

**COMMUNITY  
DEVELOPMENT**  
**CORPORATION OF BROWNSVILLE**

901 East Levee Street  
Brownsville, Texas 78520  
(956) 541-4955

**NAME (S):** \_\_\_\_\_

**YOUR APPOINTMENT IS SCHEDULED FOR** \_\_\_\_\_ **AT** \_\_\_\_\_ **A.M. / P.M.**  
*SU CITA ES PARA ESTA FECHA*

**PLEASE BRING ALL ITEMS ✓ CHECKED TO YOUR APPOINTMENT**  
*POR FAVOR TRAIGA LO SIGUIENTE QUE ESTA ✓ MARCADO A SU CITA*

✓ **LAST 6 PAYCHECK STUBS**  
*ULTIMOS 6 TALONES DE CHEQUES*

✓ **VALID DRIVER LICENSE / I.D. CARD OR RESIDENT ALIEN I.D. CARD FOR EACH APPLICANT**  
*LICECIA DE CONDUCIR / TARJETA DE IDENTIFICACION O TARJETA DE RESIDENCIA PARA CADA APLICANTE*

✓ **ORIGINAL SOCIAL SECURITY CARD (S) FOR ALL MEMBERS OF THE HOUSEHOLD FOR EACH APPLICANT**  
*CARTAS DE NUMERO SOCIAL ORIGINALES DE TODOS LOS MIEMBROS DE LA FAMILIA PARA CADA APLICANTE*

✓ **\$30.00 CASH FOR THE INDIVIDUAL OR \$35 FOR JOINT CREDIT REPORT**  
*\$30.00 CASH PARA EL REPORTE DE CREDITO*

✓ **CURRENT BANK STATEMENTS FOR CHECKING/SAVINGS**  
*ESTADOS DE CUENTA MAS RECIENTE DE AHORROS / CHEQUES*

✓ **CURRENT INCOME TAX RETURN 2014, 2015, 2016(including W2, 1099 MISC)**  
*DECLARACION DE IMPUESTOS MAS RECIENTE (Incluya W2, 1099 MISC., Etc.)*

**HOW DID YOU HEAR ABOUT CDCB?**

BARGAIN BOOK

FLYER

WORD OF MOUTH

WEBSITE

FAIR

FACEBOOK

OTHER \_\_\_\_\_

✓ **PROOF OF ANY OTHER INCOME: SSI, CHILD SUPPORT, UNEMPLOYMENT, TANF, MEDICAID, SNAP, ETC.**  
*COMPROBANTES DE: SSI, CHILD SUPPORT, DESEMPLEO, TANF, MEDICAID, SNAP, ETC.*

✓ **BRING COPIES OF ORIGINAL DOCUMENTS**  
*POR FAVOR DE TENER COPIAS DE DOCUMENTOS ORIGINALES*

\*The application must be fully filled  
\*La aplicación tiene que estar completa

Name: \_\_\_\_\_ DOB/Fecha de nacimiento: \_\_\_\_\_ Edad/Age: \_\_\_\_\_

Married/Casado  Separated/Separado  Unmarried : (Widowed, Divorced, Single, Common Law, Soltero, Divorciado, Viudo)  
 U.S. Citizen/Ciudadano  Permanent Resident Alien/ Residente Permanente  Social Security #: \_\_\_\_\_

Spouse/Other Name: \_\_\_\_\_ DOB/Fecha de nacimiento: \_\_\_\_\_ Edad/Age: \_\_\_\_\_

Married /Casado  Separated/Separado  Unmarried : (Widowed, Divorced, Single, Common Law, Soltero, Divorciado, Viudo)  
 U.S. Citizen/Ciudadano  Permanent Resident Alien/ Residente Permanente  Social Security #: \_\_\_\_\_

**CHECK ONE / INDIQUE LO APROPIADO**

\_\_\_\_\_ RENT / RENTA OR / O \_\_\_\_\_ LIVES WITH FAMILY / VIVE CON FAMILIARES

\$ \_\_\_\_\_ RENT AMOUNT

Does it include utilities? Incluye luz y agua? \_\_\_\_ Yes/Si \_\_\_\_ No

CURRENT ADDRESS / DIRECCION ACTUAL: \_\_\_\_\_

TIME AT THIS ADDRESS / TIEMPO EN ESTA DIRECCION: \_\_\_\_\_

PREVIOUS ADDRESS/DIRECCION PREVIA: \_\_\_\_\_

IF CURRENT IS LESS THAN 2YRS / SI LA ACTUAL ES MENOS DE 2 AÑOS: \_\_\_\_\_

**TELEPHONE NUMBERS / NUMEROS DE TELEFONO**

CASA: \_\_\_\_\_ TRABAJO: \_\_\_\_\_ OTRO: \_\_\_\_\_  
HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

Family Members Dependents Name & Ages:  
Nombres de todos los miembros de la familia y Edad

Family Member's Income, if any Source: SSI , Alimony,  
Ingresos de los miembros de la familia

\_\_\_\_\_  
Name Relationship Age Date of Birth Monthly Income / Source

\_\_\_\_\_  
Name Relationship Age Date of Birth Monthly Income / Source

\_\_\_\_\_  
Name Relationship Age Date of Birth Monthly Income / Source

\_\_\_\_\_  
Name Relationship Age Date of Birth Monthly Income / Source

\_\_\_\_\_  
Name Relationship Age Date of Birth Monthly Income / Source

**SAVINGS / AHORROS**

Checking Account: Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_ (balance)

Savings Account: Bank Name: \_\_\_\_\_ \$ \_\_\_\_\_ (balance)

Cash: Cash Savings \_\_\_\_\_ \$ \_\_\_\_\_ (balance)

How will you complete the down payment?

