

Galilee Community Development Corporation
The Jeremiah Plan
Transitional Housing Screening and Assessments

CHECKLIST OF DOCUMENTS
Jeremiah Plan Transitional Housing

- Photo Identification for all adults in the household
- Birth certificates for all children in the household
- Social security cards for everyone in the household
- Most recent tax return
- 2-3 months of pay stubs
- 2 months of bank statements
- Any award letters, pension documents, child support or other income documents

Meeting Date/Time: _____

Galilee Community Development Corp.

39 Buick St., San Angelo, Texas 76901

www.galileecdc.org

325-655-6700

Personal Information Client Assessment Form

How did you hear about Galilee Community Development?

- Member of our staff Internet Friend/Family Print/radio AD
 Bank or mortgage lender Religious or social organization Other _____
-

Part One- Biographic and Demographic Information

Name1: _____ Date: _____
Address: _____ Phone: _____
Email: _____ Gender: _____
Social Security #: _____ Date of Birth: _____

Name2: _____ Date: _____
Address: _____ Phone: _____
Email: _____ Gender: _____
Social Security #: _____ Date of Birth: _____

Part Two: My current housing status is:

- Renting Homeowner with Mortgage Homeowner (no mortgage) Homeless
 Living with family (paying rent) Living with family (not paying rent)
 Other _____

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Do you currently receive rental assistance subsidies? _____

If YES, please specify: _____

Move in Date: Immediately End of the month In the next 3 months
 Other _____

Part Three: Your Debt and Average Monthly Expenses

Average Monthly Debt	Name 1	Name 2
Rent		
Car Payments		
Car Insurance		
Credit Card 1		
Credit Card 2		
Childcare/ daycare		
Alimony/Child Support Paid		
School Tuition		
Household Utilities (water, electric, gas, trash, landline, cable)		
Cell Phone		
Food (groceries, eating out)		
Student Loan		
Other:		
Other:		
Other:		

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I acknowledge the Galilee Community Development Corporation or HUD may need to verify the documentation provided to support the 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

GCDC Authorized Signature

Date

COMMENTS:

Family Profile for Jeremiah Plan

Approved for: _____

Projected Income: _____
2022

Number of Persons in Household: _____

# in Household	1	2	3	4	5	6	7	8
Extremely Low	\$ 16,100	\$ 18,400	\$ 20,700	\$ 23,000	\$ 24,850	\$ 26,700	\$ 28,550	\$ 30,400
Very Low 50%	\$ 26,850	\$ 30,650	\$ 34,500	\$ 38,300	\$ 41,400	\$ 44,450	\$ 47,500	\$ 50,600
60% Limits	\$ 32,220	\$ 36,780	\$ 41,400	\$ 45,960	\$ 49,680	\$ 53,340	\$ 57,000	\$ 60,720
Low	\$ 42,950	\$ 49,050	\$ 55,200	\$ 61,300	\$ 66,250	\$ 71,150	\$ 76,050	\$ 80,950

*

	Head of H/H	Participant #1	Participant #2	Participant #3	Participant #4
Household Members Name					
Ethnicity (chose one category per person:)					
H -Hispanic or Latino; N -Not Hispanic or Latino					
Race (check all that apply for each person)					
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					
American Indian/Alaskan Native & Black/African America					
Other/Multi-racial					

Household type:

Single Adult _____ Married _____ Cohabiting _____ Married with Dependents _____
 Single female-headed household with Dependents _____ Single male-headed household with Dependents _____
 Living with non-spousal family members _____ Other: _____

Address of Head of Household: _____

Age of Head of Household: _____ Female Head of Household: Yes or No

I acknowledge Galilee CDC, City of San Angelo or HUD 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

JEREMIAH PLAN

GALILEE COMMUNITY DEVELOPMENT TRANSITIONAL HOUSING - INITIAL NEEDS ASSESSMENT

This assessment will help to determine if the applicant household is a good fit for the Rapid Re-housing Program. While most sections apply to the entire household, the employment section contains questions for the Head of Household (the person applying for assistance) and questions about other adult members of the household. If the person applying for services is the only adult in his/her household you don't have to go through section B

