

**Accessing Home Ownership Program
Participant Application - Individual**

To assess qualification for receipt of Accessing Home Ownership Program (AHOP) funds the following information is required. All information provided will be kept strictly confidential. Please answer all questions to expedite your application.

APPLICANT/OWNER INFORMATION:

Name: _____

Address: _____

Email Address: _____

Home phone: _____ Work phone : _____ Cell phone: _____

Do you live in the home you wish to purchase? Yes No

CITIZENSHIP (Check one): U.S. Citizen Resident Alien Other

RACE/ETHNICITY (Check all that apply - **for statistical purposes only**):

White Black/African American Black/African American and White Hispanic

Asian Asian and White Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native American Indian/Alaskan Native and White

American Indian/Alaskan Native and Black/African American Other Multi-Racial

MARITAL STATUS (Check one): Single Married Separated Divorced
 Widowed Other (Explain) _____

EMPLOYMENT INFORMATION:

Current Employer/Employer Address: _____

Position/Type of Work: _____ Employed Since? _____

Employer Telephone #: _____ May We Contact You at Work? _____

Previous Employer/Address: _____

Position/Type of Work: _____ How long? _____

CO-APPLICANT INFORMATION:

Must be completed if there is a second adult in the household, or a second adult will join the household, i.e.: live in the house after purchase - even if they will not be an owner.

Co-Applicant Name: _____

Address: _____

Email Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

CITIZENSHIP (Check one): U.S. Citizen Resident Alien Other

RACE/ETHNICITY: (Check all that apply - **for statistical purposes only**):

White Black/African American Black/African American and White Hispanic

Asian Asian and White Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native American Indian/Alaskan Native and White

American Indian/Alaskan Native and Black/African American Other Multi-Racial

MARITAL STATUS (Check one): Single Married Separated Divorced

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Position/Type of Work: _____ Employed Since? _____

Employer Telephone #: _____ May We Contact You at Work? _____

Previous Employer/Address: _____

Position/Type of Work: _____ How long? _____

Will co-applicant also be an owner? Yes No

SIZE OF HOUSEHOLD:

Are there any additional adults in the household? Yes No

If yes, please include same information as requested above on a separate sheet of paper

Total number of household members: _____ (Adults _____; Children_____)

OWNERSHIP STATUS:

Do you currently own a home? Yes No

Do you currently own any other real property? If so, provide address below:

Does the co-applicant/co-owner currently own a home? Yes No

Does co-applicant own any other real property? If so, provide address below:

CASH CONTRIBUTION:

Applicants/Co-applicants must have a minimum of \$1,000 in cash in order to participate in the Program. The availability of the money must be documented at the time of the first eligibility interview. The \$1,000 is a minimum. Depending on the cost of the home to be purchased and the down payment required by the lender, the amount of funds needed might be greater.

Will any additional money be available? Yes No

Approximately how much? _____ Source? _____

INCOME INFORMATION:

	<u>Yearly Totals</u>
Applicant's gross income from employment, excluding overtime	\$ _____
Co-applicant's income from employment, excluding overtime	\$ _____
Estimate of applicant's overtime, if fairly regular	\$ _____
Estimate of co-applicant's overtime, if fairly regular	\$ _____
Applicant's S.S.D./S.S.I. benefits	\$ _____
Co-applicant's S.S.D./S.S.I. benefits	\$ _____

Applicant's Pension and/or Social Security \$ _____

Co-applicant's Pension and/or Social Security \$ _____

Non full-time student's over 18 income \$ _____

Gross real estate and/or business income \$ _____

Child support and/or alimony received \$ _____

Interest and/or dividends \$ _____

Public Assistance \$ _____

Other: Specify _____ \$ _____

TOTAL \$ _____

DEBT INFORMATION:

Are you current on all debts? Yes No

Is co-applicant current on all debts? Yes No

Have you and/or co-applicant ever had debts turned over for collection? Yes No

Do you and/or co-applicant have any debts currently for collection? Yes No

Have you and/or co-applicant ever declared bankruptcy? Yes No

If yes, when was the bankruptcy discharged? _____

Why was bankruptcy declared? _____

MONTHLY PAYMENTS: Please provide below monthly payments for all consumer debt in household for both applicant and co-applicant (does not include utility payments):

Car Loans: \$_____/month \$_____/month

Credit Cards:

Master Card \$ _____

Visa \$ _____

Discover \$ _____

Other (Specify): \$_____/month for _____

\$_____/month for _____

\$_____/month for _____

\$_____/month for _____

Student Loan: \$_____/month

Personal Loan: \$_____/month

Other (Specify): \$_____/month for _____

ASSETS: Please list below the assets of all adults in the household such as cash, certificates of deposits, cash value of life insurance, stock, bonds, IRA value, pension plans, etc.

ITEM (Specify)	VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CURRENT HOUSING COST INFORMATION:

How much do you currently pay a month for housing (rent)? \$_____

Are utilities included? Yes No

Do you receive assistance from the Section 8 Program to pay your rent? Yes No

CHECKLIST: STOP! Before signing and submitting this application, please complete the checklist to make sure your application is complete and can be considered for funding!

- YES NO Have applicant and co-applicant answered all questions in all sections?
 YES NO Have you attached a mortgage pre-approval letter?

The AHOP cannot process your application without an acceptable mortgage pre-approval. If the lender provided a Good Faith Settlement Charge Form for you, please attach that also.

If you have answered YES to both of these questions, proceed to the Certification and Authorization section below. Please read this carefully before you sign it. Make sure both you and the co-applicant(s) sign this section and enter a date.

CERTIFICATIONS and AUTHORIZATION

By signing below I/we certify that: (1) all of the above information is true, understanding that falsification of any item or failure to provide information which may disqualify the applicant's/co-applicant's participation may result in the forfeiture or reimbursement of all federal funds provided, as well as subjecting applicant/co-applicant to the penalties and provisions of any and all applicable State and federal laws. Further, (2) the applicant/co-applicant(s) acknowledge(s) the right and responsibility of the AHOP and permits the AHOP and/or its authorized representative/agent to verify all information contained in this application, from any and all sources the AHOP or its representative/agent deems necessary, in order to make a determination of eligibility and the ability to obtain the necessary mortgage financing. These sources may include, but are not limited to, employers, creditors, lenders, and social service agencies. By signing below the applicant/co-applicant also agree(s) to provide any and all documents requested by the AHOP or its representative/agent either now or in the future, which, in the AHOP's determination or the determination of its representative/agent, is necessary to determine eligibility and make decisions with respect to future participation.

The applicant/co-applicant certify by signing below that he/she/they have read the program guidelines for the AHOP contained herein and understand they will become a part of and be incorporated in any agreements signed by the

applicant/co-applicant. The applicant/co-applicant, by signing below, acknowledge(s) that he/she/they understand their responsibilities under and the operation of the Program or will clarify to his/her/their satisfaction any questions they may have with respect to the Program and its operation.

Signature of Applicant: _____

Signature of Co-Applicant: _____

Date: _____