

REHAB

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 (under 18) 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)
- **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 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:

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

For Staff use only:

___ HH ___ AYBR ___ RUAL ___ OTHER

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: 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

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.

| | | |
|---------------------------------|-----------|------|
| 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).

| | |
|--|-------------------------|
| Printed name of Person Certifying Delivery | Attempted Delivery Date |
|--|-------------------------|

Signature of Person Certifying Lead Pamphlet Delivery

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
Helping Hands Acknowledgment Form

I hereby acknowledge that prior to applying for assistance under the Helping Hands 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.
5. No continuing maintenance or upkeep will be provided. All specification for rehabilitation work will be provided to the volunteer team by Helping Hands staff
6. Cooperation between the occupants and the Helping Hands volunteer teams is required so that the work can proceed in an efficient manner
7. Approval will only be given for eligible activities under the Helping Hands Program. The Helping Hands Program will not reimburse the owner or the volunteer team for items not approved
8. Final approval of an application will be made by Galilee CDC or the Program Manager for Helping Hands, as appropriate.

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.

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

Helping Hands Program

INFORMATION:

1. There is no charge for the work we do
2. We do not help renters
3. We do not do structural work on mobile homes or foundation repairs
4. We spend an average of \$750 per house
5. Most repairs are simple and can be accomplished in one day
6. You will probably only get some of the repairs that you requested
7. There is no warranty on the repairs done by volunteers
8. You can get helping hands two years in a row, then you must skip two years to apply again
9. We have more homes needing work than we have volunteer teams. Some homes will not be selected. They will be given priority the next year
10. Your house has to be open on blitz day, but you do not have to stay home on blitz day
11. Household members who are able to work will either work or not be present on blitz day
12. We have five paint colors for you to choose from
13. Rarely, we get additional money that allows us to do more wide-ranging repairs

PROCESS:

1. Complete your application – if paperwork is missing, you will not be eligible for Helping Hands. Bring in any documents you are missing as soon as possible.
2. Deadline to turn in all documents is September 29, 2023
3. Tell us what work you want done on your house
4. Sometime after October 1st and before January 1st a Helping Hands assessor will call you to make an appointment to look at your house
5. A Team Captain may select your house sometime between November 1st and March 1st
6. You will meet with the Team Captain to discuss the work and so he/she can order materials before the blitz
7. Volunteer team will work on your house on April 6, 2024, or at a different date if agreed upon by Helping Hands, the Team Captain and you
8. Sign the Blitz Day Work Sheets
9. Return the post blitz survey to Helping Hands

I HAVE READ AND UNDERSTAND THE ABOVE HELPING HANDS INFORMATION:

_____ OWNER

_____ DATE