

## Bee County OSSF Replacement Assistance Program, TxCDBG 7216015

### Application Form

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical/ 911 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing/ P.O. Box Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

What year was your home built? \_\_\_\_\_ Is your home a mobile home or trailer? Yes  No

Are you the owner/occupant of this property? Yes  No

Including yourself, how many people live in this residence? \_\_\_\_\_

Compare your family's 2017 annual gross income or your family's monthly/weekly income calculated on an annual basis to the income eligibility figures by family size listed below:

Residents in Unit:	1	2	3	4	5	6	7	8
80% Median Income	\$30,350	\$34,700	\$39,050	\$43,350	\$46,850	\$50,300	\$53,800	\$57,250

Is your family income higher or lower than the income limit for your family size? Higher  Lower

Please list the name, gender, age, and source of income for each person living in this residence:

Name	Gender	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

How many residents in this household are disabled and/or have special needs? \_\_\_\_\_

Please indicate number of individuals in the household by race below:

Race	Hispanic	Non-Hispanic	#	Race	Hispanic	Non-Hispanic	#
White	<input type="checkbox"/>	<input type="checkbox"/>		Black/African American	<input type="checkbox"/>	<input type="checkbox"/>	
Asian	<input type="checkbox"/>	<input type="checkbox"/>		American Indian/ Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>	
Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>		Black/African American and White	<input type="checkbox"/>	<input type="checkbox"/>	
Asian and White	<input type="checkbox"/>	<input type="checkbox"/>		American/Indian/Alaskan Native and White	<input type="checkbox"/>	<input type="checkbox"/>	
American Indian/ Alaskan Native and Black/African American	<input type="checkbox"/>	<input type="checkbox"/>		Other or Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>	

**For County use only:**

Proof of Income	Homeownership	Tax Receipt	Proof of Occupancy	Photo I.D.