

**COMMUNITY
DEVELOPMENT**
CORPORATION OF BROWNSVILLE

901 East Levee Street
Brownsville, Texas 78520

956-541-4955

NAME (S): _____

YOUR APPOINTMENT IS SCHEDULED FOR _____ AT _____ A.M./P.M.
SU CITA ES PARA ESTA FECHA.

PLEASE BRING ALL ITEMS [✓] CHECKED TO YOUR APPOINTMENT
POR FAVOR TRAIGA LO SIGUIENTE QUE ESTA [✓] MARCADO A SU CITA.

Paycheck stubs for the last month (most recent 30 days)
(Talones de cheque recibidos durante los ultimos 30 dias)

Driver License / I.D. Card or Resident Alien I.D. Card
(Licecia de conducir / Tarjeta de identificación o Tarjeta de residencia)

Original Social Security Card(s) for ALL members of the HOUSEHOLD.
(Cartas de Numero Social originales de todos los miembros de la familia.)

\$20.00 for Individual or Joint Credit Report
(\$20.00 para el reporte de credito).

*The application must be fully filled
*La aplicacion tiene que estar completa

How did you hear
about CDCB?

- Bargain Book
- Flyer
- Word of mouth
- Web Site
- Home Buyer Fair
- 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 |
|-------|--------------|-------|---------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

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 / Historial de trabajo por los **2** ultimos 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 _____

INCOME

Question 1: What is the combined Monthly Gross Income of household?

Add up your monthly earnings before deductions such as taxes, health insurance, and Social Security.

Include all sources such as regular earnings, overtime, self-employment income, business income, tips, bonuses, pension, interest, child support, food stamps, AFDC, SSI, and other.

| Monthly Income (Include all sources. Use the gross amount before taxes.) | Head of Household | Spouse | Other | TOTAL |
|--|-------------------|--------|-------|----------|
| Job (Bring recent stub.) | | | | |
| Self-employment income | | | | |
| Child support/alimony | | | | |
| Other Business income | | | | |
| Other: Overtime Earnings | | | | |
| Other: Tips/Bonuses | | | | |
| Other: Pension/SSI | | | | |
| Other: AFDC/Food Stamps | | | | |
| Other : _____ | | | | |
| Other : _____ | | | | |
| Other : _____ | | | | |
| TOTAL: | | | | \$ _____ |

OFFICE USE ONLY:

Number of Family Members in Household: _____
 Household Median Income: _____%

DEBTS LIST OF CREDITORS

| TYPE OF PAYMENT: | MONTHLY PAYMENT | BALANCE OWED |
|------------------------------------|--------------------|-----------------|
| Item: Car Payment | \$ _____ | \$ _____ |
| Item: Student Loan Payment | \$ _____ | \$ _____ |
| _____ Name of Finance Company: | \$ _____ | \$ _____ |
| _____ Name of Finance Company: | \$ _____ | \$ _____ |
| _____ Name of Finance Company: | \$ _____ | \$ _____ |
| Item: Minimum Credit Card Payments | | |
| Credit Card: | | |
| Name: _____ | \$ _____ | \$ _____ |
| Name: _____ | \$ _____ | \$ _____ |
| Name: _____ | \$ _____ | \$ _____ |
| Name: _____ | \$ _____ | \$ _____ |
| Item: Child Support Payments | \$ _____ | \$ _____ |
| Item: Alimony Payments | \$ _____ | \$ _____ |
| Department Store Credit: | | |
| Store: _____ | \$ _____ | \$ _____ |
| Store: _____ | \$ _____ | \$ _____ |
| Store: _____ | \$ _____ | \$ _____ |
| Total Monthly Debt Payments | \$ _____ | \$ _____ |

DO NOT INCLUDE BILLS PAID FOR WHICH YOU DID NOT BORROW.



APPLICANT DISCLOSURE

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.

CDCB provides a variety of housing and mortgage loan and down payment assistance programs, including Self Help housing. 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) 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