



First Time Home Buyer (FTHB) Program
Down Payment (DPA) & Closing Cost Assistance
Soft Second Mortgage - Forgivable After 10 Years
HOME Investment Partnerships Program

Application Form

A. APPLICANT INFORMATION

Name (Last, First, Middle Initial) Social Security Number

Spouse or Co-Applicant Name (Last, First, Middle Initial) Social Security Number

Current Address (Street, City, County, State, Zip)

Telephone Number (during 8-5 working hours) Ages of Dependents

Does the applicant currently live in subsidized housing? Yes No

Has the applicant/co-applicant owned a home or had ownership interest in a home in the past three (3) years?
 Yes No

If yes, what exception are you applying under? _____

Please check the appropriate category for each area listed below for the applicant listed above: (Applicants are requested to furnish the following information but are under no obligation to do so. Information is gathered for statistical purposes only and does not affect eligibility.)

Ethnicity/Head of Household

Hispanic _____ Yes _____ No

Race/Head of Household

- _____ White
- _____ Black/African American
- _____ Asian
- _____ American Indian/Alaska Native
- _____ Native Hawaiian/Other Pacific Islander
- _____ Black/African American & White
- _____ American Indian/Alaska Native & Black/African American
- _____ Other Multi Racial

Type of Household

- _____ Single/Non-Elderly
- _____ Elderly (1 person at least 62)
- _____ Single Parent
- _____ Related and/or Two Parent
- _____ Other

Size of Household

- _____ 1 Person _____ 5 Persons
- _____ 2 Persons _____ 6 Persons
- _____ 3 Persons _____ 7 Persons
- _____ 4 Persons _____ 8+ Persons

% of Area Median Income

- _____ Below 31%
- _____ 31-50%
- _____ 51-60%
- _____ 61-80%

B. SUMMARY OF FAMILY INCOME DATA

Assets:

Family Member	Asset Description	Current Market Value	Income from Assets
1. Total Net Family Assets		1.	-----
2. Total Actual Asset Income			2.
3. If line 1 is greater than \$5,000, multiply line 1 by ____ (passbook rate) and enter result here; otherwise, leave blank.			3.

Anticipated Annual Income:

Family Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					Enter the greater of lines 2 or 3 below in e:
4. Totals	a.	b.	c.	d.	e.
5. Enter total of items 4a through 4e. This is ANNUAL INCOME					5.

C. HOME PURCHASE DETAILS

Street	City	County	Zip
State Senate District #	State Representative District #	Age of Home	Number of Bedrooms
\$ Estimated PITI	\$ Current Monthly Rent	Loan Term	% Interest Rate
\$ Purchase Price	\$ Gift funds or other grants	\$ First Mortgage	
\$ Total Closing Costs	\$ Buyer's Investment (1% to 10%)	\$ TOTAL HOME SUBSIDY REQUESTED	
<u>Circle One:</u>	Owner Occupied Vacant	Rental (Homebuyer Occupied)	Rental (Other)

List all normal fees charged by lender which have been waived for match purposes.

D. ACKNOWLEDGEMENT AND AGREEMENT

I/WE acknowledge and attest that all the information provided in this application is true and accurate to the best of my/our knowledge. It is my/our understanding that any intentional or negligent misrepresentation of the information may result in civil liability and/or criminal penalties. If any of the above information changes prior to closing, I/we will notify the lender immediately.

USE BLUE INK:

Homebuyer Signature _____ Date _____ Homebuyer Signature _____ Date _____

Lending Institution _____ Mailing Address (Street, City, Zip) _____ Phone Number _____

E. CERTIFICATION (To be completed by KHRC Representative)

Confirmation#: _____ Date Confirmed: _____

FundingSource: _____

_____ Source _____ Year _____ Source _____ Year _____ Total _____

Approving Agent Signature _____ Date _____

F. DENIAL

Reason Denied: _____

Denial Agent Signature _____ Date _____