

**Public Housing Authority of San Angelo, Texas**  
420 E 28<sup>th</sup> ST  
San Angelo TX 76903  
(325) 481-2500 Fax (325) 659-0160



Date: _____
Time: _____
Tenant# _____

APPLICATION for HCV HOMEOWNERSHIP  
Section 8 Homeownership Program

How long have you been receiving the Housing Choice Voucher (Section 8) Rental Assistance? \_\_\_\_\_

Are all family members a first time homebuyer? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if no, please explain) \_\_\_\_\_

Have you been employed for at least for 12 consecutive months and work at least a minimum of 30 hours per week?  
\_\_\_\_\_

Borrower's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Co-Borrower's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Borrower's current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Borrower's previous address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Phone #: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Relationship between borrower and co-borrower: Spouse \_\_\_\_\_ Other \_\_\_\_\_  
(if other, please explain) \_\_\_\_\_

Name and address of current landlord: Name of Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant's monthly housing rent? \$ \_\_\_\_\_ Applicants Portion \$ \_\_\_\_\_ PHA'S Portion \$ \_\_\_\_\_

Does family need an accessible unit or reasonable accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, please explain) \_\_\_\_\_

Is the Head, Co-Head, Spouse or Sole Member of the Household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the family have any additional financial assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, specify) \_\_\_\_\_

Do you have money for a down payment? Yes \_\_\_\_\_ No \_\_\_\_\_  
(if yes, please explain) \_\_\_\_\_

**INCOME, ASSETS AND OBLIGATIONS**

**Complete a separate sheet for each family member.**

**Family Member Name** \_\_\_\_\_

**Sources of Family Member's Income:**

Source \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

Source \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

Is an adult in the household employed?

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Your position \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Years on job \_\_\_\_\_

**(If less than 2 years list previous employers)**

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Assets**

Does family member have a checking account? Yes  No  Balance \$ \_\_\_\_\_

Does family member have a savings account? Yes  No  Balance \$ \_\_\_\_\_

Does family member have whole life insurance? Yes  No  Balance \$ \_\_\_\_\_

Does family member own any real estate? Yes  No  Balance \$ \_\_\_\_\_

Does family member own other assets? Yes  No  Balance \$ \_\_\_\_\_

**Obligations**

Does family member have a credit card/retail accounts? Yes  No   
Does any family member currently have an auto loan? Yes  No

If yes, please list:

Company Name	Monthly Payment	Estimated Balance
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Once completed, please call to make schedule an appointment to return application.**

**You will need to bring with you a CURRENT COPY of  
Borrower's and Co-Borrower's  
Credit Score Printout**

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Signature

Date \_\_\_\_\_