



HOMEBUYER ASSISTANCE PROGRAM APPLICATION

Closing Cost Assistance / Down Payment Loan Assistance

(Government-owned properties are not eligible for these programs)

All information requested must be completed and submitted by the lender on one large PDF letter size-one sided only please to homebuverassistanceprogram@fortworthtexas.gov. The City will accept applications as long as funding for this program is available. By signing this form the applicant is aware their name and property address will be reported in a U.S. Government information system aka Integrated Disbursement & Information System (IDIS) provided by The U.S. Department of Housing and Urban Development. No individual shall be denied services solely on the basis of his or her race, color, national origin, gender, gender identity, religion, age, disability or sexual orientation. Hearing and speech-impaired persons may access the program's number by calling the Federal Relay Service at (800)877-8339. Braille or large print copies of Housing Assistance Program (HAP) documents are available upon request.

Applicant Name/s _____

Mailing Address _____ Zip Code _____

SUBMISSION PACKAGE

- HAP Application with Conflict of Interest, Certification of Income and Budget Form
- Credit Report (Non purchasing spouse CR required)____(must be current and not be older than 60 days)
- 60-days-recent pay stubs
- Copy of Driver's License, SS card and Residency cards (if applicable) front and back (all borrowers)
- Loan Estimate Form
- Lender Commitment or Pre-qualification
- Lender's Application-1003 and • ____ Uniform Underwriting and Transmittal Summary-1008
- FICA earnings to date from anyone in the household over 18 who report no income (Social Security Office www.ssa.gov*)
- Child Support Receipt or Non Receipt (Child Support Office)
- Child support statements for all children for the past 12 months
- Signed 3 yrs. 1040s and W-2 forms (all borrowers)
- 6 most recent Bank Statements (all accounts and must include an explanation of all deposits)
- Purchase Contract with HAP verbiage • ____ Lead-Based Paint Notice (for homes built prior to 1978)

* Appraisal, Termite, TREC Inspection, Warranty of Completion of Construction (new construction), Survey, 4506 T, Notice to Seller, VOE and Homeownership Training Certificate may be provided later.

HOUSEHOLD PROFILE

Annual Household Income \$ _____ Family Size _____ Physically Challenged _____(Y/N)
Household Type _____(1) Single Non-Elderly (2) Elderly (3) Single Parent (4) 2 Parents (5) other

HOUSEHOLD INCOME

APPLICANT EMAIL:

Name _____
Work Phone # _____
Cell Phone # _____
Annual Gross Wages \$ _____
Other Income \$ _____

CO-APPLICANT EMAIL:

Name _____
Work Phone # _____
Cell Phone # _____
Annual Gross Wages \$ _____
Other Income \$ _____

Income of Additional Household Members' Age 18 and Above:

Name _____ Income \$ _____ Age _____ Sex _____
Name _____ Income \$ _____ Age _____ Sex _____

Dependents:

Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____ Name _____ Age _____ Sex _____

PROPERTY / INSPECTION INFORMATION

Seller Name _____

Property Address _____ Zip _____ Year Built _____

Legal Description: Lot(s) _____ Blk _____ Addition _____

Purchase Price \$ _____ New Const. _____ Existing _____ Bedrooms # _____

Contact Name for City Inspector: _____ Telephone # _____

LOAN INFORMATION

LENDER _____ LOAN AMOUNT _____ LTV _____%

CONTACT _____ INTEREST RATE _____% TERM _____ YRS.

EMAIL _____

ADDRESS _____

MONTHLY PAYMENT:

CITY _____ ZIP _____

\$ _____	P&I
\$ _____	TAXES
\$ _____	HAZARD
\$ _____	FLOOD
\$ _____	MIP/PMI

PHONE _____ FAX _____

HOUSING RATIO _____% DEBT RATIO _____%

TOTAL \$ _____

(MUST BE BETWEEN 10% AND <32%)

(MUST BE <43%)

QUALIFYING RATIOS 35/45% FOR CREDIT SCORES OF 620 AND ABOVE

TITLE COMPANY INFORMATION

NAME _____ CONTACT PERSON _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

APPLICANT/S DECLARATIONS

APPLICANT AND CO-APPLICANT MUST INITIAL THE APPROPRIATE CATEGORIES BELOW:

- Property is vacant _____ owner occupied _____ applicant occupied _____ (rented property not eligible).
- Property is a single unit. _____
- Applicant(s) will live in the unit as principal residence. _____
- Applicant(s) has not owned a house in the past three (3) years. _____
- Applicant (s) using applicants own cash resources to pay for the first \$1,000 or 2% of the purchase price. _____
- Applicant(s) is aware that a five-year lien for up to \$14,999 will be placed on the property. _____
- Applicant(s) is aware that a ten-year lien from \$15,000 to \$20,000 will be placed on the property and 20% will be forgiven from year 6 through year 10. _____
- Applicant(s) is aware that the five to ten year lien for Closing Costs Assistance and Down Payment has a \$0.00-0% interest payback as long as applicant occupies the residence. _____
- Applicant(s) is aware in the event the property is sold, transferred, foreclosed, or the applicant ceases to occupy the residence as a primary residence any portion of the above mentioned liens not forgiven would become due and payable to the City of Fort Worth. _____
- Applicant has filled out and signed the Conflict of Interest and Certification of Income Statement. _____
- Do you have an immediate family member currently employed by the City of Fort Worth or who has worked for the City in the past year or who is an elected or appointed City official? YES () NO () If yes, in what Department? _____

* Immediate family member: Spouse, Son, Daughter, Mother, Father, Mother-in-Law, Father-in-Law, Brother, Sister*

Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE

City of Fort Worth (HAP)

CERTIFICATION OF INCOME STATEMENT

Applicant Name: _____
 Current Address: _____ Phone #: _____
 City and Zip: _____

Household Members and Income
(Include all household members including children)

Last Name	First Name	Age	Monthly Income \$	Source of Income: (employment, self-employment, child support or other income must be disclosed of all household members 18 yrs. or older)

TOTAL NUMBER OF FAMILY MEMBERS _____ (Include Yourself, Spouse, Children, etc.)

Total Gross Annual Household Income: _____

PERSONAL INFORMATION: (Check one in each item. This Information is required for Federal Reporting Purposes)

- a. MALE b. WHITE BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN & WHITE
 FEMALE AMERICAN INDIAN/ALASKAN NATIVE ASIAN
 AMERICAN INDIAN/ALASKAN NATIVE & WHITE ASIAN & WHITE
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER BALANCE/OTHER
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
- c. ETHNICITY d. DISABLED e. IS HEAD OF HOUSEHOLD FEMALE?
 HISPANIC YES YES
 NON-HISPANIC NO NO

Certification:

I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

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For use by agency staff:
 Household Size: _____ Gross Annual Income: _____
 Applicable Income Limit: _____ Is Applicant Eligible? _____
 Person Making Determination: _____ Date: _____

NOTE: Address, income amounts and sources for ALL household members are required.



CONFLICT OF INTEREST DISCLOSURE:
FOR CITY OF FORT WORTH PROGRAMS ONLY

The assistance you are applying for is funded using Housing and Urban Development (HUD) funds and because of this our office is requesting the following information in order to comply with the funding requirements. Please complete this form to the best of your ability, sign it, and return it to this Agency at your earliest convenience.

NAME: ADDRESS:

TELEPHONE: E-MAIL ADDRESS (if applicable)

Form with 6 main questions regarding employment by the City of Fort Worth, family members' employment, and elected/consultant status. Includes sub-questions (1a, 2a, 3a, 4a, 5a, 6a) for providing details like Department and Division.

Certification: I understand and agree that the City may/will contact the City of Fort Worth department including all supervisors in order to determine whether any of these persons' employment or official functions are or were related to the City's use of federal grant funds...

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Applicant/Prospective Applicant Signature Date

Applicant/Prospective Co-Applicant Signature Date

For City Staff Only: Once this form is completed and if "Yes" is marked on any of the above questions, please return it to your Compliance Specialist as soon as possible for processing.

MONTHLY HOUSEHOLD EXPENSES

This form is used to ensure you are not over spending and can maintain your monthly household expenses in a responsible manner.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

INCOME

AMOUNT

Paychecks (salary after taxes, benefits, and check cashing fees)	
Other income (after taxes) for example: child support	\$
Other income	\$
Total Monthly Income	\$ -

EXPENSES

AMOUNT

Rent or Mortgage	
Renter's or homeowners insurance	\$
Utilities (elec, water, gas)	\$
Internet, cable, phones	\$
Other housing expenses (Like property taxes)	\$
Groceries and Household supplies	\$
Meals out	\$
Other food expenses	\$
Public transportation and taxis	\$
Gas for autos	\$
Parking and tolls	\$
Car maintenance (like oil changes)	\$
Car insurance	\$
Car loan	\$
Other transportation expenses	\$

INCOME	\$	-
EXPENSES	\$	-
NET	\$	-

EXPENSES

AMOUNT

Medicine	\$
Health insurance	\$
Other health expenses (like doctors' appts/eyeglasses)	\$
Child Care	\$
Child support	\$
Money given or sent to family	\$
Clothing and shoes	\$
Laundry	\$
Donations	\$
Entertainment (like movies and amusement parks)	\$
Other personal or family expenses (like beauty care)	\$
Fees for Cashier's checks and money transfers	\$
Prepaid cards and phone cards	\$
Bank or credit card fees	\$
Other fees	\$
School costs (like supplies, tuition, student loans)	\$
Other payments (like credit cards and savings)	\$
Other expenses this month	\$
Total Monthly Expenses	\$ -

Signature _____

Date _____