

**HPG**

**Required Application Documents**

- **Photo ID** for all adults residing in the household: Driver’s License, TX ID, Military ID or Passport
- **Social Security Card** for every person in the household
- **Birth Certificate(s)** for all **children** residing in the household
- **Verification of all Income** for any person that is working or receiving income and residing in the household
  - Social Security Award Letter
  - Pension or Retirement statement
  - Job Earnings, Name, and address of Employer with 3 full months of pay stubs.
  - Most recent tax return (1040 or 1040A)
  - 3 months of current bank statements
- **Applicants may not have a felony conviction within the last 3 years.**
- **Warranty Deed of home: must be recorded and be in your name.**
- **Property taxes must be paid up to date or on a 3 month consecutive paid payment plan, please bring receipt**

**Please call (325) 655-6700 to bring in all required documents above to our Galilee CDC office at 39 Buick Street**

**Repairs or Service Requested:**

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**Galilee Community Development Corporation  
39 Buick Street  
San Angelo, Texas 76901  
(325) 655-6700**

**For Staff use only:**

**\_\_\_ HH \_\_\_ AYBR \_\_\_ RUAL \_\_\_ OTHER**

***This is an equal opportunity program. Discrimination is prohibited by Federal Law.***

## Galilee Community Development Rehab Application

Date: \_\_\_\_\_ Are you or anyone in your household a Veteran? \_\_\_\_\_

### APPLICANT:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

### SPOUSE or CO-APPLICANT:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Employer: \_\_\_\_\_  
Other contact information: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### OTHER HOUSEHOLD OCCUPANTS

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

### APPLICANT & CO-APPLICANT INCOME INFORMATION

Applicant Monthly Income: \_\_\_\_\_ Type of Income: \_\_\_\_\_  
Spouse or Co-Applicant Income: \_\_\_\_\_ Type of Income: \_\_\_\_\_  
Other Adult Household Member: \_\_\_\_\_ Type of Income: \_\_\_\_\_

### LEGAL STATUS- This applies to all individuals in the household over 14 yrs. of age

\_\_\_\_ No criminal history      \_\_\_\_ Currently on parole If yes, release date \_\_\_\_\_  
\_\_\_\_ Prior conviction      \_\_\_\_ Current outstanding criminal warrant, arson conviction  
\_\_\_\_ Registered Sex Offender

If current, or prior conviction, please specify: Year \_\_\_\_\_ Type of offense: Non-violent crime \_\_\_\_  
Violent crime/felony \_\_\_\_ Date Released: \_\_\_\_\_ If Violent crime/felony please  
explain: \_\_\_\_\_

I/We apply for housing assistance under Galilee Community Development Corporation. I/We represent that I am the primary resident of this home. I/We represent that the property will not be used for any illegal or restricted purposes.

I/We do hereby swear and attest that all the information above is true and correct. I/We understand that all changes in household or income that occur during the process of this application must be reported to the GCDC staff. I/We understand that it's a federal crime punishable by fine or imprisonment or both.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Co applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Client Profile Form**

1. Client name: \_\_\_\_\_ 2. Date: \_\_\_\_\_
3. Address: \_\_\_\_\_ 4. Zip Code \_\_\_\_\_
5. Race Category:     \_\_\_\_\_ White  
                              \_\_\_\_\_ Black/ African American  
                              \_\_\_\_\_ Black/ African American & White  
                              \_\_\_\_\_ Asian  
                              \_\_\_\_\_ Asian & White  
                              \_\_\_\_\_ American Indian/ Alaskan Native  
                              \_\_\_\_\_ American Indian/ Alaskan Native & White  
                              \_\_\_\_\_ Native American/ Other Pacific Islander  
                              \_\_\_\_\_ Other Multi-Racial
6. Ethnicity (circle one):     Hispanic                    Non-Hispanic
7. Female Head of Household (circle one): Yes or No
8. Income Guidelines: On the next page, please just circle the county you reside in

I acknowledge Galilee Community Development Corporation may need to verify the documentation provided to support the L/M income classification. I have provided this information and certify to its accuracy to the best of my knowledge and belief.

\_\_\_\_\_  
Head of Household Signature & Date

\_\_\_\_\_  
Staff Member Signature & Date

The following information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application or discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants based on visual observation or surname.

