

CITY OF BRYAN DOWN PAYMENT ASSISTANCE PROGRAM APPLICATION

Do not leave blanks. Write N/A or line through non-applicable sections. Use back if necessary.

Head of Household Name:					
Social Security #: TDL# or TID#:					
Age:	Race: (Select One o	or More)	Ethi	Ethnicity: (Select One Only)	
Birth Date:	☐ Black or African	American	☐ Hispanic or Latino		
Handicap or	│	Alaskan Native	□ N	ot Hispanic or Latino	
Disability: Yes No	☐ Native Hawaiian/	Other Pacific	 _{Mar}	ital Status (Select One Only):	
Citizen:	☐ Amer. Indian/Alas	skan Native &	□ s	ingle larried	
	☐ Asian and White		□s	eparated	
Permanent Legal Resident: ☐ Yes ☐ No	☐ Black or African ☐ Amer. Indian/Ala			ivorced Vidowed/Widower	
Full Time Student:□ Yes □	Black or African ☐ Other Multi-Racia				
No	☐ Asian/Pacific Isla				
Spouse Name:					
Social Security #:		TDL# or TID#:			
Age:	Race: (Select One o	or More)	Ethi	nicity: (Select One Only)	
Birth Date:	☐ Black or African	American	☐ Hispanic or Latino		
l	│		☐ Not Hispanic or Latino		
Handicap or	☐ American Indian/			tal Status (Salast One Only)	
Disability: 🗆 Yes 🗅 No	☐ Native Hawaiian/ Islander	Other Pacific	Marital Status (Select One Only):		
Citizen:	□ Amer. Indian/Ala	skan Nativo &	☐ Single☐ Married		
Citizen. 4 7es 4 70	White	Skall Hative &		eparated	
Permanent Legal Resident:	☐ Asian and White			Divorced	
☐ Yes ☐ No	☐ Black or African	American & White		Vidowed/Widower	
	☐ Amer. Indian/Ala				
Full Time Student: ☐ Yes ☐ No	Black or African	American			
	☐ Other Multi-Racia	al			
	☐ Asian/Pacific Isla	nder			
CONTACT INFORMATION		Telephone #:		Alt Phone #:	
Current Address:				/	
		Email:		Alt Email:	
City, State, Zip Code:					
RENTAL HISTORY		Landlord Name:			
Amount of Rent/Mo: \$		Landlord Address:			
Amount of HUD (Sec. 8) Rental (Per Month)	Assistance: \$	City, State, Zip Code	de:		
Move In Date:		Landlord Telephone	#		
		Landlord Email:			

Current Lease End Date:		

HOUSEHOLD INFORMATION

List ALL members of the household.

Include full name, exactly as it appears on Driver's License or other government documents.

