



# 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](mailto: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](http://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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<i>For use by agency staff:</i>	
Household Size: _____	Gross Annual Income: _____
Applicable Income Limit: _____	Is Applicant Eligible? _____
Person Making Determination: _____	Date: _____
<b>NOTE: Address, income amounts and sources for ALL household members are required.</b>	



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.

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.