

## City of Houston Housing and Community Development Department HOME INVESTMENT PARTNERSHIP PROGRAM PROPERTY INTAKE APPLICATION

Property Name		Date Application Received					
FC Contract #	Time Application Received						
Applicant Name:							
Co Applicant's Name:							
Current Address:							
City, State, Zip							
Telephone Number:							
Will anyone else be residing  ☐ Yes ☐ No (check one)  Are there any household me  ☐ Yes ☐ No  HOUSEHOLD COMPOSI  persons who will be living in	mbers temporarily al	bsent from the ho	- List th				
Household Member Name	Relationship	Date of Birth	Sex	Age	Social Security Number		
SPECIAL NEEDS							
☐ Persons in this household are eld☐ Persons in this household have s	•						

		N: Please include, wag curity Income (SSI), TA				e income, temporary income, t, other income.		
Household Member	FT Student	Source of Income	Name of Income Provider	Phone Number of Income Provider	Rate of Pay	How often paid (weekly, biweekly, monthly, etc)		
If you have a mortga	age on the p	□ No If yes, what is the roperty, how much is the	ne current balance	owed?				
Household Member	r   Type	e of Asset	O 1 X7	Cash Value of Asset		Annual Income from Asset		
	230	e of rassec	Cash va.	lue of Asset	Annual In	come from Asset		
		COTTISSEE	Cash va	lue of Asset	Annuai In	come from Asset		
	238		Cash Va	lue of Asset	Annual In	come from Asset		
	238		Cash Va	lue of Asset	Annual In	come from Asset		
			Cash Va	lue of Asset	Annual In	come from Asset		
			Cash Va	lue of Asset	Annual In	come from Asset		
EXPENSES:			Cash Va	lue of Asset	Annual In	come from Asset		
EXPENSES:  Does your household Does your household disabled household to the control of the cont	d pay for ch d have med d pay a care	nildcare? ical expenses?	☐ Yes ☐ No If Yes ☐ No If yes	yes, how much?, how much?		come from Asset		
Does your household Does your household Does your household disabled household	d pay for ch d have med d pay a care member?	iildcare? ical expenses?	☐ Yes ☐ No If Yes ☐ No If yes  Yes ☐ No If yes	yes, how much?		ot eligible for the HOME		
Does your household Does your household Does your household disabled household SIGNATURES	d pay for ched have med d pay a care member?	iildcare? ical expenses?	☐ Yes ☐ No If Yes ☐ No If yes  Yes ☐ No If yes  equested above is	yes, how much?	am eligible/n			