

Application for Downpayment Assistance



CITY OF KNOXVILLE
MADELINE ROGERO, MAYOR

Date of Request: _____

Application Number: _____

I. APPLICANT'S PERSONAL INFORMATION

Applicant's Name: _____

Last, First, Middle Initial

Date of Birth: _____

Social Security # _____

Co-Applicant's Name: _____

Last, First, Middle Initial

Date of Birth: _____

Social Security # _____

Present Address: _____

Street Address

City, State, Zip

Telephone #s

Home # _____

Work # _____

Length of time at current address: _____

years/mos

Are you a first time homebuyer? Yes No

Yes

No

Proposed Residence Address: _____

Sales Price: _____

\$ _____

Marital Status: _____

Married

Single

Divorced

Separated

Widowed

List dependents or members of household who will reside with applicants:

Full Legal Name	Relationship	Age	Social Security #
1			
2			
3			
4			
5			

II. EMPLOYMENT INFORMATION

Applicant's Employer: _____ # Years _____

Address: _____

Co-Applicant's Employer: _____ # Years _____

Address: _____

III. HOUSEHOLD INCOME

Source of Income:	Who's Name?	Documented?	Gross Amount	Totals
Applicant's Employment <i>(pay stubs or verif form)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
Co-App's Employment <i>(pay stubs or verif form)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
Reg assistance outside household from <i>(notarized letter)</i>	_____		\$ _____ per _____	_____
Social Security <i>(Determ. letter, bank stat. copy of check or verif form)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
SSI <i>(Determ. letter, bank stat. copy of check or verif form)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
VA Benefits <i>(Determ. letter, copy of check, or verif form)</i>	_____		\$ _____ per _____	_____
Retirement/Pension <i>(Determ. letter, copy of check or verif form)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
Business Income <i>(3 past years' tax forms inc. Sched. C)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
Rental Income <i>(copy of receipt)</i>	_____		\$ _____ per _____	_____
Unemployment <i>(Determ. letter, copy of check, or verif form)</i>	_____		\$ _____ per _____	_____
Child Support, Alimony <i>(divorce decree, court papers)</i>	_____		\$ _____ per _____	_____
Interest/Dividends <i>(bank statement or verif form)</i>	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
	_____		\$ _____ per _____	_____
Other:	_____		\$ _____ per _____	_____

IV. HOUSEHOLD ASSETS

1. Checking Account(s) <i>(need bank statement or verif form)</i>	Name _____	Name _____
	Bank _____	Bank _____
	Acct # _____	Acct # _____
	Balance _____	Balance _____
	Documented	Documented
2. Savings Account(s) <i>(need bank statement or verif form)</i>	Name _____	Name _____
	Bank _____	Bank _____
	Acct # _____	Acct # _____
	Balance _____	Balance _____
	Documented	Documented
3. Investments, Savings Bonds, Stocks, IRAs, CDs <i>(need bank statement or verif form)</i>	Name _____	Name _____
	Bank _____	Bank _____
	Acct # _____	Acct # _____
	Balance _____	Balance _____
	Documented	Documented

V. DEBTS

Creditor Name	Current Balance	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach another page if more room is needed

VI. HOUSHOLD EXPENSES:

Please list all current and anticipated household expenses:

<u>Type</u>	<u>Monthly Amount</u>
Cable	_____
Internet	_____
Home Phone	_____
Cell Phone	_____
Utilities	_____
Car Insurance	_____
Medical Insurance	_____
Dental Insurance	_____
Life Insurance	_____
Child Care	_____
Payments on Medical Bills	_____
Regular prescription costs	_____
Other - please list	_____
_____	_____
_____	_____
_____	_____

IMPORTANT: READ BEFORE SIGNING

Privacy Act Notice Statement:

The Department of Housing and Urban Development (HUD) is requiring the collection of information derived from this form to determine an applicant's eligibility and the amount of assistance necessary using their funds. This information will be used to establish level of benefit, to protect the Government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

I (We) certify that all the information in this application and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information. I (we) understand that any willful misstatement of material fact will be grounds for disqualification. I (we) understand that I (we) must meet eligibility criteria at the time of loan closing and that any verifications must be updated prior to loan closing if they are older than 6 months. I agree to notify the City's Community Development office if there is a change in my family size or situation prior to loan closing. I (We) acknowledge and authorize the City of Knoxville to conduct a credit report to verify debt and other financial obligations (collections and judgements) that may effect the feasibility of the loan.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Witness: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

Applicant

- Male Female
- Hispanic Yes No
- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Are you a U.S. Citizen? Yes No

I DO NOT WISH TO SUPPLY THIS INFORMATION: _____

(INITIALS)

Co-Applicant

- Male Female
- Hispanic Yes No
- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Are you a U.S. Citizen? Yes No

I DO NOT WISH TO SUPPLY THIS INFORMATION: _____

(INITIALS)