



# **Guadalupe CDC**

**Affordable Housing**

This program is offered to Guadalupe residents who are interested in newly constructed homes. Applicants must meet all required guidelines to qualify.

## **Program Guidelines**

- Must be a first time Homebuyer
- Must meet current HUD income limits
- Good credit
- Steady income or employment for at least one year
- Monthly debt cannot be too high
- Must have savings account
- Must attend an 8-hour Homeownership Course
- Closing fees may range from \$6,000 - \$8,000

**For questions contact Guadalupe CDC at (480) 505-5378 | (480) 505-5382**

**[www.guadalupecdc.org](http://www.guadalupecdc.org)**



# Guadalupe CDC

Affordable Housing

## Required Documents for Submission

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

	Date Submitted
<input type="checkbox"/> Application	_____
<input type="checkbox"/> Loan Application ( <b>Not required when submitting</b> )	_____
<input type="checkbox"/> Driver's License/Photo ID (18 yrs & older in the household)	_____
<input type="checkbox"/> Social Security Cards (All household members)	_____
<input type="checkbox"/> Birth Certificate (All household members)	_____
<input type="checkbox"/> Tribal ID (if applicable)	_____
<input type="checkbox"/> 2023 Tax Returns and W-2's	_____
<input type="checkbox"/> 2024 Tax Returns and W-2's	_____
<input type="checkbox"/> 3 most current consecutive pay stubs (All household members 18 yrs & older)	_____
<input type="checkbox"/> 3 consecutive months of Bank Statements (All household members 18 yrs & older)	_____
<input type="checkbox"/> Credit report copy (Can be obtained for free online at <a href="http://www.creditkarma.com">www.creditkarma.com</a> )	_____
<input type="checkbox"/> Purchase and Sales Agreement ( <b>Not required when submitting</b> )	_____



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## Application and Certification Form

### Household

Name: \_\_\_\_\_  
Last Name First Name SSN Age M/F

Name: \_\_\_\_\_  
Last Name First Name SSN Age M/F

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

### Housing Program

Please Choose One

☐ New Home Construction

☐ 3 BD Room

☐ 4 BD Room

Do You Own Property?

☐ Yes

☐ No

***This information is necessary and all questions must be answered to determine your home/property eligibility for the program for which you are applying for.***

### Home Ownership

Do you own a second home or Property?

☐ Yes

☐ No

Do you have a Mortgage on your home?

☐ Yes

☐ No

What is the year your home was built?

\_\_\_\_\_

Are there any liens or judgments placed against your property?

☐ Yes

☐ No

Have you ever received assistance from any Housing Agency?

☐ Yes

☐ No

If Yes, Who from \_\_\_\_\_ When? \_\_\_\_\_

### Household Information

List all members of the household

1. _____	M/F	DOB
2. _____	M/F	DOB
3. _____	M/F	DOB
4. _____	M/F	DOB
5. _____	M/F	DOB
6. _____	M/F	DOB
7. _____	M/F	DOB
8. _____	M/F	DOB

### Federal Data Collection Requirements

Please check the correct boxes that best describe your household

#### Race/Ethnicity

☐ Native American/Alaskan Native

☐ Asian/Pacific Islander

☐ African American/Black

☐ Hispanic

☐ Caucasian

#### Status

☐ Disabled

☐ Family (5 or more)

☐ Female Head of Household

☐ Male Head of Household

**Please remember to complete all parts of the application. Attach all verification:** of income, proof of ownership of your home and other back-up documentation/materials before sending in this application. Once the application is submitted you will receive a written notification. **Thank you for your cooperation.**



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## Household Income Information

**Name**

**Gross Monthly Income**

**Source**

**Address**

List all members who are Employed 18 yrs and over


### List Your Total Monthly Payments: Car Loans, Credit Cards, etc.

Liabilities

Include any other income you receive

_____ \$ _____	Monthly Medical Expenses	\$ _____	_____ \$ _____
_____ \$ _____	Monthly Rent	\$ _____	_____ \$ _____
_____ \$ _____	Child Care Expense	\$ _____	_____ \$ _____

### APPLICANT CERTIFICATION STATEMENT AND SIGNATURE

The Guadalupe Community Development Corporation (GCDC) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs:) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact The Guadalupe Community Development Corporation at 480-248-9656. Reasonable accommodations for the handicapped will be made upon request.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. If a person believes he or she was denied assistance in violation of this law, they should contact the Federal Trade Commission, Washington, D.C. 20580.

The Fair Housing Act prohibits discrimination in real estate related transactions, or in the terms of conditions of such a transaction, because of race, color, religion, sex, disability, familial status, or national origin. The Federal agency that is responsible for enforcing this law is the U.S. Department of Housing and Urban Development. If a person believes they have been discriminated against in violation of this law, they should contact the U.S. Department of Housing and Urban Development, Washington, D.C. 20410 or call (800) 669-9777.

We understand that persons employed by The Guadalupe Community Development Corporation and its elected or appointed officials, are expressly ineligible for the assistance if they have any direct relationship to implementation of GCDC program activities. The Guadalupe CDC will assist with the correct filing of a conflict of interest disclosure.

We understand that an applicant who is a relative of an employee, either appointed or elected, of The Guadalupe CDC must declare a conflict of interest (real or apparent) according to applicable regulations. The Guadalupe CDC will assist such an applicant in properly declaring a conflict of interest.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



THE COMPLETION AND SUBMISSION OF AN APPLICATION IS NO PROMISE OR GUARANTEE OF FORTHCOMING FUNDING OR ASSISTANCE OF ANY TYPE.