

**APPLICATION
FOR
HAMDEN FIRST-TIME HOMEOWNERSHIP
DOWNPAYMENT ASSISTANCE**



**Office of Housing and Neighborhood Development
Keefe Community Center, 11 Pine Street, Hamden, Connecticut 06514-4924
Telephone (203) 776-5978 · Fax (203) 562-9947**

www.hamdencommunitydevelopment.com

DOCUMENT CHECKLIST

Prior to submitting your application for assistance, please make sure you have included the appropriate documents as indicated below. **Failure to provide all information will result in longer processing time.**

- Complete and signed all parts of the application
- Copy of 2003 federal income tax return for all household members
- Most recent pay stub (2) from all sources of employment for all individuals who will be residing in the household.
- Most recent bank statements for all accounts
- Proof of homeownership training or complete registration form
- Proof of AGI credit, if applicable

APPLICATION PROCESS

The process of buying a house is often a lengthy one. Therefore, we encourage our clients to start looking even if their application has not yet been approved. The following briefly outlines how an application is treated once it has been received by the Office of Housing and Neighborhood Development

1. The application is reviewed to determine if it meets eligibility requirements
2. The application is approved or denied and notification of such is mailed.

If the application is approved:

- a. A Pre-Approval Notification is sent informing the applicant that he/she has up to six (6) months to forward a fully executed Real Estate Purchase and Sale Agreement to the Office of Housing and Neighborhood Development.
- b. A LEAD-PAINT inspection is conducted by a certified professional for houses built before 1978 and any presence of LEAD PAINT must be properly repaired or removed from the property. The property is re-inspected until clearance is granted prior to funds being granted.
- c. Applicant signs grant commitment, once LEAD clearance is granted.
- d. Up to \$5,000 matched dollars is granted to the applicant at the time of closing.

Important:

- ◇ The applicant is responsible for locating a house on an approved street within the target area.
- ◇ The applicant is responsible for finding his/her own real estate agent and mortgage lender.
- ◇ **Funds cannot be received until LEAD-PAINT CLEARANCE is granted by a certified lead paint inspector and a copy of the inspection and clearance notification are forwarded to the Office of Housing and Neighborhood Development.**
- ◇ Applicants may not receive a dollar amount greater than what the Seller is willing to pay Borrower at the time of closing. Should this occur, the amount of the grant will be decreased
- ◇ If an executed Real Estate Purchase and Sale Agreement is not received by the expiration date of the Pre-Approval Notification, the applicant forfeits the agreement.
- ◇ If the applicant does not close on the property by the time specified in the Real estate Purchase and Sale Agreement he/she forfeits the grant commitment.
- ◇ Read carefully the enclosed brochure: ***Protect Your Family from Lead in Your Home***

I. APPLICANT INFORMATION:

Applicant's Name: _____
Last First M.I.

Present Address: _____
Number Street

City State Zip Code

Social Security # _____ Home Phone # _____ Work # _____

Email Address _____

Length of time at present address: _____ (no years) _____ (no months)

Do you presently (Check One): OWN or RENT

Former Address: _____
(If less than 2 years at present address) Number Street

City State Zip Code

Length of time at former address: _____ (no years) _____ (no months)

Was your former address (Check One): OWN or RENT

Marital Status (Check One):
 Married Separated Unmarried Divorced Widowed

Have you had ownership interest in any property during the last three (3) years?
 Yes No

If yes, please explain: _____

APPLICANT EMPLOYMENT INFORMATION

Name of Employer: _____

Address of Employer: _____

Number Street

City State Zip Code Telephone

Type of Business: _____

Title/Position: _____ No. of years with employer: _____

If self-employed, NAME OF BUSINESS: _____

Address: _____

Number Street

City State Zip Code Telephone

If with current employer less than 2 years, list NAME OF PREVIOUS EMPLOYER:

Name of Employer: _____

Address: _____

Number Street

City State Zip Code Telephone

II. CO-APPLICANT INFORMATION (if Applicable)

Co- Applicant's Name: _____
Last First M.I.