Total # of Household Members: Total # of Household Members OVER age 62:				
Total # of Disabled/Handicapped Household Members:				
1. Head of Household Name:				
Social Security #.		Driver's License:		
Age:	Race: (Select One or	More)	Married □ Widowed □ Divorce □ Single □	
Birth Date:	□ Black or African Am □ Asian	erican	Separated □	
Citizen: Yes □ No □	o American Indian/Ala □ Native Hawaiian/Ot		Handicap or Disability: Yes □ No □	
Permanent Legal Resident: Yes □ No □	Islander □ Amer. Indian/Alaska		Veteran: Yes□ No □	
100 = 110 =	White	an ivalive &	Full Time Student: Yes □ No □	
Ethnicity: (Select <u>One</u> Only) ☐ Hispanic or Latino	□ Asian and White □ Black or African Am		Receives Income: Yes□ No □	
□ Not Hispanic or Latino	□Amer. Indian/Alaska Black or African Am			
	D Other Multi-Racial□ Asian/Pacific Island	er		
Household Member #2 Name:				
Relationship to Head of Househo Relationship:	ld: □Spouse □Co-Hea	d □Dependent □	Other Adult	
Social Security #:		Driver's License:		
•		Dilvers Licerise.		
Age:	Race: (Select One or D White		Married □ Widowed □	
Age: Birth Date:	□ White □ Black or African Am	More)	Married □ Widowed □	
	□ White □ Black or African Am □ Asian □ American Indian/Ala	l More) erican askan Native	Married □ Widowed □ Divorce □ Single □	
Birth Date: Citizen: <i>Yes</i> □ <i>No</i> □ Permanent Legal Resident:	□ White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Otlestander	l More) erican askan Native her Pacific	Married □ Widowed □ Divorce □ Single □ Separated □	
Birth Date: Citizen: Yes □ No □ Permanent Legal Resident: Yes □ No □	 D White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Otter □ Islander □ Amer. Indian/Alaska White 	l More) erican askan Native her Pacific	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐	
Birth Date: Citizen: Yes	 D White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White □ Black or African Am 	More) erican askan Native her Pacific an Native & erican & White	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐	
Birth Date: Citizen: Yes □ No □ Permanent Legal Resident: Yes □ No □ Ethnicity: (Select One Only)	 D White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White 	More) erican askan Native her Pacific an Native & erican & White an Native &	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐	
Birth Date: Citizen: Yes	 □ White □ Black or African Am □ Asian □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White □ Black or African Am □ Amer. Indian/Alaska 	More) erican askan Native her Pacific an Native & erican & White an Native & nerican	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐	
Birth Date: Citizen: Yes	 □ White □ Black or African Am □ Asian □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White □ Black or African Am □ Amer. Indian/Alaska Black or African Am □ Other Multi-Racial 	More) erican askan Native her Pacific an Native & erican & White an Native & nerican	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐	
Birth Date: Citizen: Yes	 □ White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White □ Black or African Am □ Amer. Indian/Alaska Black or African Am □ Other Multi-Racial □ Asian/Pacific Island 	More) erican eskan Native her Pacific an Native & erican & White an Native & nerican	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐	
Birth Date: Citizen: Yes	 □ White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White □ Black or African Am □ Amer. Indian/Alaska Black or African Am □ Other Multi-Racial □ Asian/Pacific Island 	More) erican eskan Native her Pacific an Native & erican & White an Native & nerican	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐	
Birth Date: Citizen: Yes	 □ White □ Black or African Am □ Asian □ American Indian/Ala □ Native Hawaiian/Ot Islander □ Amer. Indian/Alaska White □ Asian and White □ Black or African Am □ Amer. Indian/Alaska Black or African Am □ Other Multi-Racial □ Asian/Pacific Island 	More) erican erican askan Native her Pacific an Native & erican & White an Native & nerican er Driver's License:	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐	

Citizen: Yes No Permanent Legal Resident: Yes No Ethnicity: (Select One Only) Hispanic or Latino	□ Native Hawaiian/Other Pacific Islander □ Amer. Indian/Alaskan Native & White □ Asian and White		Handicap or Disability: Yes ☐ No ☐ Veteran: Yes ☐ No ☐ Full Time Student: Yes ☐ No ☐ Receives Income: Yes ☐ No ☐
□ Not Hispanic or Latino	□ Amer. Indian/Alaska Black or African Ar □ Other Multi-Racial □ Asian/Pacific Island	nerican	
Household Member #4 Name: Relationship to Head of Househol Relationship:	d: □Spouse □Co-Hea	ad □Dependent □	Other Adult
Social Security #:		Driver's License:	
Age: Birth Date:	Race: (Select C	,	Married □ Widowed □ Divorce □ Single □ Separated □
Citizen: <i>Yes</i> □ <i>No</i> □	□Asian □American Inc	lian/Alaskan Native iian/Other Pacific	·
Permanent Legal Resident: Yes □ No □	White	/Alaskan Native &	Veteran: Yes□ No □ Full Time Student: Yes□ No □
Ethnicity: (Select <u>One</u> Only) ☐ Hispanic or Latino ☐ Not Hispanic or Latino	White □Amer. Indian	an American & /Alaskan Native & can American Racial	Receives Income: Yes □ No □
Household Member #5 Name:			
Relationship to Head of Househol Relationship:	d: 0 Spouse □ Co-Hea	ad □Dependent □	Other Adult
Social Security #:		Driver's License:	
Age: Birth Date: Citizen: Yes □ No □	Race: (Select One or D White Black or African An Asian American Indian/Al Native Hawaiian/O	nerican askan Native	Married ☐ Widowed ☐ Divorce ☐ Single ☐ Separated ☐ Handicap or Disability: Yes ☐ No ☐
Permanent Legal Resident: Yes □ No □ Ethnicity: (Select One Only)	Islander □ Amer. Indian/Alask White □ Asian and White		Veteran: Yes □ No □ Full Time Student: Yes □ No □
□ Hispanic or Latino □ Not Hispanic or Latino	□ Black or African Am □ Amer. Indian/Alaska Black or African Ar □ Other Multi-Racial □ Asian/Pacific Island	an Native & nerican	Receives Income: Yes □ No □
Household Member #6 Name:			
Relationship to Head of Househol Relationship:	d: □Spouse □Co-Hea	ad □Dependent □	Other Adult

