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: | Revitalization Area (Y) (N) | Income: (Very Low) (Low) |
| PROPERTY DESCRIPTION: | | |
| Parcel #: | Address: | |

II. GENERAL DATA: (Applicant information)

| Name: | | | Head of Household? | Yes | No |
|-----------------------|---------|-------------------|--------------------|----------|-----------|
| SSN: | D | ate of Birth: | | Race: | |
| Are you an U.S. Citiz | zen? | Or a legal alien? | | | |
| Home Address: | | City | 1 | State: | Zip: |
| Mailing Address: | | City | | State: | Zip: |
| Telephone No. (home | e) | | (work) | | |
| Marital Statue: | Married | Widowed | Single | Divorced | Separated |

III. HOUSEHOLD FAMILY COMPOSITION: (List all persons who will reside in your house.)

| 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) |
|--|---------------------|--------------------------------|------------------------------|------|--|
| | | | | | |
| | | | | | |
| | | | | | |

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

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 |) \$ (1 | 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 # | LOCATION | BALANCE (A) | PROJECTE 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 | \$ | Se | ecti | ion V. Total from (D) |
|--------------------------|----|------|------|-----------------------------|
| Income from Assets | \$ | l Se | ecti | ion VI. Total from (B) |
| Total Annual Income | \$ | ģ | % | Percentage of Median Income |

VIII. TOTAL INCOME FROM PREVIOUS YEAR:

| HEAD OF HOUSEHOLD | SPOUSE | OTHER |
|----------------------------------|------------------------------------|-------|
| \$ | \$ | \$ |
| (Please circle appropriate incom | e 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:

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

* 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 | |
|-----------------------------------|--|---|------------------------|
| Applicant 5 orginature | | Dute | |
| Co-Applicant's Signature | | Date | |
| | Information Below To Be Completed By | v Staff: | |
| RECOMMENDATION OF A | PPLICATION: | | |
| Loan Approved : | Loan Denied: | | |
| | Approved Amount of Assistance | | |
| City 10% No-Interest Loan | \$ | | |
| City 10 // 110-interest Llouin | \$ (10% of Sales Price Max) | Incorporated City Limits of Greenville | |
| HOME Grant | \$ | | |
| 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 | | _ | |
| | | | |
| Affordable Housing Commit | ttee Chair | Date | |
| | | | |
| Housing Division Administra | ator | Date | |
| | | _ | |
| Community Development Development | epartment Director | Date | |
| Note: If the amount of assista | nce is \$10,000 or above the application mus | st be approved by the City M | anager. |
| | | | |
| City Manager | | Date | |
| | | | |
| | h Carolina Housing Finance Agency (NCHFA) approves | all applications for the NCHFA 20% | Deferred Loan. |
| Requested loan amount | \$ | _ | (Cap is \$25,000) |
| | | 45-Block Project | 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-gualification 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 all 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: