THE USE OF WHITE OUT IS PROHIBITED



CITY OF GREENVILLE

HOUSING DIVISION 201 West 5th Street Greenville, North Carolina 27835

AFFORDABLE HOUSING PROGRAM City of Greenville 20% HOME Grant / COG 10% No-Interest Loan

Date:		-							
I. PROPERTY DATA	A <u>:</u>	R	evitalization	n Area (Y)	(N)	Inco	o <u>me: (Ve</u>	ery Low) (I	Low)
PROPERTY DESCRIP	TION:								
Parcel #:		Address:	<u>-</u>						
II. GENERAL DATA	A: (Applicant in	nformation))						
Name:			I	Head of Ho	usehold?	Yes		No	
SSN:	D;	ate of Birth	1:			Race:			
Are you an U.S. Citiz	en?	Or a leg	gal alien?						
Home Address:			City:			Stat	e:	Zip:	
Mailing Address:			City:			Stat	e:	Zip:	
Telephone No. (home)			(work)		_			
Marital Statue:	Married	Wido	owed	Single	Dive	orced		Separated	
III. HOUSEHOLD F	FAMILY COM	IPOSITIO1	N: (List all p	versons who	will reside in	your ho	ouse.)		
ADULTS (legal name includes all years or olde	l persons 18	DATE OF BIRTH	RELATIO SHIP TO HOH	•	SOCIAL SECURITY NUMBER	,	RACE	MARRIED (WIDOWED(SINGLE (S) DIVORCED	(W)
CHILDREN (name as it appears on S Card)	Social Security	DATE OF BIRTH	RELATI SHIF TO HOH	P	SOCIAL SECURITY NUMBER	,	RACE	ABSI PARE NA	ENT'S
	1								

IV. EMPLOYMENT INFORMATION: If NOT employed, please indicate.

HEAD OF HOUSEHOLD:	SPOUSE / COHABITANT:
Employer Name	Employer Name
Address	Address
Phone No.	Phone No.
Occupation	Occupation
Length of	Length of
Employment	Employment

V. MONTHLY INCOME: You must disclose all income.

	HEAD of HOUSEHOLD	SPOUSE/COHABITANT	OTHER
Employment (Incl. OT, etc)	\$	\$	\$
Social Security	\$	\$	\$
V.A.	\$	\$	\$
Pension	\$	\$	\$
Gross Income Real Estate	\$	\$	\$
Welfare	\$	\$	\$
Income from others	\$	\$	\$
Child Support	\$	\$	\$
Other Source	\$	\$	\$
Total	\$ (A)	\$ (B)	\$ (C)
		\$	\$
GRAND TOTAL INCOME (A+H	8+C): \$	X 12 (months) = \$	(D)

VI. ASSETS: You must provide documentation supporting balances of all accounts. (2 months of current bank/Investment statements, etc.)

ASSET TYPE	ACCOUNT #	LOCATION	BALANCE (A)	PROJEC INCOME	
Saving Account			\$	\$	
Checking Account			\$	\$	_
401 (K) / Pension			\$	\$	_
Marketable Securities			\$	\$	_
Property			\$	\$	_
Other			\$	\$	
TOTAL	PROJECTED A	ANNUAL INCOME I	FROM ASSETS	\$	(B)

VII. INCOME SUMMARY:

Income: Employment/Other	\$	Section V. Total from (D)		
Income from Assets	\$		Sect	ion VI. Total from (B)
Total Annual Income	\$		%	Percentage of Median Income

VIII. TOTAL INCOME FROM PREVIOUS YEAR:

HEAD OF HOUSEHOLD	SPOUSE	OTHER
\$	\$	\$
(Please circle appropriate income level (Very Low or Low on page 1)		

