



**CITY OF BRYAN DOWN PAYMENT ASSISTANCE  
PROGRAM APPLICATION**

Do not leave blanks. Write N/A or line through non-applicable sections. Use back if necessary.

|  |   |   |
|--|---|---|
| <b>Head of Household Name:</b>   |   |   |
| <b>Social Security #:</b>  |   | <b>TDL# or TID#:</b>  |
| <b>Age:</b><br><br><b>Birth Date:</b><br><br><b>Handicap or Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Permanent Legal Resident:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Full Time Student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Race: (Select One or More)</b><br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | <b>Ethnicity: (Select One Only)</b><br><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><br><b>Marital Status (Select One Only):</b><br><input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed/Widower |
| <b>Spouse Name:</b>  |   |   |
| <b>Social Security #:</b>  |   | <b>TDL# or TID#:</b>  |
| <b>Age:</b><br><br><b>Birth Date:</b><br><br><b>Handicap or Disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Permanent Legal Resident:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>Full Time Student:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Race: (Select One or More)</b><br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | <b>Ethnicity: (Select One Only)</b><br><br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><br><b>Marital Status (Select One Only):</b><br><input type="checkbox"/> Single<br><input type="checkbox"/> Married<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Widowed/Widower |
| <b>CONTACT INFORMATION</b>   |   | <b>Telephone #:</b>   |
| <b>Current Address:</b>  |   | <b>Alt Phone #:</b>   |
| <b>City, State, Zip Code:</b>  |   | <b>Email:</b>   |
|  |   | <b>Alt Email:</b>   |
| <b>RENTAL HISTORY</b>  |   | <b>Landlord Name:</b>   |
| <b>Amount of Rent/Mo: \$</b>   |   | <b>Landlord Address:</b>  |
| <b>Amount of HUD (Sec. 8) Rental Assistance: \$ (Per Month)</b>  |   | <b>City, State, Zip Code:</b>   |
| <b>Move In Date:</b>   |   | <b>Landlord Telephone #</b>   |
|  |   | <b>Landlord Email:</b>  |

**Current Lease End Date:**

**HOUSEHOLD INFORMATION**

List ALL members of the household.  
 Include full name, exactly as it appears on Driver's License or other government documents.

**Total # of Household Members:** \_\_\_\_\_ **Total # of Household Members OVER age 62:** \_\_\_\_\_  
**Total # of Disabled/Handicapped Household Members:** \_\_\_\_\_

1. Head of Household Name:

|   |  |   |  |  |
|---|--|---|--|--|
| Social Security #:  |  | Driver's License:   |  |  |
| Age:  | Race: (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | Married <input type="checkbox"/>  | Widowed <input type="checkbox"/>   |  |
| Birth Date:   |  | Divorce <input type="checkbox"/>  | Single <input type="checkbox"/>  |  |
| Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Separated <input type="checkbox"/>  | Handicap or Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Permanent Legal Resident:<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |  |
| Ethnicity: (Select <b>One</b> Only)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  | Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
|   |  | Receives Income: Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |  |

Household Member #2 Name:

Relationship to Head of Household:  Spouse  Co-Head  Dependent  Other Adult  
 Relationship:

|   |  |   |  |  |
|---|--|---|--|--|
| Social Security #:  |  | Driver's License:   |  |  |
| Age:  | Race: (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | Married <input type="checkbox"/>  | Widowed <input type="checkbox"/>   |  |
| Birth Date:   |  | Divorce <input type="checkbox"/>  | Single <input type="checkbox"/>  |  |
| Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Separated <input type="checkbox"/>  | Handicap or Disability: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Permanent Legal Resident:<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  | Veteran: Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |  |
| Ethnicity: (Select <b>One</b> Only)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino |  | Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
|   |  | Receives Income: Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |  |

Household Member #3 Name:

