



**GARLAND**

# COMMUNITY DEVELOPMENT GRANT APPLICATION

Please complete the application **COMPLETELY** and **ACCURATELY**. Ensure all blanks are filled and dates included where appropriate. If an item is not applicable, insert “N/A”. Failure to provide complete and accurate information may result in a loss or denial of assistance. **Only complete applications will be accepted.**

## **Documentation Required to be submitted with this application:**

- ✓ Photo Identification for the applicant, co-applicant and all household members 18 years or older (Driver’s license or State issued ID, Passport).
- ✓ Proof of citizenship for every member of the household (One of the following documents: birth certificates, permanent resident cards, passport).
- ✓ Social Security Cards from ALL household members.
- ✓ Last 2 year’s tax returns for household members.
- ✓ 3 months of the most recent paycheck stubs.
- ✓ Most current Social Security Award Letter (if applicable)
- ✓ 3 months of the most recent bank statements (all pages)
- ✓ 12 months of received Child Support payments (if applicable)
- ✓ Documentation of any regular income received
- ✓ Divorce Decree – (if applicable)

***NOTE: City will verify the following information found in the county records: ownership, deed-of-trust, payment of taxes, property valuation, assumed name of businesses, and any other information supplied above to determine eligibility and approval. If you have more current documentation than is filed with the county records, please attach it to this application.***


**GARLAND**
**COMMUNITY DEVELOPMENT  
GRANT APPLICATION**

Please completely fill out this form. Failure to provide complete and accurate information may result in delaying assistance.

**BORROWER INFORMATION**

<b>Name</b>		<b>Address</b> (Street, city, state, zip)		<b>Birth Date</b>
<b>Social Security Number</b>		<b>Home Phone</b> (include area code) (      )		<b>Age</b>
<b>No. of dependents</b>				
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				

**Borrower Employment Information**

<b>Name &amp; Address of Employer</b> Employed		<input type="checkbox"/> Self	<b>Is your income from:</b> <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other	
<b>Work Number:</b> (      )	<b>Fax:</b> (      )	<b>How long have you worked at your present job?</b>		
<b>Gross <u>Monthly</u> Income:</b> (Include all income household received)		<b>Do you receive child support:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		

**Co-Borrower Information**

<b>Name</b>		<b>Address</b> (Street, city, state, zip)		<b>Birth Date</b>
<b>Social Security Number</b>		<b>Home Phone</b> (include area code) (      )		<b>Age</b>
<b>No. of dependents</b>				
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				

**Co-borrower Employment Information**

<b>Name &amp; Address of Employer</b> Employed		<input type="checkbox"/> Self	<b>Is your income from:</b> <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other	
<b>Work Number:</b> (      )	<b>Fax:</b> (      )	<b>How long have you worked at your present job?</b>		

Applicant Last Name: \_\_\_\_\_

<b>Gross Monthly Income:</b> (Include all income household received)	<b>Do you receive child support:</b> <input type="checkbox"/> Yes
	<input type="checkbox"/> No Amount: \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly

### Other Occupant Information

**I. Total Household Income:** List all money earned or received by everyone 18 years of age or older, living in the household. \*(NOTE) List all money earned or received by anyone 18 years or older. Income includes: money from wages, self-employment, child support, Social Security payment (SSI), Worker's Compensations, retirement benefits, AFDC, welfare benefits, Veteran's benefits, rental property income, stock dividends and/or alimony.

Full Name	Gross Monthly Income:

### Demographics

<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other
<b>Multi-Race:</b> <input type="checkbox"/> American Indian/Alaska Native & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> American Indian/Alaska Native & Black/African American
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<b>Elderly:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Disabled:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**II. Household Composition:** List everyone who will be living in the home.      **Total Number in Household:** \_\_\_\_\_

Name	Gender	Date of Birth	Age	Social Security Number	Relation
					Self

**III. Assets:** Does any member of the household have any of the following: (check if applicable)

Checking     Savings     Real Estate     Stocks     Certificate of Deposit     Trust     Bonds

**Value of Assets:** \$ \_\_\_\_\_

**Current Debt and Amounts:** List all debt obligations.

Applicant Last Name: \_\_\_\_\_

<b>Creditor Name</b>	<b>Type of Note</b> (Ex: car payment, rent, loans, etc.)	<b>Monthly Payment</b>	<b>Original Balance</b>	<b>Present Balance</b>

**Income Limits**

- For federal grant programs, household incomes must not exceed 80% of Dallas County Area Median Income

**Borrower's and Co-Borrower's Certification:**

By signing this application, the applicants hereby swear and attest that all of the information is true and correct to the best of the applicant's knowledge and belief. The applicant certifies that he/she is not receiving gain or special favor from his/her association with Housing and Community Services staff or relationship to a City employee. I understand that the City of Garland may request additional information to clarify or support the original application information provided. I further understand that my failure to provide authorization to the City of Garland to gather any information necessary may impact the approval of this application.

