

City of Texarkana

OWNER APPLICANT CHECKLIST

Applicant:_____ **Address:**_____

City:_____

Phone#:_____ **Alternate Phone #:**_____

The following checked items are required to complete your application for the Housing Reconstruction Program. Applications with missing or incomplete documentation may be disqualified, or may be scored lower.

This checklist and the information listed below should be returned to the City of Texarkana, Texas Community Redevelopment and Grants at the address below.

City of Texarkana, Texas
Community Redevelopment and Grants
Housing Reconstruction Program
P.O. Box 1967
Texarkana, Texas 75504

Phone: 903-798-1779

Fax: 903-798-3913

Documents received after _____ cannot be considered with your application.

- 1. _____ Social Security Card:_____
- 2. _____ Driver's License or I.D.:_____
- 3. _____ Voter Registration Card or utility Bill:_____

- 4. Documentation of Income:_____
- _____ Employer:_____
- _____ Social Security:_____
- _____ Rental/Lease Property:_____
- _____ AFDC:_____
- _____ Pension:_____
- _____ Annuities:_____
- _____ Interest/Dividends:_____
- _____ Other:_____

- 5. Information on your Home:_____
- _____ Copy of your Warranty Deed:_____
- _____ Tax Receipt:_____
- _____ Other:_____

- 6. _____ Documentation of Disability/Handicap:_____
- (Letter from agency, medical doctor, insurance company, etc.)