



City of Gainesville
Community Development Department
311 Henry Ward Way, Gainesville, GA 30501
Phone: (770) 531-6570

CDD USE ONLY

DATE REC'D BELOW

Eligible: ☐ Yes ☐ No

HUD Income Limits: _____

Date: _____

HOUSING PROGRAMS APPLICATION

Complete application fully and accurately. Return complete application and required to the above address.

Applicant Name(s):

Current Address:

P.O. Box

City, State, Zip:

Home Phone:

Email:

Cell Phone:

Emergency Contact Name:

Emergency Contact Phone:

Please check one: I am applying for

☐ **Rehabilitation Assistance**

☐ **Down Payment Assistance**

☐ **Emergency Repairs**

☐ **New Construction/Homebuyer**

Have you received City Housing Programs Assistance (repairs, DPA, etc.) in the past? ☐ Yes ☐ No

If Yes, please state the program, the year assistance was provided and the amount?

HOUSEHOLD CHARACTERISTICS -List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Name	Relationship to Head of Household	Date of Birth	Age	Gender (Male or Female)	Social Security Number
	Head Household				

The City of Gainesville is committed to providing all persons with equal access to its services, activities, education and employment regardless of race, color, national origin, religion, sex, familial status, disability, or age.



HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED. *It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.*

Race of Head of Household:

- ☐ White
☐ Black/African American
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Asian and White
☐ Black/African American and White
☐ American Indian/Alaska Native and White
☐ American Indian/Alaska Native and Black/African American
☐ Other Multi Racial

Ethnicity of Head of Household:

☐ **Hispanic** – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.

☐ **Non-Hispanic** – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is this a Female Head of household? ☐ Yes ☐ No

Number of household members with disability:

MONTHLY INCOME INFORMATION

Please list income for all individuals over the age of 18 who live in the home.

INCOME TYPE	Head of Household	Other	Other	Other
Gross Wages/Salary (before withholdings)				
Other Regular Income				
Social Security, SSI, etc.				
Pensions, Retirements				
Veteran Benefits				
Unemployment, Worker's Comp. Benefits				
Net Income from Real Estate Owned				
Spousal Support, Child Support				
Annuities				
Public Assistance				
Regular Monetary Gifts				
Self-Employment Income				
Other Regular Income (explain)				
Other Regular Income (explain)				
Total Monthly Income				

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ASSET INFORMATION

Do you have a mortgage on your house? ☐ Yes ☐ No ☐ N/A

If yes, what is the current balance owed on the mortgage? _____

Name of the company that holds the mortgage on your home _____

What are your yearly property taxes? _____. Are your property taxes current? ☐ Yes ☐ No ☐ N/A

What year was your house built? _____ ☐ N/A

Do you have homeowner's insurance? ☐ Yes ☐ No ☐ N/A

Name of insurance company: _____ ☐ N/A

Have you ever received a federal, state or local non-housing grant for your home? ☐ Yes ☐ No ☐ N/A

If yes, please state the program, the year assistance was provided and the amount?

List repairs/concerns you would like to be addressed in your home:

Do you own any other real estate property? ☐ Yes ☐ No ☐ N/A

If Yes, what is its current market value? _____ ☐ N/A

If Yes, what is the address? _____ ☐ N/A

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PERSONAL HOUSEHOLD ASSET INFORMATION	
Checking/Savings Account (List financial institution and account numbers):	Balance
Other Real Estate Owned/Location (indicate below)	Market Value of Property
Stock/Bonds, IRAs, 401K's	Balance

CREDIT HISTORY	
<i>Please answer all questions. If the answer is yes, please attach a written explanation.</i>	
Are there any outstanding financial judgments or liens against you?	☐ Yes ☐ No
Have you declared bankruptcy within the last 36 months?	☐ Yes ☐ No
Have you lost any property through foreclosure or given title/deed to anyone to avoid foreclosure?	☐ Yes ☐ No
Are you a co-signer on any note or loan?	☐ Yes ☐ No
Are you related to the City Mayor or a Member of City Council?	☐ Yes ☐ No
Are you employed by the City of Gainesville?	☐ Yes ☐ No
Are you related to a City Employee?	☐ Yes ☐ No
Do you serve on any Board or Agency associated with the City of Gainesville?	☐ Yes ☐ No
If yes to above, give name and relationship: _____	
The proposed property is and/or will be my Primary Residence for (at least) the required period of affordability as specified in the CDBG/CHIP loan documents: ☐ Yes ☐ No	

