



## HOME BUYER 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 [homebuyerassistanceprogram@fortworthtexas.gov](mailto:homebuyerassistanceprogram@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 for checking accounts (must include an explanation of all deposits)
- ☐ \_\_\_\_\_ Most recent savings accounts (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 (cannot be older than 1 year). These forms may be provided later after HAP commitment.

#### 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 \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

HOUSING RATIO \_\_\_\_\_ % DEBT RATIO \_\_\_\_\_ %

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

TOTAL \$ \_\_\_\_\_

(MUST BE BETWEEN 10% AND <32%)

(MUST BE <43%)

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

### TITLE COMPANY INFORMATION

DBA: \_\_\_\_\_

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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**DEPARTMENT OF THE UNITED STATES GOVERNMENT.**

*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: \_\_\_\_\_ (Please ☒ check boxes below)

TELEPHONE: \_\_\_\_\_ E-MAIL ADDRESS (if applicable) \_\_\_\_\_

1. Are you employed by the City of Fort Worth?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
1a. If yes, by which Department and Division:				
2. Were you employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2a. If yes, by which Department and Division:				
3. Are any members of your immediate family currently employed by the City of Fort Worth? ( <i>"Immediate Family" includes (whether by blood or adoption): the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.</i> )	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3a. If yes, please provide relative's name(s), Department(s), and Division(s):				
4. If No, were any members of your immediate family employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4a. If yes, please provide relative's name(s), previous Department(s), and Division(s):				
5. Are you an elected or appointed official, or agent or consultant, of the City of Fort Worth?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5a. If yes, by which Department and Division:				
6. Are any immediate family members an elected or appointed official, or agent or consultant of the City of Fort Worth?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6a. If yes, please provide relative's name(s), Department(s), and Division(s):				

**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 and whether federal funds can be provided. **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.**

**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 UNITED STATES GOVERNMENT.**

\_\_\_\_\_  
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. If you have any questions, please contact Barbara Asbury, Grants Manager, Compliance Division, at 817-392-7331, or Charletta Moaning, Sr. Contract Compliance Specialist, at 817-392-7333 or at [charletta.moaning@fortworthtexas.gov](mailto:charletta.moaning@fortworthtexas.gov). Revised 11/07/2018

# 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	\$
<b>Total Monthly Income</b>	\$ -

## EXPENSES

## AMOUNT

Rent or Mortgage	
Renter's or homeowner's 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	\$

<b>INCOME</b>	\$	-
<b>EXPENSES</b>	\$	-
<b>NET</b>	\$	-

## 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	\$
<b>Total Monthly Expenses</b>	\$ -

Signature\_\_\_\_\_

Date\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_



## Neighborhood Services Department

### Client Citizenship/Immigration Status Verification Sheet

To determine eligibility for this HUD-funded program, federal law requires the City of Fort Worth to verify the citizenship or immigration status of the applicant and all household members. Verification may occur through the Department of Homeland Security's SAVE (Systematic Alien Verification for Entitlements) system and/or by reviewing government-issued documentation.

Citizenship/Immigration Status (Check One):

- ☐ U.S. Citizen
- ☐ U.S. National
- ☐ Qualified Alien (as defined under PRWORA)

If you select "Qualified Alien", federal law (PRWORA, 8 U.S.C. §1641) defines this as including:

- x Lawful Permanent Residents;
- x Asylees under INA §208;
- x Refugees admitted under INA §207;
- x Individuals paroled into the United States under 8 U.S.C. §1182(d)(5) for at least one-year;
- x Individuals granted withholding of removal or deportation under 8 U.S.C. §1231(b)(3) or former 8 U.S.C. §1253;
- x Individuals granted conditional entry under 8 U.S.C. §1153(a)(7);
- x Cuban and Haitian entrants, as defined in §501(e) of the Refugee Education Assistance Act of 1980; and
- x Certain battered immigrants described in 8 U.S.C. §1641(c)(1)-(3); victims of a severe form of trafficking

Staff will use the SAVE Program and documentation provided to confirm whether each household member meets this definition.

#### Applicant Acknowledgement:

☐ I understand that I and all household members must provide acceptable government-issued documentation to verify citizenship or immigration status, and that these documents may be securely retained for up to seven (7) years for federal audit purposes. I understand the City of Fort Worth needs to verify this information through the SAVE system and/or review of government-issued documentation.

Applicant Name:		Applicant Signature:	
Date:			

**Documentation Requirement:** *Staff must review, verify, and retain documentation to support eligibility. If eligibility cannot be determined, staff must seek legal guidance and document the final determination in the case file.*

## HOMEBUYER ASSISTANCE PROGRAM

## LETTER OF EXPLANATION REGARDING DEPOSITS

Use one sheet per account

[illegible]

Signature

Date