GENERAL HOUSEHOLD STATUS - All questions apply to the entire household

Screening date: _____

Applicant First Name: _____ Middle Initial _____ Last Name _____

SS#: _____ Phone #: _____ Present address: _____

1. Please describe why you are seeking assistance: _____

2. How many are in your household including all children and adults? _____

3. Are you hoping to re-unite with, obtain visitation, or obtain custody of children not currently living with you?

___ No ___ Yes - If yes, how many children are you seeking _____

4. If assisted, are you willing to participate in services to increase your income or decrease your costs?

___ No ___ Yes

5. Are you currently doing anything to increase your household income or decrease your housing costs?

___ No ___ Yes - If yes, please describe: _____

6. What financial resources are available to assist you in obtaining or maintaining your housing (such as personal funds, community funds, gifts or loans from family or friends, etc)?

7. Are you currently receiving a subsidy for rental or utility assistance, or hotel/motel vouchers (such as Section 8, VASH, or other types of payments)?

___ No ___ Yes - If yes, please specify: _____

8. Are you on any waitlists for programs providing rental assistance (such as Section 8, etc) ?

___ No ___ Yes - If yes, please specify: _____

9. What barriers are impacting your ability to find or keep housing right now? Select all that apply

___ Don't have enough income to pay rent

___ I've had a temporary financial crisis and behind in rent

___ I am experiencing domestic violence

___ I've been evicted for lease violations

___ I have a dispute with other household members

___ Other - Specify _____

10. Please describe an steps you have taken to identify housing options:

LEGAL STATUS - This applies to all individuals in the household over 14 years of age

___ No criminal history

___ Currently on parole

___ Prior Conviction

___ Current outstanding criminal warrant, arson conviction, or registered sex offender

If current, or prior conviction, please specify -

Year _____ Type of offense: Non-violent crime _____

Violent crime/felony _____

JEREMIAH PLAN

HOUSING HISTORY - All questions apply to the entire household

1. How many evictions has any adult household member had in the past 5 years? _____
2. Has any adult member of your household previously held a lease in his/her name? ___ No ___ Yes
3. Which of the following best describes your rental or mortgage history?
 - ___ At least one adult member has held a lease or mortgage in the past for more than two (2) years
 - ___ At least one adult member has held a lease or mortgage for less than two (2) years
 - ___ At least one adult member has lived in another housing setting that can provide a reference
 - ___ No adult member has previously held a lease or had other tenancy

FINANCIAL STATUS - All questions apply to the entire household

1. What is the TOTAL GROSS MONTHLY household income? (Don't include members less than 18 years old)

Person 1 _____	Person 3 _____	Person 5 _____
Person 2 _____	Person 4 _____	Person 6 _____
Others _____	TOTAL MONTHLY INCOME: _____	
	ANNUAL INCOME: _____	

2. On the chart below, circle the appropriate household size:

Household size	1	2	3	4	5	6	7	8
80% AMI	\$38,400	\$43,850	\$49,350	\$54,800	\$59,200	\$63,600	\$68,000	\$72,350

Is the annual income above higher than the amount listed in the household size box on the chart?

- ___ Yes **STOP** **If yes, not eligible for the Jeremiah Plan Homes**
- ___ No **If no, continue with employment questions**

EMPLOYMENT/INCOME STATUS

A. Head of household

1. Are you currently employed?
 - ___ No ___ Yes -skip to question 4
2. If no, have you worked in the past six (6) months?
 - ___ No ___ Yes -skip to question 4
3. If no, when did you last have employment that lasted more than 30 days? Select the best option
 - ___ More than 6 months ago, but less than a year ___ More than a year ago, but less than 3 months
 - ___ More than 3 years ago ___ Never employed
4. Are you in school now, or working on any degree or certificate?
 - ___ Yes ___ No - skip to question 6
5. If yes, when is the earliest schooling will be completed?
 - ___ Less than 6 months ___ More than 6 months from now, but less than 12 months
 - ___ 12-18 months from now ___ More than 18 months from now
6. Is your work permanent, temporary, or seasonal?
 - ___ Permanent ___ Temporary ___ Seasonal ___ Not employed
7. How many hours did you work last week?
 - ___ 40 or more ___ 32-40 ___ Less than 32 ___ Not employed
8. Does any member of your household have another source of income (such as Social Security, VA benefits, pensions, unemployment)?
 - ___ No ___ Yes - specify _____

JEREMIAH PLAN

B. Questions about other adult members of the household (if multiple, only answer for one)

1. Are there other adults currently employed?
 Yes No - skip to the end now
2. Are any other adults currently employed?
 No Yes - skip to question 5
3. If no, has another adult worked in the past 6 months?
 No Yes - skip to question 5
4. If no, when did another adult last have employment that lasted more than 30 days? Select the best option
 More than 6 months ago, but less than a year More than a year ago, but less than 3 months
 More than 3 years ago Never employed
5. Is another adult in school now, or working on any degree or certificate?
 Yes No - skip to question 7
6. If yes, when is the earliest schooling will be completed?
 Less than 6 months More than 6 months from now, but less than 12 months
 12-18 months from now More than 18 months from now
7. Is the other adult's work permanent, temporary, or seasonal?
 Permanent Temporary Seasonal Not employed
8. How many hours did the other adult work last week?
 40 or more 32-40 Less than 32 Not employed

If there is any other information you want us to consider in your application, please describe below:

By signing below I certify that the above information is true and represents an accurate accounting of my household situation

Print Head of Household Name: _____

Head of Household Signature: _____

Date: _____

RELEASE AND CONSENT FORM

THIS SECTION TO BE COMPLETED BY ADMINISTRATOR	
Administrator Name : Galilee Community Development Corp.	
Contact Name : Stephanie Hamby	Contact Title : Executive Director
Address : 39 Buick, San Angelo, TX 76901	Phone : 325-655-6700
Email Address : stephanie.hamby@galileecdc.org	Fax :

THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant Name :															
I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in the Jeremiah Plan Transitional Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or other service providers.															
INFORMATION COVERED															
I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a housing program.															
GROUPS OR INDIVIDUALS THAT MAY BE ASKED															
The groups or individuals that may be asked to release the above information include, but are not limited to:															
<table style="width: 100%; border: none;"> <tr> <td>Past and Present Employers</td> <td>Welfare Agencies</td> <td>Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
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THIS SECTION TO BE COMPLETED BY APPLICANT		
I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and six months from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.		
_____	_____	_____
Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Co-Applicant/Resident Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date
_____	_____	_____
Adult Member Printed Name	Signature	Date

AUTHORIZATION, WAIVER AND RELEASE OF LIABILITY FOR CONSUMER CREDIT REPORT

In applying for services with Galilee Community Development Corporation, I hereby authorize the Galilee CDC, or any designated agent(s) working in the Galilee CDC behalf to obtain and review my consumer credit report and or any other credit related information pertaining to me.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, before any adverse action is taken, based on upon review of such consumer credit report, I will be provided with a copy of said report as well as a summary of consumer's rights.

I hereby fully release the Galilee CDC, and any and all of its employees, directors, agents, successors and assigns, and all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any subsequent investigation(s) of my credit history.

I hereby state that all information I have provided to the Galilee CDC, in any form, is true to the best of my knowledge. I understand that any known misrepresentation made to the Galilee CDC by me will exclude me from further consideration for services through the Galilee CDC, and may result in termination of my services with the Galilee CDC if I am accepted by the Galilee CDC before such misrepresentation is identified. I fully understand this authorization, waiver and release of liability is not an offer or a contract for services by the Galilee CDC.

Signature _____ Date: _____
(Applicant)

(Print Name)

I would like to receive a free copy of any consumer credit report relating to me that is reviewed by the Company.

Yes

No

_____ Initials

Received by the Company:

Signature _____ Date: _____

Name and Title _____

Galilee Community Development Corporation

Declaration of U.S. Citizenship or Non-Citizens with Eligible Immigration Status

I, _____, certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status, and I am 62 years of age or older. Attach evidence of proof of age (only persons assisted as of 6/19/1995 can qualify in this category); or
- I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent forms.
 - Immigrant status under §§ 101(a)(15) or 101 (a)(20) of the INA
 - Permanent residence under §249 or INA.
 - Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA.
 - Parole status under §§212 (d)(S) of the INA.
 - Threat to life or freedom under section 243 (h) of the INA
 - Amnesty under §245A of the INA.

/Warning: 18U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Date

Signature

Check box if an adult is signing for a minor