

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 \$3,000 \$5,000

For questions contact Guadalupe CDC at (480) 505-5378 | (480) 505-5382 www.guadalupecdc.org



Guadalupe CDC

Affordable Housing

Required Documents for Submission

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



Application and Certification Form

Hous	ehold					Но	using Program Please Choose One			
Name: _	Last Name	First Name	SSN	Age	M/F	☐ Ne	w Home Construction			
Name: _				Ü		□ 3 B	D Room			
- Tullic	Last Name	First Name	SSN	Age	M/F	☐ 4 B	D Room			
Address:						Do Vo	u Ozum Dwanantur?			
City: _						☐ Yes	u Own Property? □ No			
Home Te	lenhone:									
	-									
2 doilleo										
		essary and all quo are applying for.	estions mus	t be answ	ered to deterr	nine your home	property eligibility for the			
Home Ownership										
Do you own a second home or Property?			7? A	Are there any liens or judgments placed against your property?						
☐ Yes ☐ No				☐ Yes ☐ No						
Do you have a Mortgage on your home?			? I	Have you ever received assistance from any Housing Agency?						
☐ Yes	☐ No			☐ Yes ☐ No						
What is t	he year your h	ome was built?	I	f Yes, Wh	o from	W	Vhen?			
Household Information List all members of the household					Federal Data Collection Requirements Please check the correct boxes that best describe your household					
1		M/F DOB	_ F	Race/Ethn	nicity	s	tatus			
2		M/F DOB	- [Native A	American/Alas	skan Native] Disabled			
3		M/F DOB	- [Asian/Pacific Islander			Family (5 or more)			
4	_	M/F DOB	- [African American/Black		ck	Female Head of Household			
5		M/F DOB	_ [] Hispani	с] Male Head of Household			
6		M/F DOB	_ [☐ Caucasi	an					
7		M/F DOB	_							



Household Income Information

Name	Gross Monthly Income	Source	Address
List all members who are Employed 18 yrs	s and over		
List Your Total Monthly	Payments: Car Loans, C	Credit Cards, etc.	
Liabilities	. uy,		lude any other income you recieve
\$	Monthly Medical Expe	nses \$	
\$			
Φ			\$ \$
\$	Child Care Expense	-	 \$
APPI IC	CANT CERTIFICATION S	STATEMENT AND S	IGNATURE
origin, sex, religion, age, disability, polit	tical beliefs, sexual orientation, or marita	ıl or family status. (Not all prohibi	activities on the basis of race, color, national ted bases apply to all programs:) Persons
	means for communication of program i at 480-248-9656. Reasonable accommo		udiotape, etc.) should contact The Guadalupe be made upon request.
The Federal Equal Credit Opportunity A	Act prohibits creditors from discriminati	ing against credit applicants on th	e basis of race, color, religion, national origin,
sex, marital status, age (provided the ap	plicant has the capacity to enter into a bi	inding contract); because all or pa	rt of the applicant's income right under the reditor is the Federal Trade Comission. If a
	sistance in violation of this law, they sho		
			such a transaction, because of race, color,
Urban Development. If a person believe	es they have been discriminated against i		law is the U.S. Department of Housing and d contact the U.S. Department of Housing
and Urban Development, Washington,			
			or appointed officials, are expressly ineligible upe CDC will assist with the correct filing of a
	s a relative of an employee, either appoin ations. The Guadalupe CDC will assist su		CDC must declare a conflict of interest (real or ring a conflict of interest.
Applicant's Signature:		Date:	_ ! ^
Co-Applicant Signature:		Date:	& LEJ EQUAL HOUSING OPPORTUNITY