Present Address: _____
Number Street

City State Zip Code

Social Security # _____ Home Phone # _____ Work # _____

Length of time at present address: _____ (no years) _____ (no months)

Do you presently (Check One): OWN or RENT

Former Address: _____
(If less than 2 years at present address) Number Street

City State Zip Code

Length of time at former address: _____ (no years) _____ (no months)

Was your former address (Check One): OWN or RENT

Marital Status (Check One): Married Separated Unmarried Divorced Widowed

Have you had ownership interest in any property during the last three (3) years? Yes No

If yes, please explain: _____

CO-APPLICANT EMPLOYMENT INFORMATION

Name of Employer: _____

Address of Employer: _____
Number Street

City State Zip Code Telephone

Type of Business: _____

Title/Position: _____ No. of years with employer: _____

If self-employed, NAME OF BUSINESS: _____

Address: _____
Number Street

City State Zip Code Telephone

If with current employer less than 2 years, list NAME OF PREVIOUS EMPLOYER:

Name of Employer: _____

Address: _____
Number Street

City State Zip Code Telephone

III. HOUSEHOLD COMPOSTION:

Please provide the following information for ALL other persons who will be residing with you (the applicant[s]) in the house to be purchased.

Name	Date of Birth	Sex	Social Security #	Relationship

- Total number of individual to occupy the house _____ .
- Does anyone live with you who is not listed above? Yes No
- Does anyone plan to live with you in the future who is not listed above? Yes No

If you checked "YES" to any of the questions above, please attach a sheet with an explanation.

HOUSEHOLD INCOME INFORMATION

Please indicate the amount of annual income (for the current year) received for ALL household members in the appropriate boxes.

Income Source	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER	OTHER HOUSEHOLD MEMBER
Salary					
Overtime Pay					
Commissions Bonus/Fees/Tips					
Interest/Dividends					
Net Income from Business					
Unemployment Compensation					
Workers' Compensation					
Retirement Funds					
Child Support					
Alimony					
Welfare					
Rental Income					
Other					
Total					

Please attach copies of the most recent federal income tax return for applicant(s) and all other household members. (These documents will not be returned.) **Failure to report all sources of income may lead to revocation of grant.**

OTHER ASSETS

SAVINGS ACCOUNTS:

PRIMARY APPLICANT

CO-APPLICANT

- | | | |
|--------------------------|----------|----------|
| 1. BANK: | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT # | _____ | _____ |
| AVERAGE ACCOUNT BALANCE: | \$ _____ | \$ _____ |
| 2. BANK: | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT # | _____ | _____ |
| AVERAGE ACCOUNT BALANCE: | \$ _____ | \$ _____ |

CHECKING ACCOUNTS:

- | | | |
|--------------------------|----------|----------|
| 1. BANK: | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT # | _____ | _____ |
| AVERAGE ACCOUNT BALANCE: | \$ _____ | \$ _____ |
| 2. BANK: | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT # | _____ | _____ |
| AVERAGE ACCOUNT BALANCE: | \$ _____ | \$ _____ |

CREDIT UNION ACCOUNTS:

- | | | |
|--------------------------|----------|----------|
| 1. BANK: | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT # | _____ | _____ |
| AVERAGE ACCOUNT BALANCE: | \$ _____ | \$ _____ |
| 2. BANK: | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT # | _____ | _____ |
| AVERAGE ACCOUNT BALANCE: | \$ _____ | \$ _____ |

STOCKS:

- | | | |
|------------|----------|----------|
| 1. COMPANY | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT #: | _____ | _____ |
| VALUE: | \$ _____ | \$ _____ |
| 2. COMPANY | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT #: | _____ | _____ |
| VALUE: | \$ _____ | \$ _____ |

LIFE INSURANCE:

- | | | |
|-----------------|----------|----------|
| 1. COMPANY | _____ | _____ |
| ADDRESS: | _____ | _____ |
| ACCOUNT #: | _____ | _____ |
| KIND OF POLICY: | _____ | _____ |
| CASH VALUE: | \$ _____ | \$ _____ |

Please list additional accounts on a separate sheet.
Please attach copies of most recent bank statement(s) for asset verification purposes or sign the enclosed bank verification of deposit form to be mailed to all financial institutions indicated above.

DOWN PAYMENT INFORMATION

1. How much money do you have for closing costs? _____
2. How much of your money will be used toward the down payment on the home? _____
3. What other funding, if any, might you have access to (i.e., gift loan, another grant)? Please explain.

The following questions are to be answered by the applicant(s).

If a "yes" answer is given to any question below, please explain on an additional sheet and attach to the application.

- A. Do you have a signed sales agreement for the purchase of a home? Yes No
- B. Do you have a pending application for a mortgage with a lending institution? Yes No

If yes, please provide the name and address and contact information of the lending institution below.