Social Security #.	Social Security #. Driver's License		nse:	
Age:	Race: (Select One or M	lore)	Married □ D □	Widowed □
Birth Date:	│	erican	Separated □	Single □
Citizen: <i>Yes</i> □ <i>No</i> □	D Asian D American Indian/Alas	okan Nativa		ahilitur Vaa 🗆 Na 🖂
Citizen: <i>Yes</i> 🗆 /wo 🗆	D Native Hawaiian/Oth		Handicap or Dis	ability: Yes □ No □
Permanent Legal Resident:	Islander	N. () 0	Veteran: Yes □	No □
Yes □ No □	□ Amer. Indian/Alaskar White	n Native &	Full Time Studer	nt: Yes □ No □
Ethnicity: (Select <u>One</u> Only)	D Asian and White		D in In	. V N
☐ Hispanic or Latino☐ Not Hispanic or Latino☐	☐ Black or African Ame ☐ Amer. Indian/Alaskar		Receives Income	e: Yes∟ No∟
	Black or African Ame			
	D Other Multi-Racial D Asian/Pacific Islande	r		
	INCOME IN	EODMATION		
	INCOME IN		1	
Employment Information				
				Salary (Per
Household Member Nam	e Employ	er	Date of Hire	Month) or Wages (Per Hour)
Household Member Nam	e Employ	er	Date of Hire	Month) or Wages (Per Hour)
Household Member Nam	e Employ	er	Date of Hire	, ,
Household Member Nam	e Employ	er	Date of Hire	, ,
Household Member Nam	e Employ	er	Date of Hire	, ,
Household Member Nam	e Employ	er	Date of Hire	, ,
Household Member Nam	e Employ	er	Date of Hire	, ,
Household Member Nam	e Employ	er	Date of Hire	, ,
Household Member Nam	e Employ	er	Date of Hire	, ,
Other Income & Benefits	i.e. Pensions/Retiren			(Per Hour)
	i.e. Pensions/Retiren		nefits, Soc. Sec.,	(Per Hour)
Other Income & Benefits	i.e. Pensions/Retirent ncome, etc.)	nent, V.A. Ber		(Per Hour)
Other Income & Benefits (Support, Royalties, Rental In	i.e. Pensions/Retirent ncome, etc.) TYPE (Social S	nent, V.A. Ber	nefits, Soc. Sec., Frequency (Monthly, bi-	SSI, AFDC, Child

Liabilities (Student Loans, Pay Day Loans, Auto Loans, Court Judgments, Credit Cards)

CREDITOR	ACCOUNT NO.	MONTHLY PYMNT	BALANCE

Tax Indebtedness Liabilities (IRS, State, County)

AGENCY (IRS, State of, County of, etc.)	TOTAL DEBT \$	REDUCTION AGREEMENT Payment Per Month \$

Cash Assets (Checking, Savings, Money Market, Brokerage Accounts, etc.)

FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE

Property Assets (residence, rental property, raw land, mobile home owned, etc.)

ADDRESS	VALUE	ANY DELINQUENT PROPERTY TAXES DUE

Other Assets (Automobile(s), Motorcycles, RV's, Boats, ATV's, etc.)

