L. SIGNATURES – Add additional pages as necessary

_____ Signature – Head of Household	_____ Printed Name	_____ Date
_____ Signature – Household Member (age 18 and up)	_____ Printed Name	_____ Date
_____ Signature – Household Member (age 18 and up)	_____ Printed Name	_____ Date
_____ Signature – Household Member (age 18 and up)	_____ Printed Name	_____ Date

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offence to make willful, false statements or misrepresentations to any department or agency in the United States as to any matter within its jurisdiction.

Reasonable accommodations will be made for persons with disabilities and language assistance will be made available for persons with limited English proficiency.



TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
Street Address: 221 East 11th Street, Austin, TX 78701 Mailing Address: PO Box 13941, Austin, TX 78711
Main Number: 512-475-3800 Toll Free: 1-800-525-0657 Email: info@tdhca.state.tx.us Web: www.tdhca.state.tx.us



Please answer yes or no to the following questions, answering yes **will not** automatically disqualify the household from any of our programs.

In the past 3 months, have you had any bed bugs or infestations in the household?

YES NO

If yes, please explain: _____

Were they treated? YES NO



Galilee Community Development Corporation

Matthew 25:40 Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.

Release in Full of all Claims

I, _____, give permission for Galilee Community Development to use funding from the Amy Young Barrier Removal program to make accessibility modifications to my home located at _____, Texas.

In consideration for any work that has been or may be approved by Galilee CDC, on the previously described property, I do hereby release, acquit, and forever discharge Galilee CDC, its officers, agents, servants, employees, successors, and assigns, and all other persons, firms, corporations, or parties under contract with said corporation from any and all liabilities, actions, causes of action, claims, demands or suits whatsoever, which I may now have or claim to have in the future on account of the rehabilitation activities and work concerning the Amy Young Barrier Removal program.

Owner Signature

Date

Owner Signature

Date

Witness Signature

Date