

HANDYMAN APPLICATION

Required Application Documents

- Photo ID** for all adults residing in the household (Driver's License, TX ID, Military ID or Passport)
- Verification of all income** for any person that is working or receiving income and residing the household.
 - o Most recent tax return (1040 or 1040A); if client doesn't file, then Social Security statement,
 - o Job Earnings, Name, and address of Employer with 3 Most Recent Pay Stubs

Comments: Please call 325 655-6700 to make an appointment to bring all required documents above to Galilee CDC office at 39 Buick Street.

Please sign all documents. We have a notary in our office that can sign where needed.

Repairs or Service Requested: _____

Galilee Community Development Corporation
39 Buick Street
San Angelo, Texas 76903
325-655-6700

Staff Use: Possible Disposition: _HH _AYBR _CDBG _REFERAL _OTHER

Comments:

Galilee Community Development Rehab Application

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

APPLICANT:

Name: _____ Phone Number: _____

SS #: _____ DOB: _____ Marital Status: _____

Address: _____

City, State, Zip: _____ Employer: _____

SPOUSE or CO-APPLICANT:

Name: _____ Phone Number: _____

SS #: _____ DOB: _____ Marital Status: _____

Address: _____ Employer: _____

City, State, Zip: _____

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: _____

Name of Galilee CDC Support staff assisting with the application: _____

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: Step 1- Circle the number of Persons in your household
 Step 2- Circle the Household Income Range (under the number you already circled in Step 1 above.)

2023 Income Limits effective June 2023

Number of persons in the home	1	2	3	4	5	6	7	8
Extremely Low	\$16,850	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560
Very Low 50%	\$28,100	\$31,100	\$36,100	\$40,100	\$43,350	\$46,550	\$49,750	\$52,950
80% Low Income	\$44,950	\$51,350	\$57,750	\$64,150	\$69,300	\$74,450	\$79,550	\$84,700

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

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)



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