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EXPENSE INFORMATION

Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Creditor/Expense	City, State of Creditor	Year Loan Opened	Current Balance	Monthly Payment	Is Debt Business Related?
Mortgage / Rent					☐ Yes ☐ No
Electric					☐ Yes ☐ No
Gas					☐ Yes ☐ No
Phone					☐ Yes ☐ No
Cable					☐ Yes ☐ No
Car Payment					☐ Yes ☐ No
Car Insurance					☐ Yes ☐ No
Medical Expenses					☐ Yes ☐ No
Medical Insurance					☐ Yes ☐ No
Child Care					☐ Yes ☐ No
Credit Card \$					☐ Yes ☐ No
Credit Card \$					☐ Yes ☐ No
Loan					☐ Yes ☐ No
Other (specify) \$					☐ Yes ☐ No

APPLICANT(S) CERTIFICATION & SIGNATURE(S)

I understand that by signing below that:

- (a) I will forfeit any Assistance if any information I provide is false.
- (b) The Community Development/Housing Department office does not guarantee that I can purchase or rehab a home.
- (c) I have received a copy of the EPA pamphlet entitled: *Protect your Family From Lead in Your Home*.
- (d) I acknowledge by signing, that all information I have given is true and factual to the best of my knowledge.
- (e) I agree to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by the City of Gainesville pursuant to this application.

Signature of Applicant:

Date:

Signature of Applicant:

Date:

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION STATEMENT

I, _____ hereby authorize the City of Gainesville Community and Economic Development Department or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income, (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the City of Gainesville the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (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 Gainesville for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 2 years. A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate of the original.

Who must sign the consent form: Each member of your household which is 18 years or older must sign the consent form. Additional signatures must be obtained from new adult members running the household or whenever members become 18 years of age.

I (we) fully understand that it is a Federal Crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the information given in the application as applicable under the provisions of Title 18, United States Code, Section 1001, at seg.

Signature (Owner) _____ Date _____ Social Security # _____

Signature (Owner) _____ Date _____ Social Security # _____

Other family members over age 18:

_____ Date _____ Social Security # _____
Name

_____ Date _____ Social Security # _____
Name

_____ Date _____ Social Security # _____
Name

CDBG / CHIP APPLICATION FOR HOUSING ASSISTANCE

**HUD Community Development Block Grant (CDBG) &
Georgia DCA Community HOME Investment Programs**

Certification as to Conflict of Interest

This is to certify that I (or we) are not aware of any conflict of interest that exists between my (or our) family and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state or of _____ who are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community Development Block Grant (CDBG) and Community HOME Investment Programs.

Signed:

Applicant

Date: _____

Co-Applicant

Date: _____

**CDBG / CHIP GRANT APPLICATION FOR HOUSING ASSISTANCE
DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

☐ Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

☐ Permanent residence under 249 of INA 4/; or

☐ Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

☐ Parole status under 212(d) (5) of the INA /6; or

☐ Threat to life or freedom under 243(h) of the INA /7; or

☐ Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

- (1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).
- (2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).
- (3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

CDBG / CHIP APPLICATION FOR HOUSING ASSISTANCE

**HUD Community Development Block Grant (CDBG) &
Georgia DCA Community HOME Investment Programs**

**CERTIFICATION AS TO INCOME AND PRINCIPAL
RESIDENCE**

This is to certify that my (or our) annual income does not exceed 80-percent of the median income for the area, as determined by HUD and adjusted for household size. My household size is _____ number of persons.

This also is to certify that if my (or our) application for financial assistance through the U.S. Housing and Urban Development Community Development Block Grant (CDBG) Program or Georgia Department of Community Affairs Community Home Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CDBG or CHIP funding as my (or our) principal residence throughout the required affordability period which has been defined as _____ number of years.

Signed:

Applicant

Date: _____

Co-Applicant

Date: _____

CDBG / CHIP APPLICATION FOR HOUSING ASSISTANCE

HUD Community Development Block Grant (CDBG) & Georgia DCA Community HOME/CHIP Investment Programs

INCOME VERIFICATION FORM Format for Calculating Part 5 Annual Income

1. Name of Applicant(s):		2. Total Number of Persons in Household:	
ASSETS			
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets
3. Net Cash Value of Assets.....		3.	
4. Total Actual Income from Assets.....			4.
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank			5.
ANTICIPATED ANNUAL INCOME			
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance
d. Other Income	e. Asset Income		
6. Totals	a.	b.	c.
d.	e.		
7. Enter total of items from 6a. through 6e. This is Annual Income.....			7.
8. Applicable income limit for county as adjusted for household size:			8.

Applicant Signature of Homeowner or Home Buyer

Co-Applicant Signature of Homeowner or Home Buyer