**Borrowers Authorization to Obtain Information:**

By signing this application, the City of Garland may use this as my authorization to obtain such information as required to facilitate my grant application. I understand that this information may include such items and verifications as: Mortgage status, earnings, deposits, liabilities, credit information, etc.

I understand that this application is being taken contingent upon fund availability. I further understand that this application may be placed on a waiting list and that all applications are processed chronologically.

Applicant Last Name: \_\_\_\_\_

**Conflict of Interest:**

All Applicants

The standards in OMB Circular A-110, Subpart C, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

CDBG and HOME Applicants Only

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making processor gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME: (check all that apply)

**IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:**

I certify that no conflict of interest exists between City of Garland and \_\_\_\_\_.

I certify that no conflict of interest exists between the City of Garland and \_\_\_\_\_.

**IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:**

I certify that a conflict of interest does exist between City of Garland and \_\_\_\_\_.

I certify that a conflict of interest does exist between City of Garland and (name of subcontractor) \_\_\_\_\_.

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Last Name: \_\_\_\_\_

## **Federal Privacy Act:**

The U.S. Department of Housing and Urban Development (HUD) collects information on clients in HUD-assisted home repair programs. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

The Community Development Departments operating home repair programs sent to HUD information including client income, family composition, etc. This information is transferred to HUD forms used for data collection. The forms may be sent to a Contractor who key-punches the information in preparation for processing by HUD computers.

USE: HUD used this information for budget development, program evaluation and planning and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements concerning eligibility for home repair and to verify the accuracy and completeness of income information.

PUBLIC ACCESS: Summaries of client data are available to the public. Disclosure of information about individuals and families is restricted by the privacy Act of 1974. Such information is released to appropriate Federal, State or local agencies to verify information relevant to program eligibility determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the Housing Agency from releasing such information. There may be State and local laws or regulations that govern disclosure by the Housing and Community Services.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD of the Housing Agency is voluntary. HUD uses the Social Security number as an identifier when computer-match to check the eligibility for home repairs made by the Housing and Community Services.

The other information must be provided to HUD so that it may carry out its monitoring data collection responsibilities for Home Repair Programs.

AUTHORITY: HUD is permitted to ask for the information provided by the U.S. Housing Act of 1937 as amended 42 U.S.C., 1937 et seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat 348, 408.

I have read this Privacy Act Statement.

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at (800) 424-8590. (Within the Washington DC Metropolitan Area, call 426-2500).

## **Lead Based Paint:**

By signing this application, I acknowledge that I have received a copy of the EPA pamphlet, entitled *Protect Your Family From Lead In Your Home*, in connection with lead hazard evaluation and reduction work that will be performed in my home as part of a project.

Applicant Last Name: \_\_\_\_\_

**Penalty for false or fraudulent statement:**

U.S.C. Title 18, Sec. 1001, provides that: “Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false fictitious statements or representations, or makes or uses any false writing or documents knowing the same to contain any false fictitious or fraudulent statement of entry, shall be fined not more than 10,000.00 or imprisoned not more than 15 years, or both.

By signing this application, I hereby authorize the City of Garland Housing and Community Services to obtain such information as required to facilitate my loan application. I understand that this information may include such items and verifications as Mortgage status, earnings, deposits, liabilities, and credit report information for the purpose of determining my qualification.

**Supporting Documentation Required to be submitted with this application:**

- ✓ Photo Identification for the applicant, co-applicant and all household members 18 years or older (Driver’s license or State issued ID, Passport).
- ✓ Proof of citizenship for every member of the household (One of the following documents: birth certificates, permanent resident cards, passport).
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\_\_\_\_\_  
Borrower’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower’s Signature

\_\_\_\_\_  
Date



Applicant Last Name:\_\_\_\_\_