

EMPLOYMENT DATA

(If less than 2 years, give previous employment)

Applicant's Occupation (present): _____

Employer's Name: _____ Address: _____ Phone#: _____

No. of Years: _____

Previous Employer's Name & Address: _____

No. of Years: _____

Spouse's Occupation (present): _____

Employer's Name: _____ Address: _____ Phone#: _____

No. Of Years: _____

Previous Employer's Name & Address: _____

No of Years: _____

HOUSEHOLD INCOME

List all household income in the table below.

Name of Adult	Source (Salary, SSI, Disability, Pension, Child Support, Other)	Amount	Frequency (Weekly, Biweekly, Monthly)
TOTAL		\$	

Applicant's Social Security Number: _____

Spouse's Social Security Number: _____

Maximum Annual Household Income Allowed Per Number of Persons in Household

Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
TVC-FVA AHI 80%	\$33,000	\$37,700	\$42,400	\$47,100	\$50,900	\$54,650	\$58,450	\$62,200

"This program is supported by a grant from the Texas Veterans Commission Fund for Veterans' Assistance. The Fund for Veterans' Assistance provides grants to organizations serving veterans and their families."

HOUSING

Current housing situation (home owner, renting, lives w/family)? _____

Number of bedrooms _____ Monthly rent amount \$ _____ Phone # _____

Does the client receive subsidy or rental assistance from anyone? _____

- Section 8 Colonias Private Sector Municipal Housing

Is there an eviction notice from the client’s landlord? _____ Date of eviction: ____ / ____ / ____

How many month(s) of rent is owed? _____ Late fees \$ _____ Total amount \$ _____
Rent is due on the _____ of each month.

How has the client paid the rent in the past? _____
 Has client ever been evicted from housing? _____ When and Why? _____

How long has the client lived at current residence? _____

UTILITIES

Does client have a disconnection notice for utilities? _____ *please mark which types of utilities*

Water Co. _____ Date of Disconnect: ____ / ____ / ____

How many months do you owe? _____ Late/reconnect fees \$ _____ Total amount \$ _____

Electricity Co. _____ Date of Disconnect: ____ / ____ / ____

How many months do you owe? _____ Late/reconnect fees \$ _____ Total amount \$ _____

Gas Co. _____ Date of Disconnect: ____ / ____ / ____

How many months do you owe? _____ Late/reconnect fees \$ _____ Total amount \$ _____

ASSETS (Cash Accounts - Type of Accounts & Name of Depository)

Checking \$ _____ Where? _____

Savings \$ _____ Where? _____

Bonds \$ _____ U.S. Savings Yes _____ No _____

Marketable Securities (Describe) _____

Other Property - Market Value \$ _____ Address _____

Zip Code _____

Total Assets: \$ _____

LIABILITIES: (Monthly Installment Accounts, Lender, Payment, Unpaid Balance)

Article	Creditor	Monthly Payment	Balance Due
Automobile		\$	\$
Life Ins. Loan		\$	\$
Other Property		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total		\$	\$

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Do you have any relatives presently working for the City of Laredo? If so, provide:

Name	Relationship	City Department

IMPORTANT - READ BEFORE SIGNING

I (We) certify that I (we) am (are) the owner(s) and occupant(s) of this property and that the above statements are true, accurate and complete to the best of my (our) knowledge and belief. I (We) understand that I (we) am (are) to report any change in size of the family and/or significant change in family income. I (We) also understand that misrepresentation or omission of facts called for on this application is cause for rejection or disqualification. I (We) hereby authorize the Laredo Municipal Housing (LMH) a division of Community Development Department to verify any information on this application. This application and the documents and procedures used in the Veterans Home Modification Program are subject to change for the purpose of efficiency in the execution of the program.

Signature

Date

Signature

Date

IMPORTANTE-LEASE ANTES DE FIRMAR

Certifico que soy dueño y ocupante de esta propiedad y que las declaraciones anteriores son verídicas y completas de acuerdo con mis mejores conocimientos. Entiendo que debo reportar cualquier cambio en el tamaño de la familia, así como cualquier cambio significativo en los ingresos de familia. Entiendo también que falsificación u omisión de datos informativos requeridos en esta aplicación constituye causa suficiente para descalificarme o rechazarme. Autorizo al Programa de Modificación de Viviendas para Veteranos de Laredo Municipal Housing (LMH) una división del Departamento del Desarrollo de la Comunidad que verifique toda la información contenida in esta aplicación. Esta aplicación y los documentos y procederes utilizados por el Programa de Modificación de Viviendas para Veteranos es sujeto a cambio con propósito del desempeño eficiente del Programa.

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Financial Assistance Grant Program

Check List:

- ___ 1. Applicants must qualify at or below the 80% of median family income for the area or be a disabled veteran and meet the following criteria:
- ___ 2. Veterans; Veteran Dependents; Surviving Spouses
- ___ 3. Must reside in the City of Laredo.
- ___ 4. Veteran status documentation
- ___ 5. U.S. Citizen or have legal residency
- ___ 6. Proof of utility (light, water & gas) disconnection notice and/or; Proof of rental eviction notice or mortgage delinquent letter.
- ___ 7. Proof of Income: ___ Social Security Award Letter, ___ VA benefits, ___ Retirement, ___ Check Stubs, ___ Last 3 Bank Statements

Dependents Uniform Services Identification Card; Marriage Certificate; Birth Certificate; Adoption Certificate

Surviving Spouse Uniform Services Identification Card; Marriage Certificate; Death Certificate or one of the forms listed above for Veterans eligibility.

