

THE USE OF WHITE OUT IS PROHIBITED



CITY OF GREENVILLE
Community Development Division
201 West 5th Street
Greenville, North Carolina 27835

AFFORDABLE HOUSING PROGRAM
20% HOME Grant
10% No-Interest Loan

Date: _____

I. PROPERTY DATA: **Revitalization Area (Y) (N)** **Income: (Very Low) (Low)**

PROPERTY DESCRIPTION:	
Parcel #: _____	Address: _____

II. GENERAL DATA: (Applicant information)

Name: _____	Head of Household?	Yes	No	
SSN: XXX-XX-_____	Date of Birth: _____	Race: _____		
Are you an U.S. Citizen? _____	Or a legal alien? _____			
Home Address: _____	City: _____	State: _____	Zip: _____	
Mailing Address: _____	City: _____	State: _____	Zip: _____	
Telephone No. (home) _____		(work) _____		
Marital Statue:	Married _____	Widowed _____	Single _____	Divorced _____
				Separated _____

III. HOUSEHOLD FAMILY COMPOSITION: (List all persons who will reside in your household. Do not include Applicant)

ADULTS (legal name includes all persons 18 years or older)	DATE OF BIRTH	RELATION- SHIP TO HOH	SOCIAL SECURITY NUMBER	RACE	MARRIED (M) WIDOWED(W) SINGLE (S) DIVORCED(D)
			XXX-XX-		
			XXX-XX-		
			XXX-XX-		

CHILDREN (name as it appears on Social Security Card)	DATE OF BIRTH	RELATION- SHIP TO HOH	SOCIAL SECURITY NUMBER	RACE	ABSENT PARENT'S NAME
			XXX-XX-		
			XXX-XX-		
			XXX-XX-		

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

HEAD OF HOUSEHOLD:		SPOUSE / COHABITANT:	
Employer Name	_____	Employer Name	_____
Address	_____	Address	_____
Address	_____	Address	_____
City, State, Zip	_____	City, State, Zip	_____
Phone No.	_____	Phone No.	_____
Occupation	_____	Occupation	_____
Length of Employment	_____	Length of Employment	_____

V. MONTHLY INCOME: *You must disclose all income.*

	HEAD of HOUSEHOLD	SPOUSE/COHABITANT	OTHER
Employment (Incl. OT, etc)	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
SSI / Disability	\$ _____	\$ _____	\$ _____
V.A.	\$ _____	\$ _____	\$ _____
Pension	\$ _____	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____	\$ _____
Income from others	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Other Source	\$ _____	\$ _____	\$ _____
Total	\$ _____ (A)	\$ _____ (B)	\$ _____ (C)
GRAND TOTAL INCOME (A+B+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 # (LAST 4 DIGITS)	LOCATION	BALANCE (A)	PROJECTED INCOME (B)
Saving Account	_____	_____	\$ _____	\$ _____
Checking Account	_____	_____	\$ _____	\$ _____
401(K) /Pension	_____	_____	\$ _____	\$ _____
Marketable Securities	_____	_____	\$ _____	\$ _____
Property	_____	_____	\$ _____	\$ _____
Other	_____	_____	\$ _____	\$ _____
TOTAL	PROJECTED ANNUAL INCOME FROM ASSETS			\$ _____ (B)

VII. INCOME SUMMARY:

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

VIII. TOTAL INCOME FROM PREVIOUS YEAR:

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

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:

LIVING EXPENSES	HEAD OF HOUSEHOLD	SPOUSE/COHABITANT	OTHER
Rent	\$ _____	\$ _____	\$ _____
Utilities	\$ _____	\$ _____	\$ _____
Telephone (Home & Cell)	\$ _____	\$ _____	\$ _____
Cable	\$ _____	\$ _____	\$ _____
Groceries	\$ _____	\$ _____	\$ _____
Savings Deposit	\$ _____	\$ _____	\$ _____
Insurance (Car & Life)	\$ _____	\$ _____	\$ _____
Miscellaneous	\$ _____	\$ _____	\$ _____
Total(s)	\$ _____	\$ _____	\$ _____
	_____	_____	_____

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 its 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 principal residence.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Information Below To Be Completed By Staff:

RECOMMENDATION OF APPLICATION:

Loan Approved: _____ Loan Denied: _____

Approved Amount of Assistance

City 10% No-Interest Loan

\$ _____
(10% of Sales Price Max)

☐
Incorporated City Limits of
Greenville

20% HOME Grant

\$ _____
(20% of Sales Price Max \$40,000)

☐
Incorporated City Limits of
Greenville

☐
45-Block Project

WG / University Area DPA

(5% of Sales Price Max \$10,000)

☐
WG / Univ Target Area

Affordable Housing Loan Committee Chair

Date

Program Manager- Community Development Division

Date

Neighborhood & Business Services Department Director

Date

Assistant City Manager

Date

Note: If the amount of assistance is \$10,000 or above the application must be approved by the City Manager.

City Manager

Date

☐
New Construction

☐
Existing Construction

Requested Loan Amount

\$ _____

Phoenix G Hinson, Program Coordinator, Community Development Division

Date submitted for approval

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.**

_____ Signed copy of the Lender's Loan Estimate, Closing Disclosure and Pre-qualification letter based on the review of your credit report. You will need to get pre-qualified to know how much you can borrow and the cost involved in purchasing a home.

_____ Signed copy of the Lender's HUD 1003 Application

_____ Verification of Employment / Income form completed & returned by your employer.

_____ 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 all accounts (checking, saving, IRA's, 401K, etc.).

_____ Signed copy of Offer to Purchase or Contract with Builder.

_____ Certification of Homebuyer Education & Counseling Form with copy of homebuyer education certificate(s).

_____ 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.

_____ Appraisal

_____ Community Development Inspection

_____ Other: _____

NOTE: Mortgage Contact Person: _____

Phone Number: _____