Relationship to Head of Household:  Spouse  Co-Head  Dependent  Other Adult  
 Relationship:

|                    |  |                                    |                                  |
|--------------------|--|------------------------------------|----------------------------------|
| Social Security #: |  | Driver's License:                  |                                  |
| Age:               | Race: (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American | Married <input type="checkbox"/>   | Widowed <input type="checkbox"/> |
| Birth Date:        |  | Divorce <input type="checkbox"/>   | Single <input type="checkbox"/>  |
|                    |  | Separated <input type="checkbox"/> |                                  |

|   |  |  |
|---|--|--|
| Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Permanent Legal Resident:<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Ethnicity: (Select <b>One</b> Only)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | Handicap or Disability: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br><i>Veteran:</i> Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Receives Income: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|--|

Household Member #4 Name:

Relationship to Head of Household:  Spouse  Co-Head  Dependent  Other Adult  
 Relationship:

Social Security #: \_\_\_\_\_ Driver's License: \_\_\_\_\_

|  |  |   |
|--|--|---|
| Age:<br><br>Birth Date:<br><br>Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Permanent Legal Resident:<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Ethnicity: (Select <b>One</b> Only)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | Race: (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | Married <input type="checkbox"/> Widowed <input type="checkbox"/><br>Divorce <input type="checkbox"/> Single <input type="checkbox"/><br>Separated <input type="checkbox"/><br><br>Handicap or Disability: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br><i>Veteran:</i> Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Receives Income: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|---|

Household Member #5 Name:

Relationship to Head of Household:  Spouse  Co-Head  Dependent  Other Adult  
 Relationship:

Social Security #: \_\_\_\_\_ Driver's License: \_\_\_\_\_

|  |  |   |
|--|--|---|
| Age:<br><br>Birth Date:<br><br>Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Permanent Legal Resident:<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Ethnicity: (Select <b>One</b> Only)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino | Race: (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Amer. Indian/Alaskan Native & White<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> Black or African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black or African American<br><input type="checkbox"/> Other Multi-Racial<br><input type="checkbox"/> Asian/Pacific Islander | Married <input type="checkbox"/> Widowed <input type="checkbox"/><br>Divorce <input type="checkbox"/> Single <input type="checkbox"/><br>Separated <input type="checkbox"/><br><br>Handicap or Disability: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br><i>Veteran:</i> Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Full Time Student: Yes <input type="checkbox"/> No <input type="checkbox"/><br><br>Receives Income: Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|---|

Household Member #6 Name:

Relationship to Head of Household:  Spouse  Co-Head  Dependent  Other Adult  
 Relationship:



**Liabilities (Student Loans, Pay Day Loans, Auto Loans, Court Judgments, Credit Cards)**

| CREDITOR | ACCOUNT NO. | MONTHLY PYMNT | BALANCE |
|----------|-------------|---------------|---------|
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |
|          |             |               |         |

**Tax Indebtedness Liabilities (IRS, State, County)**

| AGENCY (IRS, State of, County of, etc.) | TOTAL DEBT \$ | REDUCTION AGREEMENT Payment Per Month \$ |
|---|---------------|--|
|   |               |  |
|   |               |  |
|   |               |  |

**Cash Assets (Checking, Savings, Money Market, Brokerage Accounts, etc.)**

| FINANCIAL INSTITUTION | ACCOUNT NUMBER | BALANCE |
|-----------------------|----------------|---------|
|                       |                |         |
|                       |                |         |
|                       |                |         |
|                       |                |         |
|                       |                |         |

**Property Assets (residence, rental property, raw land, mobile home owned, etc.)**

| ADDRESS | VALUE | ANY DELINQUENT PROPERTY TAXES DUE |
|---------|-------|-----------------------------------|
|         |       |                                   |
|         |       |                                   |
|         |       |                                   |
|         |       |                                   |

**Other Assets (Automobile(s), Motorcycles, RV's, Boats, ATV's, etc.)**

| TYPE | AMOUNT/VALUE | ACCOUNT NO. | AGENT/REP. |
|------|--------------|-------------|------------|
|      |              |             |            |
|      |              |             |            |
|      |              |             |            |
|      |              |             |            |

**Previous Housing Assistance from the City: Indicate type, amount and year, if known.**

| TYPE OF ASSISTANCE (MINOR REPAIR, REHAB, RECONSTRUCTION, DOWN PAYMENT) | AMOUNT OF ASSISTANCE RECEIVED PREVIOUSLY | YEAR ASSISTANCE RECEIVED PREVIOUSLY |
|--|--|-------------------------------------|
|  | \$                                       |                                     |