## 2023 Adjusted Income Limits

<b>Coke County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 37,450	\$ 49,450
Low	\$ 59,900	\$ 79,050
Moderate	\$110,650	\$146,050

<b>Concho County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 36,050	\$ 47,600
Low	\$ 57,700	\$ 76,150
Moderate	\$110,650	\$146,050

<b>Irion County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 40,100	\$ 52,950
Low	\$ 64,150	\$ 84,700
Moderate	\$110,650	\$146,050

<b>Menard County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 36,050	\$ 47,600
Low	\$ 57,700	\$ 76,150
Moderate	\$110,650	\$146,050

<b>McCulloch County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 36,050	\$ 47,600
Low	\$ 57,700	\$ 76,150
Moderate	\$110,650	\$146,050

<b>Regan County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 43,500	\$ 57,450
Low	\$ 69,600	\$ 91,850
Moderate	\$110,650	\$146,050

<b>Runnels County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 36,050	\$ 47,600
Low	\$ 57,700	\$ 76,150
Moderate	\$110,650	\$146,050

**2023 Adjusted Income Limits**

<b>Schleicher County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 41,050	\$ 54,200
Low	\$ 65,700	\$ 86,700
Moderate	\$110,650	\$146,050

<b>Sterling County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 39,250	\$ 51,850
Low	\$ 62,800	\$ 82,900
Moderate	\$110,650	\$146,050

<b>Tom Green County</b>		
	1-4 Person Household	5-8 Person Household
Very Low	\$ 40,100	\$ 52,950
Low	\$ 64,150	\$ 84,700
Moderate	\$110,650	\$146,050

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

**RELEASE IN FULL OF ALL CLAIMS**

I, \_\_\_\_\_ of \_\_\_\_\_ County, Texas, for an in consideration for any work that has been or may be approved by Galilee Community Development Corporation, on the hereinafter described property do hereby release, acquit, and forever discharge Galilee Community Development Corporation, its officers, agents, servants, employees, successors, and assigns, and all other persons, firms, corporations, or parties under contract with said Corporation from any liabilities, actions, causes of action, claims, demands or suits whatsoever, except those caused on the negligent acts of Galilee Community Development Corporation, it's officers, agents, servants, employees, successors, and assigns, and all others persons, firms, corporations, or parties under contract with said Corporation, which I may no have or claim to have in the future on account of the rehabilitation activities and work concerning my Helping Hands Application.

The property involved in located as follows:

\_\_\_\_\_, \_\_\_\_\_, Texas \_\_\_\_\_

The work to be performed is all work that has been or may be approved by Galilee CDC, as set forth according to the Galilee Housing Quality Standards and Work Specifications.

This release contains the entire agreement between Galilee CDC and me and the terms of this release are contractual and not merely recital.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Galilee Staff



## 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.

### TESTIMONIAL AND PHOTO RELEASE

I hereby grant Galilee Community Development Corporation (GCDC) permission to use my likeness in a photograph and personal testimony in any and all of its publications, including website entries, without payment or any other consideration.

I understand and agree that these materials will become the property of Galilee Community Development Corporation and will not be returned.

I hereby irrevocably authorize Galilee Community Development Corporation to edit, alter, copy, exhibit, publish or distribute this photo and testimony for purposes of publicizing GCDC's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or testimony appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or testimony.

I hereby hold harmless and release and forever discharge Galilee Community Development Corporation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Please check the paragraph below, which is applicable to your present situation:

- I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.
- I am the parent or legal guardian of the underage person named below, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Underage Person if Applicable)

\_\_\_\_\_  
(Date)



## Sample Pre-Renovation Form

This sample form may be used by firms to document compliance with the requirements of the Federal Lead-Based Paint Renovation, Repair, and Painting Program.

### Occupant confirmation

#### Pamphlet Receipt

I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

I do not accept a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I have been explained of the hazards before work has been done and I did not want a pamphlet.

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Printed Name of Owner- Occupant

Signature

Date

#### Renovator's Self Certification Option

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

Declined- I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

Unavailable for signature\_ I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below ad that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

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Printed name of Person Certifying Delivery

Attempted Delivery Date

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Signature of Person Certifying Lead Pamphlet Delivery

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#### Address

Note Regarding Mailing Options- As a alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least 7 days before renovation. Mailing must be documented by a certificate of mailing from the post office.

Galilee Community Development Corporation  
HPG Acknowledgment Form

I hereby acknowledge that prior to applying for assistance under the HPG Program, I was informed of the following:

1. Participation in any program will not be denied because of race, creed, color, sex religion, national origin, or handicap condition.
2. Warranty deed of the home must be in the client's name.
3. All property taxes must be current, or you must have a payment plan established and history of keeping those arrangements.
4. I have been advised of the pamphlet regarding lead-based paint.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse, if Married, or Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Galilee CDC Staff Member



## 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.

I hereby authorize Galilee Community Development Corporation to obtain and release my information to other programs throughout the Galilee CDC organization and to any of the grantors who help release funds for the organization to do work on my home if applicable.

\_\_\_\_\_  
Client printed legal name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-client print legal name

\_\_\_\_\_  
Co-client's signature

\_\_\_\_\_  
Date

The second signature block is only to be used when there is a co-applicant.

This information will only be used in consideration for home repairs by Galilee CDC. This information will not be released to any other party without written consent of above clients. I understand any income information needed for reports or demographic to funders will be provided to them