Financial Institution _____

Street Address _____

City/Town _____

State _____

Zip Code _____

Contact Name _____

Telephone Number _____

- C. Are you pre-qualified for a mortgage? Yes No
- D. Have you or anyone listed in section iii ever been convicted of any offense other than a traffic violation or a juvenile offense? Yes No

FAMILY CHARACTERISTICS (OPTIONAL)

The following information is used for statistical reporting only. This information is not considered when considering eligibility for assistance. Please check all that apply.

- | | |
|---------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Black |
| <input type="checkbox"/> Female Head of Household | <input type="checkbox"/> Latino |
| <input type="checkbox"/> Small Family (1-4) | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Large Family (5+) | <input type="checkbox"/> White |
| <input type="checkbox"/> Handicapped | <input type="checkbox"/> Other Ethnicity _____ . |

PLEASE READ IN ENTIRETY BEFORE SIGNING

I certify that I have received and read the General Instructions and Program Guidelines for the Town of Hamden's First Time Homeownership Program. I understand that this authorization does not constitute an approval for homeowner's assistance or a first mortgage loan.

I understand that the information collected above will be used to determine whether or not I am eligible for the Town of Hamden Office of Housing and Neighborhood Development First-Time Homeownership Assistance Program. I certify that the information provided above is true and complete to the best of my knowledge and belief. I understand that any willful misstatement of material fact will be grounds for disqualification. I understand that it may be a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code. I further understand that false or fraudulent statements are subject to prosecution.

I consent to the disclosure of such information for purposes of verifying income and other information such as credit history and asset verification, related to this application for financial assistance. I authorize the Town of Hamden and its Office of Housing and Neighborhood Development (OHND) to obtain such information as they may require the statements made in this application.

I understand that the Town of Hamden and its OHND may disclose the information contained herein to the participating first mortgage lender as required and permitted by law. If requested by my designated lender, for the purposes of facilitating a residential mortgage application or pre-qualification, I consent and authorize the Town of Hamden and its OHND to provide said Lender with a copy of this application and copies of any income and asset verification, that I have provided to the Town of Hamden and its Office of Housing and Neighborhood Development. Said lender has my permission to notify the Town of Hamden and its OHND of any discrepancies in income or asset verification that do not meet the First-Time Homeownership Assistance *General Program Guidelines*.

I CERTIFY THAT I HAVE READ THE ABOVE AND AGREE WITH THE STATEMENTS CONTAINED HEREIN:

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE



**Town of Hamden
Office of Housing & Neighborhood Development**

Keefe Community Center, 11 Pine Street, Hamden, CT 06514

FINANCIAL INFORMATION DISCLOSURE FORM

I am interested in applying for the Hamden First-Time Homebuyer Assistance Program. As part of the application process, I authorize the Office of Housing and Neighborhood Development to make inquiries as to the employment, income, background, credit history and savings or other banking statements for any member of my household. Upon request of the Office of Housing and Neighborhood Development, I will also provide evidence of income of any tenants.

Signed:

Name (Printed):

Social Security #:

HOME OWNERSHIP TRAINING REGISTRATION FORM
COMPLETE AND RETURN IF YOU **HAVE NOT** HAD HOMEOWNERSHIP TRAINING

Name: _____ Phone Number _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Today's Date: _____

Are you a First-Time Home Buyer? Yes No

Have you had ownership interest in any residential property in the past three (3) years? Yes No

Have you owned any residential property in the past three (3) years? Yes No

Check where you are in the home buying process:

- Have signed a contract to buy a home
- Will be signing a contract within the next 30-60 days
- Interested in exploring the possibility of homeownership

I am interested in purchasing a home over the next:

3-6 months 7-12 months 13-24 months 25-36 months

Have you been pre-qualified by a mortgage lender? Yes No

Have you attended a First Time Homebuyer Session? Yes No

If yes, do you have a certificate of completion? Yes No

What is your household size? (circle) 1 2 3 4 5 6 7 8 more than 8

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Up to \$20,000 | <input type="checkbox"/> \$50,001-\$60,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$60,001-\$70,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> More than \$70,000 |
| <input type="checkbox"/> \$40,001-\$50,000 | |

Do you have more than \$10,000 in liquid assets? Yes No

What property types are you interested in purchasing?

Single Family Multi-Family condo Other

Are you planning to occupy the property? Yes No

Are you purchasing or planning to purchase in the Highwood, Hamden Plains or State Street designate area? Yes No

Please return this form to the Office of Housing and Neighborhood Development, Keefe Community Center, 11 Pine Street, Hamden, CT 06514. This is not an application for funding and completion does not guarantee enrollment in the training program. Space is limited and enrollment is based on funding availability and other factors related to need such as family size and income.