**THE APPLICANT(S) CERTIFIES THAT ALL INFORMATION IN THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING FEDERAL U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT HOMEBUYER ASSISTANCE FROM THE BRYAN COMMUNITY DEVELOPMENT DEPARTMENT AND IS TRUE AND COMPLETE TO THE BEST OF THE APPLICANT'S KNOWLEDGE AND BELIEF. ANY MISSTATEMENT OR FALSIFICATION OF INFORMATION SHALL BE GROUNDS FOR REVOCATION OR TERMINATION OF ASSISTANCE. APPLICANT UNDERSTANDS THAT THIS APPLICATION DOES NOT GUARANTEE THAT THEIR REQUEST FOR ASSISTANCE WILL BE GRANTED.**

**Title 18, Section 1001 of the U.S. Code states that any person who knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

I hereby authorize the City of Bryan Community Development Department or its designated agents to obtain and receive all records and information pertaining to eligibility for the Community Development Programs, including employment, income, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby given to the City of Bryan Community Development Services Department is the right to request all information that I (We) can and or could obtain from any persons, company, or firm on any matter referenced above. I (We) **specifically authorize** the City of Bryan to:

- 1) Obtain a credit report for each applicant/spouse.
- 2) Obtain copies of the following documents: Mortgage lender's disclosure(s), appraisal, survey, title commitment, preliminary closing disclosure, and final closing disclosure (settlement statement) from either the lender or Title Company, or the applicant hereby agrees to provide these documents to the City of Bryan upon request as a condition of receiving assistance.

(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 Bryan Community Development Department for purposes of the program. The term of this authorization shall commence on the date of signature and be in force for a period of six (6) months.

\_\_\_\_\_  
**Applicant Head of Household Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Print Applicant Name**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Print Co-Applicant Name**

## Required Documents

Fill out application, gather the required documents together: and then **CALL 209-5175 TO MAKE AN APPOINTMENT.** Please bring with you the following:

- 1. Social Security cards for everyone in the family.
- 2. Driver's License(s).
- 3. W-2 forms for the past 2 years.
- 4. Income Tax Returns for the past 2 years.
- 5. Two (2) months of current consecutive check stubs for everyone working over the age of 18, award letters.
- 6. Child support documents.
- 7. Print out from child support office.
- 8. Permanent resident card for everyone in household.
- 9. Financial accounts for **all** accounts for each of the preceding six (6) months, such as checking, savings, or investment accounts.
- 10. Divorce Decree.

**Your application will not be processed until all required information is submitted.**

**All forms need to be signed by both spouses.**

**Thank you for your cooperation**

**Community Development Department  
200 E 29th St.  
Bryan, Texas 77802  
979-209-5175**

## Documentos Requeridos

Llene la aplicación, y **LLAME AL 209-5175 PARA HACER UNA CITA.** Por favor traiga con usted los siguientes

Documentos:

- 1. Las tarjetas de Seguro Social para todos los que vive en la casa.
- 2. La Licencia (licencias) de conducir para todos los conductores que viven en la casa.
- 3. Formas de Impuestos (W-2) de 2 años consecutivos.
- 4. Impuestos durante los últimos 2 años.
- 5. Dos (2) meses de talones de cheques consecutivos para todos los que están trabajando mayor de 18 años, cartas de concesión.
- 6. Documentos oficial de oficina de manutención de menores.
- 7. Tarjeta de residente permanente para todos los miembros de la familia que vive en la casa.
- 8. Estados de cuenta financieros para todas las cuentas, como cuentas de cheques, ahorros o inversiones.  
(Para los últimos 6 meses)
- 9. Decreto de Divorcio

**Su aplicación no puede ser procesada hasta que toda la información requerida sea entregada.**

**Todas las formas tienen que ser firmadas por ambos cónyuges.**

**Gracias para su cooperación!**

**Desarrollo de la Comunidad  
200 E 29th St.  
Bryan, Texas 77802  
979-209-5175**