IX. CURRENT MONTHLY EXPENSES:

EXPENSES	HEAD OF HOUSEHOLD	SPOUSE/COHABITANT	OTHER
Car Payment(s)	\$	\$	\$
Credit Card(s)	\$	\$	\$
Personal Loan(s)	\$	\$	\$
Other Loan(s) (Student Loans- need letter if deferred)	\$	\$	\$
Child Support / Alimony (being paid out)	\$	\$	\$
Other Payment(s) (Medical Bills, etc.)	\$	\$	\$
Total(s)	\$	\$	\$

X. CURRENT MONTHLY LIVING EXPENSES:

HEAD OF HOUSEHOLD	SPOUSE/COHABITANT	OTHER
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
\$	\$	\$
	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

^{*} PLEASE PROVIDE A COPY OF MOST RECENT BILL

AFFORDABLE HOUSING PROGRAM Downpayment Assistance Application

I / We certify that the above information is true to the best of my / our knowledge. I / We further authorize the City of Greenville or its agent to make all inquiries deemed necessary to verify all information provided on this application and related material. The undersigned also authorizes the City of Greenville or it's agent to answer questions and inquiries from others seeking credit experience information about the applicants.

By signing this application, I / We certify that the property shall be My / Our principle residence.

Applicant's Signature		Date	
Co-Applicant's Signature		Date	
	Information Below To Be Completed By	Staff:	
RECOMMENDATION OF APPLICA	ATION:		
Loan Approved: Loan	Denied:		
	Approved Amount of Assistance		
City 10% No-Interest Loan \$			
<u> </u>	(10% of Sales Price Max)	Incorporated City Limits of Greenville	
HOME Grant \$			
	(20% of Sales Price Max \$20,000)	Incorporated City Limits of Greenville	45-Block Project
University Area DPA \$			
	(5% of Sales Price Max \$10,000)	Univ Target Area	
Self-Help Partnership		-	
- 100 111 H		- D /	
Affordable Housing Committee Cha	ıır	Date	
T		- D.	
Housing Division Administrator		Date	
Community Development Departme	ent Director	Date	
Note: If the amount of assistance is \$	10,000 or above the application must	t be approved by the City Ma	ınager.
City Manager		Date	
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NCHFA 20% Loan Pool: North Carolina Requested loan amount	Housing Finance Agency (NCHFA) approves a	all applications for the NCHFA 20% I	
Requested loan amount \$		45-Block Project	(Cap is \$25,000)
			New Gut Const Rehab
Planner II- Housing Division		Date Submitted	_

WHAT TO SUBMIT WITH YOUR APPLICATION

	Copy of Credit Report- You can request a free credit report every year at www.annualcreditreport.com or by calling 1-877-322-8228. Please review your credit report for correctness and that all bills are current. All outstanding charged-off accounts, liens, and judgments must be paid in full. However, small medical bills can be on a written payment plan. Please write a letter explaining all negative items on your credit report.
	Copy of the Lender's Good Faith Estimate and Pre-qualification letter based on the review of your credit report. You need to get pre-qualified to know how much you can borrow and the cost involved in purchasing a home.
	Verification of Employment / Income form completed & returned by your employer.
	Verification of Rental form completed & returned by your landlord.
	Pay stubs for the most recent two (2) months.
	Signed Tax Returns with W-2's for the past two (2) years. (If you are self-employed include a Profit / Loss Year to Date Statement).
	Copy of last two (2) Bank Statements for <u>all</u> accounts (checking, saving, IRA's, 401K, etc.).
	Signed copy of Offer to Purchase or Contract with Builder.
	Copy of First Time Homebuyers Certificate(s). The next class is
	Proof of Social Security or Public Assistance Payments.
	Proof of receipt or payment of Child Support with copy of court order for child support.
	Proof of receipt or payment of Alimony.
	Copy of Divorce Decree or Legal Separation (only if less than one year).
	Gift Letter (If you are receiving funds from a relative).
	Photo ID (18+) and Social Security Card for all members of the household.
	Other:
NOTE:	Mortgage Contact Person:
	Phone Number: