



NAME (S): _____

YOUR APPOINTMENT IS SCHEDULED FOR _____ AT _____ A.M. / P.M.

PLEASE BRING ALL ITEMS CHECKED TO YOUR APPOINTMENT

LAST 2 MONTHS PAYCHECK STUBS

ONE VALID ID FOR EACH APPLICANT (Including: DRIVER'S LICENSE/PASSPORT/VISA/RESIDENT ALIEN CARD)

ORIGINAL SOCIAL SECURITY CARD (S) FOR ALL MEMBERS OF THE HOUSEHOLD

\$27.00 CASH FOR THE INDIVIDUAL OR JOINT CREDIT REPORT

CURRENT BANK STATEMENTS FOR CHECKING/SAVINGS FOR ALL HOUSEHOLD MEMBERS

CURRENT INCOME TAX RETURNS 2014 AND 2015(including W2, 1099 MISC.)

PROOF OF ANY OTHER INCOME (SSI/SSDI/SSA/CHILD SUPPORT, UNEMPLOYMENT, ETC.)

DIVORCE DECREE

BRING COPIES OF ORIGINAL DOCUMENTS

*The application must COMPLETE

HOW DID YOU HEAR ABOUT CDCB?
<input type="checkbox"/> BARGAIN BOOK
<input type="checkbox"/> FLYER
<input type="checkbox"/> WORD OF MOUTH
<input type="checkbox"/> WEBSITE
<input type="checkbox"/> FAIR
<input type="checkbox"/> FACEBOOK
<input type="checkbox"/> OTHER _____

Name: _____ DOB/Fecha de nacimiento: _____ Edad/Age: _____

Married/Casado Separated/Separado Unmarried : (Widowed, Divorced, Single, Common Law, Soltero, Divorciado, Viudo)
 U.S. Citizen/Ciudadano Permanent Resident Alien/ Residente Permanente Social Security #: _____

Spouse/Other Name: _____ DOB/Fecha de nacimiento: _____ Edad/Age: _____

Married /Casado Separated/Separado Unmarried : (Widowed, Divorced, Single, Common Law, Soltero, Divorciado, Viudo)
 U.S. Citizen/Ciudadano Permanent Resident Alien/ Residente Permanente Social Security #: _____

CHECK ONE / INDIQUE LO APROPIADO

_____ RENT / RENTA OR / O _____ LIVES WITH FAMILY / VIVE CON FAMILIARES

\$ _____ RENT AMOUNT

Does it include utilities? Incluye luz y agua? ____ Yes/Si ____ No

CURRENT ADDRESS / DIRECCION ACTUAL: _____

TIME AT THIS ADDRESS / TIEMPO EN ESTA DIRECCION: _____

PREVIOUS ADDRESS/DIRECCION PREVIA: _____

IF CURRENT IS LESS THAN 2YRS / SI LA ACTUAL ES MENOS DE 2 AÑOS: _____

TELEPHONE NUMBERS / NUMEROS DE TELEFONO

CASA: _____ TRABAJO: _____ OTRO: _____
HOME: _____ WORK: _____ OTHER: _____

Family Members Dependents Name & Ages:
Nombres de todos los miembros de la familia y Edad

Family Member's Income, if any Source: SSI , Alimony,
Ingresos de los miembros de la familia

Name Relationship Age Date of Birth Monthly Income / Source

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SAVINGS / AHORROS

Checking Account: Bank Name: _____ \$ _____ (balance)

Savings Account: Bank Name: _____ \$ _____ (balance)

Cash: Cash Savings _____ \$ _____ (balance)

How will you complete the down payment?

EMPLOYMENT HISTORY

Employment history for the last **2** years for each of the borrowers / Historical de trabajo por los **2** últimos años

HEAD OF HOUSEHOLD:

***CURRENT JOB/ TRABAJO ACTUAL**

EMPLOYER / EMPLEADOR: _____
POSITION/ACTIVIDAD: _____

FROM (MO/YR) _____
TO (MO/YR) _____ # OF YEARS / AÑOS: _____

PAY RATE: HOURLY \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

*** PREVIOUS JOB / TRABAJO ANTERIOR**

EMPLOYER / EMPLEADOR: _____
POSITION/ACTIVIDAD _____

FROM (MO/YR) _____
TO (MO/YR) _____ # OF MONTHS / YEARS: _____

PAY RATE: HOURLY \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

SPOUSE/OTHER

*** CURRENT JOB / TRABAJO ACTUAL**

EMPLOYER / EMPLEADOR: _____
POSITION/ACTIVIDAD _____

FROM (MO/YR) _____
TO (MO/YR) _____ # OF MONTHS / YEARS: _____

PAY RATE: HOURLY \$ _____ OR SALARY \$ _____

PAY PERIODS: WEEKLY, _____ BI-WEEKLY, _____ MONTHLY _____

MONTHLY BUDGET

MONTHLY NET INCOME : \$

**MONTHLY MIN.
PAYMENT**

Rent/house Payment

\$ _____

Utilities: Electricity, Gas, Water/Sewer

\$ _____

Cell Phone/ House Phone

\$ _____

Food/ Groceries

\$ _____

Eating Out

\$ _____

Internet/ Cable

\$ _____

Other Miscellanies

\$ _____

Item: Minimum Credit Card Payments

Credit Card & Loans:

Name: _____

\$ _____

Name: _____

\$ _____

Name: _____

\$ _____

Student Loan:

\$ _____

Item: Child Support Payments

\$ _____

Item: Alimony Payments

\$ _____

Item: Car Payment

\$ _____

Auto Insurance

\$ _____

Health/Medical Insurance

\$ _____

Total Monthly Debt Payments

\$ _____



APPLICANT DISCLOSURE

On behalf of the City of Harlingen, as a Certified HUD Housing Counseling Grantee, the Community Development Corporation of Brownsville agrees to avoid conflict of interest by disclosing to all participants the following information:

Counseling participants are free to choose any lender, lending product, realtor, real estate agency, and home. The client is not required to purchase a home or originate a loan with the CDCB to receive counseling services. Client is not obligated to receive services from CDCB or partners.

CDCB Counseling Services are funded by HUD, Neighbor Works, J.P. Morgan Chase and our Private Operational support.

CDCB provides pre-purchase counseling and foreclosure prevention counseling. In addition, CDCB provides mortgage loans such as FHA, USDA, conventional, and CASA mortgages. CDCB provides down payment assistance from the City of Brownsville, TDHCA, FHLB, and United Way. CDCB provides first and second lien mortgage financing in association with private, Federal, State, and local funds that assist families seeking homeownership. CDCB also provides interim construction financing to builders constructing and selling homes in CDCB affordable housing subdivisions.

Name _____

Signature _____

Spouse/Other Name _____

Spouse/Other Signature _____

Date _____

Authorization to Release Information and Pull Credit Report

I/We authorize you to provide to Community Development Corporation of Brownsville (CDCB) on behalf of the City of Harlingen any and all information that they request. Such information includes, but is not limited to: employment history and income, bank accounts balances, credit history and copies of tax returns.

I/We authorize CDCB to pull my/our credit report.

I/We understand that the credit report fee charged by CDCB is a NON-REFUNDABLE fee.

Signature

Spouse/Other Signature

Printed Name

Spouse/Other Printed Name

Address

Address

Date of Birth

Date of Birth

Social Security Number

Social Security Number

Date

Date

Privacy Policy

Community Development Corporation of Brownsville is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization to Release Information. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Name _____

Signature _____

Spouse/Other Name _____

Spouse/Other Signature _____

Date _____