ТҮРЕ	AMOUNT/VALUE	ACCOUNT NO.	AGENT/REP.

Previous Housing Assistance from the City: Indicate type, amount and year, if known.

TYPE OF ASSISTANCE (MINOR REPAIR, REHAB, RECONSTRUCTION, DOWN PAYMENT)	AMOUNT OF ASSISTANCE RECEIVED PREVIOUSLY	YEAR ASSISTANCE RECEIVED PREVIOUSLY
	\$	

THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING FEDERAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT HOMEBUYER ASSISTANCE FROM THE BRYAN COMMUNITY DEVELOPMENT DEPARTMENT AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF. ANY MISSTATEMENT OR FALSIFICATION OF INFORMATION SHALL BE GROUNDS FOR REVOCATION OR TERMINATION OF ASSISTANCE. APPLICANT UNDERSTANDS THAT THIS APPLICATION DOES NOT GUARANTEE THAT THEIR REQUEST FOR ASSISTANCE WILL BE GRANTED.

Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement 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.

I hereby authorize the City of Bryan Community Development Department or its designated agents to obtain and receive all records and information pertaining to eligibility for the Community Development Programs, including employment, income, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby given to the City of Bryan Community Development Services Department is the right to request all information that I (We) can and or could obtain from any persons, company, or firm on any matter referenced above. I (We) **specifically authorize** the City of Bryan to:

- 1) Obtain a credit report for each applicant/spouse.
- 2) Obtain copies of the following documents: Mortgage lender's disclosure(s), appraisal, survey, title commitment, preliminary closing disclosure, and final closing disclosure (settlement statement) from either the lender or Title Company, or the applicant hereby agrees to provide these documents to the City of Bryan upon request as a condition of receiving assistance.

(We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Bryan Community Development Department for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of six (6) months.

Applicant Head of Household Signature	Date	EQUAL HOUSING OPPORTUNITY
Print Applicant Name		
Co-Applicant Signature	Date	CITY OF BRANA The Grant Light Issue Injust
Print Co-Applicant Name		

Required Documents

Fill out application, gather the required documents together: and then CALL 209-5175 TO MAKE AN APPOINTMENT . Please bring with you the following:
☐ 1. Social Security cards for everyone in the family.
2. Driver's License(s).
3. W-2 forms for the past 2 years.
4. Income Tax Returns for the past 2 years.
5. Two (2) months of current consecutive check stubs for everyone working over the age of 18, award letters.
6. Child support documents.
7. Print out from child support office.
8. Permanent resident card for everyone in household.
9. Financial accounts for all accounts for each of the preceding six (6) months, such as checking, savings, or investment accounts.
10. Divorce Decree.
Thank you for your cooperation Community Development Department 1803 Greenfield Plz Bryan, Texas 77802 979-209-5175 Documentos Requeridos
Llene la aplicación, y LLAME AL 209-5175 PARA HACER UNA CITA. Por favor taiga con usted los siguientes
Documentos:
 1. Las tarjetas de Seguro Social para todos los que vive en la casa.
2. La Licencia (licencias) de conducir para todos los conductores que viven en la casa.
☐ 3. Formas de Impuestos (W-2) de 2 años consecutivos.
4. Impuestos durante los ulitmos 2 anos.
5. Dos (2) meses de talones de cheques consecutivos para todos los que estan trabajando mayor de 18 años, cartas de concesion.
6. Documentos oficial de oficina de manutención de menores.
 7. Tarjeta de residente permanente para todos los miembros de la familia que vive en la casa. 8. Estados de cuenta financieros para todas las cuentas, como cuentas de cheques, ahorros o inversiones. (Para los últimos 6 meses) 9. Decreto de Divorcio
Su aplicación no puede ser procesada hasta que toda la información requerida sea entegada.
Todas las formas tienen que ser firmadas por ambos cónyuges.

Gracias para su cooperación!

Dessarrollo de la Comunidad 1803 Greenfield Plz Bryan, Texas 77802 979-209-5175