

City of Houston Housing and Community Development Department COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM PROPERTY INTAKE APPLICATION

Property Name		_]	Date Ap	plicati	on Received	
FC Contract #		Time Application Received				
Applicant Name:						
Co Applicant Name:						
Current Address:						
City, State, Zip						
Telephone Number:						
☐ Yes ☐ No (check one) Are there any household me ☐ Yes ☐ No HOUSEHOLD COMPOSI persons who will be living in	TION AND CHAR	ACTERISTICS	- List th			
Household Member Name	Relationship	Date of Birth	Sex	Age	Social Security Number	
CDECLAL NEEDS	•	•				
SPECIAL NEEDS ☐ Persons in this household are ele ☐ Persons in this household have s	•					

ousehold 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)
		\square No If yes, what is th				
If you have a mortg	age on the p	□ No If yes, what is the property, how much is the of Asset	ne current balance			
If you have a mortg	age on the p	property, how much is the	ne current balance	e owed?		
If you have a mortg	age on the p	property, how much is the	ne current balance	e owed?		
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	age on the p	property, how much is the	ne current balance	e owed?		
If you have a mortg	age on the p	property, how much is the	ne current balance	e owed?		
If you have a mortgate the second sec	age on the p	property, how much is the	ne current balance	e owed?		
Household Member EXPENSES Does your household Does your househol	Type d pay childed have med d pay a care	care?	Yes □ No If yes	s, how much?s, how much?s	Annual In	
Household Member EXPENSES Does your household Does your household disabled household	d pay childed have med d pay a care member?	care?	Yes \(\sum \text{No If yes} \) Yes \(\sum \text{No If yes} \) No If yes	s, how much?, how much?	Annual In	