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HOUSING & HUMAN SERVICES DEPARTMENT
HOUSING PROGRAMS APPLICATION

Please complete the application **COMPLETELY** and **ACCURATELY**. Failure to provide complete and accurate information may result in loss or denial of assistance. Only complete applications will be accepted.

Please indicate the interested program:

Homebuyer Assistance

Home Rehabilitation Deferred Loan

I. BORROWER INFORMATION

<i>Borrower's Name</i> (include Jr. or Sr. if applicable)			<i>Co-Borrower's Name</i> (include Jr. or Sr. if applicable)		
<i>Social Security Number</i>	<i>Home Phone</i> (incl. area code)	<i>Age</i>	<i>Social Security Number</i>	<i>Home Phone</i> (incl. area code)	<i>Age</i>
<i>Marital Status:</i> ___ <i>Married</i> ___ <i>Single</i> ___ <i>Divorced</i> ___ <i>Separated</i> ___ <i>Widowed</i>		<i>No. of Dependents</i>	<i>Marital Status:</i> ___ <i>Married</i> ___ <i>Single</i> ___ <i>Divorced</i> ___ <i>Separated</i> ___ <i>Widowed</i>		<i>No. of Dependents</i>
<i>Present Address</i> (street, city, state, zip) ___ <i>Own</i> ___ <i>Rent</i> <i>No.Yrs.</i> ___ <i>Owner Financed Yes</i> ___ <i>No</i> ___			<i>Present Address</i> (street, city, state, zip) ___ <i>Own</i> ___ <i>Rent</i> <i>No.Yrs.</i> ___ <i>Owner Financed Yes</i> ___ <i>No</i> ___		

II. HOUSEHOLD COMPOSITION

List everyone who will be living in the house

Legal Name	Sex (m/f)	Date of Birth	Age	Social Security Number	Relation to Borrowers

III. EMPLOYMENT INFORMATION

List all money earned by everyone 18 years of age or older, living in the household. If an adult family member lives with the applicant, all income of that individual will be considered as part of the borrower's income.

Borrower		Co-Borrower	
Name and Address of Employer <input type="checkbox"/> Self Employed		Name and Address of Employer <input type="checkbox"/> Self Employed	
Work Phone #:	Fax #:	Work Phone #:	Fax #:
How long have you worked at your present job?		How long have you worked at your present job?	
Is your income from: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other		Is your income from: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Other	
Gross Monthly Income:		Gross Monthly Income:	
Other working family member's information:		Other working family member's information:	
Name of family member:		Name of family member:	
Family Member's Gross Monthly Income:		Family Member's Gross Monthly Income:	

IV. OTHER INCOME SOURCES

List all income received from household members other than from employment. This includes money from child support, Social Security, disability payment (SSI), Worker's Compensations, retirement benefits, AFDC, cash welfare benefits, Veteran's benefits, rental property income, stock dividends, income from bank accounts, alimony, and any other source with the exception of information listed above.

Names of the Family Members Receiving Income from Sources Other than Wages	Source of Income	Total Income from Source per Year

VII. DEMOGRAPHICS

Race: ___ *White* ___ *Black/African American* ___ *American Indian/Alaska Native* ___ *Asian*
 ___ *Native Hawaiian/Other*

Multi-Race: ___ *American Indian/Alaska Native & White* ___ *Asian & White*
 ___ *Black/African-American & White*
 ___ *American Indian/Alaska Native & Black/African American*

Ethnicity: ___ *Hispanic/Latino* ___ *Not Hispanic/Latino*

Elderly (62): ___ *Yes* ___ *No* **Disabled:** ___ *Yes* ___ *No*

VIII. REFERRALS

How did you hear about our program?

ICTN _____

Mail _____

Newspaper Ad _____

Local Business _____

Neighbor/Friend _____

Code Enforcement _____

City Recreation Center _____

City Spectrum _____

City Library _____

City Website _____

Other (please specify) _____

IX. CERTIFICATIONS

Applicant Certification:

The applicant certifies that all information given and furnished in this application is given for the purpose of obtaining a loan. The applicant also certifies that all information is true and complete to the best of the applicants' knowledge and belief. The applicant additionally certifies that he/she is the owner-occupant of the property to be repaired and that the property is his/her principal residence.

Penalty for false or fraudulent statement:

U.S.C. Title 18, Sec. 1001, provides that: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes an false fictitious statements or representations, or makes or uses and false writing or documents knowing the same to contain false fictitious or fraudulent statement of entry, shall be fined not more than 10,000.00 or imprisoned not more than 15 years, or both.

Borrower's Signature

Date

Co-Borrower's Signature

Date

X. CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct City of Irving to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by City of Irving. I understand and agree that City of Irving intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home or to obtain a Rehabilitation loan.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to the City of Irving in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

_____ authorize

_____ do not authorize

City of Irving to share with potential mortgage lenders and/or counseling agencies my report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying the City of Irving in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

XI. SUPPORTING DOCUMENTATION

The following information must be submitted along with your completed application.

- _____ Identification with Picture for both the Borrower and Co-Borrower (Drivers License, Passport, Resident Alien Cards, etc)
- _____ Proof of Citizenship for every member of the household (Copies of Birth Certificates, Alien Cards, Social Security Cards or Passports)
- _____ Last 2 year's tax returns for every working member of the house hold over the age of 18 (Provide the last 3 years if self employed)
- _____ Last 2 paycheck stubs for each working member of the household over age 18
- _____ Verification of any other sources of income for all family members (Social Security, SSI, Medicaid, Child Support, Alimony, retirement, etc.)
- _____ Last 2 complete bank statements (Checking and savings accounts information)
- _____ Asset information (CDs, stocks, bonds, money market accounts, savings account information, credit union statements, etc.)
- _____ Divorce Decree (If applicable)

*****For the rehab program you must also submit the following*****

- _____ Mortgage information (copies of payment coupons, mortgage letters, etc.)
- _____ Deed and Title information (copies of deed, release of lien)
- _____ Proof of taxes paid (city, county, and school district)
- _____ Proof of homeowner's insurance

In addition to submitting a completed application form and the above mentioned documentation, applicants must also attend an orientation class from 6:00 p.m. to 8:00 p.m. as part of the application process. Please call (972) 721-4800 to register. The class schedule is as follows:

November 7, 2006
December 5, 2006
January 9, 2007
February 6, 2007
March 6, 2007
April 3, 2007

May 1, 2007
June 5, 2007
July 3, 2007
August 2, 2007
September 4, 2007
October 2, 2007