## EMPLOYMENT HISTORY

Employment history for the last **2** years for each of the borrowers / Historical de trabajo por los **2** ultimos años

### **HEAD OF HOUSEHOLD:**

#### **\*CURRENT JOB/ TRABAJO ACTUAL**

EMPLOYER / EMPLEADOR: \_\_\_\_\_  
POSITION/ACTIVIDAD: \_\_\_\_\_

FROM (MO/YR) \_\_\_\_\_  
TO (MO/YR) \_\_\_\_\_ # OF YEARS / AÑOS: \_\_\_\_\_

PAY RATE: HOURLY \$ \_\_\_\_\_ OR SALARY \$ \_\_\_\_\_

PAY PERIODS: WEEKLY, \_\_\_\_\_ BI-WEEKLY, \_\_\_\_\_ MONTHLY \_\_\_\_\_

#### **\* PREVIOUS JOB / TRABAJO ANTERIOR**

EMPLOYER / EMPLEADOR: \_\_\_\_\_  
POSITION/ACTIVIDAD \_\_\_\_\_

FROM (MO/YR) \_\_\_\_\_  
TO (MO/YR) \_\_\_\_\_ # OF MONTHS / YEARS: \_\_\_\_\_

PAY RATE: HOURLY \$ \_\_\_\_\_ OR SALARY \$ \_\_\_\_\_

PAY PERIODS: WEEKLY, \_\_\_\_\_ BI-WEEKLY, \_\_\_\_\_ MONTHLY \_\_\_\_\_

### **SPOUSE/OTHER**

#### **\* CURRENT JOB / TRABAJO ACTUAL**

EMPLOYER / EMPLEADOR: \_\_\_\_\_  
POSITION/ACTIVIDAD \_\_\_\_\_

FROM (MO/YR) \_\_\_\_\_  
TO (MO/YR) \_\_\_\_\_ # OF MONTHS / YEARS: \_\_\_\_\_

PAY RATE: HOURLY \$ \_\_\_\_\_ OR SALARY \$ \_\_\_\_\_

PAY PERIODS: WEEKLY, \_\_\_\_\_ BI-WEEKLY, \_\_\_\_\_ MONTHLY \_\_\_\_\_

## MONTHLY BUDGET

**MONTHLY NET INCOME : \$**

**MONTHLY MIN.  
PAYMENT**

Rent/house Payment

\$ \_\_\_\_\_

Utilities: Electricity, Gas, Water/Sewer

\$ \_\_\_\_\_

Cell Phone/ House Phone

\$ \_\_\_\_\_

Food/ Groceries

\$ \_\_\_\_\_

Eating Out

\$ \_\_\_\_\_

\_\_\_\_\_  
Internet/ Cable

\$ \_\_\_\_\_

\_\_\_\_\_  
Other Miscellanies

\$ \_\_\_\_\_

Item: Minimum Credit Card Payments

Credit Card & Loans:

Name: \_\_\_\_\_

\$ \_\_\_\_\_

Name: \_\_\_\_\_

\$ \_\_\_\_\_

Name: \_\_\_\_\_

\$ \_\_\_\_\_

Student Loan:

\$ \_\_\_\_\_

Item: Child Support Payments

\$ \_\_\_\_\_

Item: Alimony Payments

\$ \_\_\_\_\_

Item: Car Payment

\$ \_\_\_\_\_

Auto Insurance

\$ \_\_\_\_\_

Health/Medical Insurance

\$ \_\_\_\_\_

**Total Monthly Debt Payments**

\$ \_\_\_\_\_



### APPLICANT DISCLOSURE

As a Certified HUD Housing Counseling Grantee, the Community Development Corporation of Brownsville agrees to avoid conflict of interest by disclosing to all participants the following information:

*Counseling participants are free to choose any lender, lending product, realtor, real estate agency, and home. The client is not required to purchase a home or originate a loan with the CDCB to receive counseling services. Client is not obligated to receive services from CDCB or partners.*

*CDCB Counseling Services are funded by HUD, Neighbor Works, J.P. Morgan Chase and our Private Operational support.*

CDCB provides pre-purchase counseling and foreclosure prevention counseling. In addition, CDCB provides mortgage loans such as FHA, USDA, conventional, and CASA mortgages. CDCB provides down payment assistance from the City of Brownsville, TDHCA, FHLB, and United Way. CDCB provides first and second lien mortgage financing in association with private, Federal, State, and local funds that assist families seeking homeownership. CDCB also provides interim construction financing to builders constructing and selling homes in CDCB affordable housing subdivisions.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Spouse/Other Name \_\_\_\_\_

Spouse/Other Signature \_\_\_\_\_

Date \_\_\_\_\_

## Authorization to Release Information and Pull Credit Report

I/We authorize you to provide to Community Development Corporation of Brownsville (CDCB) any and all information that they request. Such information includes, but is not limited to: employment history and income, bank accounts balances, credit history and copies of tax returns.

I/We authorize CDCB to pull my/our credit report.

I/We understand that the credit report fee charged by CDCB is a NON-REFUNDABLE fee.

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**Signature**

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**Spouse/Other Signature**

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**Printed Name**

---

**Spouse/Other Printed Name**

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**Address**

---

**Address**

---

**Date of Birth**

---

**Date of Birth**

---

**Social Security Number**

---

**Social Security Number**

---

**Date**

---

**Date**

## Privacy Policy

Community Development Corporation of Brownsville is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Spouse/Other Name \_\_\_\_\_

Spouse/Other Signature \_\_\_\_\_

Date \_\_\_\_\_