RAMP UP VICTORIA APPLICATION

Submit completed application to office by Appointment ONLY
Golden Crescent Habitat for Humanity
4103 N. Navarro St., Suite 200
Victoria, TX 77901
Email: mikey@goldencrescenthabitat.org
Phone: (361) 573-2511

We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applicant must own the home and reside in it.

Do you expect to move within the next year? ☐ Yes ☐ No

HOUSEHOLD INFORMATION

Applicant (Legal Name)	Birth Date:	Disabled? If Yes, please describe. ☐ Yes ☐ No
Email:	Phone #:	
Co-Applicant (if applicable)	Birth Date:	Disabled? If Yes, please describe. ☐ Yes ☐ No
Email:	Phone #:	

OTHER HOUSEHOLD RESIDENTS

Name	Relationship	Birth Date	Disabled? Yes/No	If Yes, please describe.

Did you or anyone in your household serve or is currently serving in the military? ☐ Yes ☐ No

HOME INFORMATION

Address:	**Unit #**		
City:	**State:**	**Zip Code:**	**Country:**

Was the home built before 1978? ☐ Yes ☐ No

Are there other listed owners besides the applicant and co-applicant? ☐ Yes ☐ No

Legal name(s) of additional owner(s): Please use back for additional information.

HOUSEHOLD INCOME

Please indicate an amount and if you are paid weekly (W), bi-weekly (BW), bi-monthly (BM), monthly (M), or annually (A).

MONTHLY INCOME

Source	Applicant	Co-Applicant	Other Members (18+)
Gross Wages			
Overtime, Tips, Bonuses			
Supplemental Security Income (SSI)			
Social Security Disability (SSDI)			
Pensions, Retirement, Veterans Benefits (Veterans Affairs), etc.			
Child Support Income/ Alimony			
Business Net Income			
Rental/Real Estate Income			
Welfare Payments (TANF)			
Other			
Totals:			

ASSETS

Type	Applicant	Co-Applicant	Other Members (18+)
Checking			
Savings			
Cash/Bank Card			
401K Retirement			
Stocks, Bonds, Mutual Funds			
Money Market			
Other Accounts			
Other Property Owned			
Life Insurance			
Vehicles (other than main vehicle)			
Totals:			

MARITAL STATUS

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Other: _____

RACE & ETHNICITY OF APPLICANT

Select the appropriate RACE of the Applicant ***(Must Check At Least One Below)*****:**

☐ White
☐ Black/African American
☐ American Indian/Alaskan Native
☐ Asian
☐ Native Hawaiian/Pacific Islander
☐ Black/African American & White
☐ American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Asian & White
☐ Other/Multi-Racial: _____

Select the appropriate ETHNICITY of the Applicant ***(Must Check One Below)*****:**

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Are you a citizen or permanent resident of the United States? ☐ Yes ☐ No

How many individuals live in your household, including the applicant? _____

MONTHLY EXPENSES

Monthly Expense	Monthly Payment (Applicant)	Monthly Payment (Co-Applicant)
Mortgage		
Homeowner's Insurance		
Electricity		
Water/Sewer		
Natural Gas		
Child Support		
Alimony		

SHARING PERSONAL INFORMATION

Is there anyone you would like to authorize us to communicate with on your behalf regarding your project and information? (case worker, health navigator, friend, relative, etc.)?

☐ Yes ☐ No

If Yes, fill out the next sections:

Name:	**Relationship:**
Phone Number:	**Email:**

_____ **(Initial)** I give the GCHFH my consent to share my application/project with the person listed above.

HOMEOWNER ACKNOWLEDGEMENT

I certify that the facts set forth in this application are true and complete. I understand that I may be declined or removed from the program if the information provided is later determined to be untrue. I understand that GCHFH is verifying my credit record and screening all household members on the sex offender registry. I further understand that by completing this application, I am submitting myself and any household member over 18 years of age. I realize I have the right to dispute the information reported.

I agree to all the above and sign this of my own free will.

_____ _____

Applicant Signature **Date**

_____ _____

Co-Applicant Signature **Date**

FOR OFFICE USE ONLY

Date Received: _____

Reviewed by GCHFH (staff signature): _____ Date Reviewed: _____

Reviewed by COV (staff signature): _____ Date Reviewed: _____

EQUAL HOUSING

OPPORTUNITY

We do business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988) and therefore do not discriminate against applicants on the basis of race, color, religion, sex, handicap, familial status, or national origin.

CITY OF VICTORIA

CDBG

DEVELOPMENT SERVICES

INCOME GUIDELINES

(30% - 80% of Area Median Family Income for Victoria, TX)

Yearly Gross Household Income (before taxes):

2026 INCOME LIMITS

Victoria, TX MSA
FY 2026 Median Family Income (MFI): $81,300

	Persons In Household							
	1	2	3	4	5	6	7	8
30% MFI Very Low	$17,650	$20,200	$22,700	$25,200	$27,250	$29,250	$31,250	$33,300
50% MFI Low	$29,400	$33,600	$37,800	$42,000	$45,400	$48,750	$52,100	$55,450
80% MFI Moderate	$47,050	$53,800	$60,500	$67,200	$72,600	$78,000	$83,350	$88,750

*HUD limits effective June 1, 2026