Veterans: DD Form 214, Certificate of Release or Discharge from Active Duty; NGB-22, National Guard Report of Separation and Record of Service; NA Form 13038, Certification of Military Service; Department of Veterans Affairs (VA) official letter or disability letter with character of service listed; E-Benefits summary letter with character of service listed; Honorable discharge certificate; Uniform Services Identification Card; State of Texas Issued Driver License with Veteran designation; Certificate verifying Active Duty Status from Department of Defense Manpower Data Center (ONLY – currently serving active duty).

Notes:

Date:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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EMPLOYMENT DATA

(If less than 2 years, give previous employment)

Applicant's Occupation (present): _____

Employer's Name: _____ Address: _____ Phone#: _____

No. of Years: _____

Previous Employer's Name & Address: _____

No. of Years: _____

Spouse's Occupation (present): _____

Employer's Name: _____ Address: _____ Phone#: _____

No. Of Years: _____

Previous Employer's Name & Address: _____

No of Years: _____

EXISTING DEBT ON PROPERTY TO BE REHABILITATED

Original Mortgage Amount \$ _____ (1) Name of Lender _____

Address _____

(1) FHA-Insured Mortgage? Yes _____ No _____

(2) 2nd Mortgage Amount \$ _____ (2) Name of Lender _____

Address _____

Unpaid Balance (Orig.) \$ _____ (2nd Mtg) _____

Total Monthly Payment \$ _____

PRESENT MONTHLY INCOME

List all household income in the table below.

Name of Adult	Source (Salary, SSI, Disability, Pension, Child Support, Other)	Amount	Frequency (Weekly, Biweekly, Monthly)
TOTAL		\$	

Applicant's Social Security Number: _____

Spouse's Social Security Number: _____

Maximum Annual Household Income Allowed Per Number of Persons in Household

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PRESENT MONTHLY HOUSING EXPENSES

	(Rehab. Property)	(Other Property)
Mortgage Payment	\$ _____	\$ _____
Ground Rent (If any)	\$ _____	\$ _____
House Insurance	\$ _____	\$ _____
Co. & Agency	_____	_____
Property Tax	\$ _____	\$ _____
Maintenance	\$ _____	\$ _____
Phone & Utilities	\$ _____	\$ _____
Other (Explain)	\$ _____	\$ _____
Total	\$ _____	\$ _____

ASSETS (Cash Accounts - Type of Accounts & Name of Depository)

Checking	\$ _____	Where? _____
Savings	\$ _____	Where? _____
Bonds	\$ _____	U.S. Savings Yes _____ No _____
Marketable Securities (Describe)	_____	
Other Property - Market Value	\$ _____	Address _____
		Zip Code _____
Total Assets:	\$ _____	

LIABILITIES: (Monthly Installment Accounts, Lender, Payment, Unpaid Balance)

Article	Creditor	Monthly Payment	Balance Due
Automobile		\$ _____	\$ _____
Life Ins. Loan		\$ _____	\$ _____
Other Property		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
Total		\$ _____	\$ _____

LIFE INSURANCE

NAME OF INSURANCE COMPANY	AMOUNT	MONTHLY PREMIUM
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Are all property taxes current? Yes No Over 65 (Tax Exempt)

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Do you have any relatives presently working for the City of Laredo? If so, provide:

Name	Relationship	City Department
_____	_____	_____
_____	_____	_____

Have you ever been obligated on a home loan, or home improvement loan, which resulted in foreclosure by judgement? _____ Yes _____ No

Name of Lender _____
 Address of Lender _____
 Remarks _____

IMPORTANT - READ BEFORE SIGNING

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Home Modification Grant Program

Check List:

- ___ 1. Applicants must qualify at or below the 80% of median family income for the area or be a disabled veteran and meet the following criteria:
- ___ 2. Veterans; Veteran Dependents; Surviving Spouses
- ___ 3. U.S. military service branch (Army, Navy, Air Force, Marines.)
- ___ 4. Owner-occupant of the house to be assisted.
- ___ 5. Provide veteran status documentation.
- ___ 6. Veteran must reside within the City of Laredo limits.
- ___ 7. U.S. Citizen or have legal residency.
- ___ 8. All property taxes must be paid up-to date. This includes City, County and applicable School District taxes.
- ___ 9. Applicant must confirm the home is current on any existing mortgage loans, home equity loans, deed of trust, or other instrument that is a lien.
- ___ 10. The dwelling must not be under a Contract for Deed, or any similar purchase agreement.
- ___ 11. Proof of Income: ___ Social Security Award Letter, ___ VA benefits, ___ Retirement, ___ Check Stubs, ___ Last 3 Bank Statements,

Dependents: Uniform Services Identification Card; Marriage Certificate; Birth Certificate; Adoption Certificate

Surviving Spouse: Uniform Services Identification Card; Marriage Certificate; Death Certificate or one of the forms listed above for Veterans eligibility.

Veteran: Veterans DD Form 214, Certificate of Release or Discharge from Active Duty; NGB-22, National Guard Report of Separation and Record of Service; NA Form 13038, Certification of Military Service; Department of Veterans Affairs (VA) official letter or disability letter with character of service listed; E-Benefits summary letter with character of service listed; Honorable discharge certificate; Uniform Services Identification Card; State of Texas Issued Driver License with Veteran designation; Certificate verifying Active Duty Status from Department of Defense Manpower Data Center (ONLY – currently serving active duty).

Notes:

Date:

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