



Galveston County Housing Assistance Program

The information collected below will be used to initiate your application under the Galveston County Housing Assistance Program. Once this information is collected, a program representative will contact you to set up an appointment to complete your application and collect the required documentation. **Fields that are marked with an asterisk (*) must be completed to prevent delays in the processing of your application.**

To receive an award from the program either applicant or co-applicant must meet the following criteria:

- Your home was damaged by Hurricane Ike and you have not been able to fully repair or rebuild
- You owned and occupied the damaged home as your primary residence on September 13, 2008
- You currently own the damaged home
- Your household gross income must be less than 80% of the Area Median Income (AMI) for Galveston County

# in Household	1	2	3	4	5	6	7	8
Income Limit	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,200	\$63,300	\$67,400

- You have no past due property tax balances on the damaged home
- You must be a U.S. citizen or permanent resident

APPLICANT INFORMATION (Head of Household)

First Name*		Middle Name*		Last Name*		Suffix	
Date of Birth*		Place of Birth*		Social Security No.*			
Street Address 1*							
Street Address 2							
City*		County		State		Zip Code*	
Primary Phone* () -		Work Phone () -		Other Phone () -		Email Address	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Race of Head of Household: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian and White <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian/Alaska Native and White <input type="checkbox"/> American Indian/Alaska Native and Black/African American <input type="checkbox"/> Other Multi Racial			
Ethnicity of Head of Household: <input type="checkbox"/> 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. <input type="checkbox"/> Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race							

Galveston County Housing Assistance Program

CURRENT MAILING ADDRESS INFORMATION

Check here if you receive your mail at the same address identified above

Street Address 1*			
Street Address 2			
City*	County *	State*	Zip Code*

CO-APPLICANT INFORMATION

Check here if address information is the same as applicant

First Name*		Middle Name*		Last Name*		Suffix
Date of Birth*		Place of Birth*		Social Security No. *		
Street Address 1 (if different from Applicant)*						
Street Address 2						
City*		County		State	Zip Code*	
Primary Phone* () -		Work Phone () -		Other Phone () -		Email Address
Mailing Street Address 1 (if different than Applicant)*						
Mailing Street Address 2						
City*		County		State	Zip Code*	

ALTERNATIVE CONTACT INFORMATION FOR APPLICANT

Relationship to Applicant						
First Name*		Middle Name*		Last Name*		Suffix
Street Address 1*						
Street Address 2						
City*		County		State	Zip Code*	
Primary Phone* () -		Work Phone () -		Other Phone () -		Email Address

CASE MANAGER CONTACT INFORMATION FOR APPLICANT

Case Manager Name			Organization			
Primary Phone* () -		Work Phone () -		Other Phone () -		Email Address

How did you hear about our program?					
<input type="checkbox"/> TV	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Flyer	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Radio	<input type="checkbox"/> Website	<input type="checkbox"/> Community Outreach Activity		<input type="checkbox"/> Case Manager Referral	



Galveston County Housing Assistance Program

The documentation listed below may be required to process your application and determine your eligibility. Please collect these documents and bring to your scheduled appointment.

- Government issued photo ID such as driver's license, passport, Military ID or permanent resident card for both the Applicant and Co-Applicant
- Ownership Documents that have not been recorded in the public records
- Name, age and social security number of all household members who will live in the home
- FEMA registration number and amount received or Denial letter
- SBA loan number, amount approved and amount received or Denial letter
- Insurance (Homeowners, Flood, Wind) information including company name, agent's name, phone number, policy date, policy number, claim number, amount received for structure
- Receipts, cancelled checks or credit card statements in the applicant's name to prove that FEMA, SBA or insurance proceeds were used to make repairs to the damaged home
- Lien and mortgage information including name of lender, estimated payoff balance, account numbers or payment coupon/mortgage statement
- Copy of current property tax bill. If prior years property taxes are delinquent, provide evidence of an approved tax deferral OR approved payment plan
- Proof of income and assets for each member of the household 18 or older or received on behalf of minor children
- Divorce Decree / Dissolution of Marriage
- Death Certificate if any owner of record is deceased
- Power of Attorney or Communication Designee information
- Disability information including Physician's name, address, phone number and fax number

Proof of income documentation will be needed for:

- o Wages, salaries and tips for all household members over 18 (4 most recent pay stubs)
- o Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance
- o Net income from an interest in a business or partnership
- o TANF, child support, alimony
- o Social Security Benefits, pensions, annuities, interest from bank accounts or investments
- o Regular gifts from friends or family, money earned from providing services
- o Military Income
- o FOOD STAMPS ARE NOT CONSIDERED INCOME

Proof of asset documentation will be needed for:

- Cash held in checking or savings accounts, safe deposit boxes or homes (6 months for checking. 1 month for savings)
- Stocks, bonds, treasury bills, CDS, mutual funds, money market accounts, and other investment accounts;
- Individual retirement accounts, 401(k), Keogh accounts, pension funds and other similar retirement savings accounts;
- Cash value of life insurance policies available to the holder before death;
- Personal property that is held for investment purposes; Equity in real property; Mineral rights;
- Mortgage or deeds of trust held by the applicant



Equal Housing Opportunity

We do Business in Accordance With the Fair Housing Act

(The Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988)

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS (HAVING ONE OR MORE CHILDREN), OR NATIONAL ORIGIN.