



Homebuyer Down Payment Assistance Application

Please print legibly. Complete all fields on form. Blank spaces will delay the processing of application. If you have any questions in filling out application, contact the City of Goldsboro Community Relations Department at 919-580-4359.

General Information

Applicant's Full Legal Name:	Date of Birth:	Social Security Number:
Co-Applicant's Full Legal Name:	Date of Birth:	Social Security Number:
Applicant's Address: (street, city, state, zip)		
Applicant's Home Number: Work Number: Cell Number:	Co-Applicant's Home Number: Work Number: Cell Number:	
Applicant's Email Address:	Co-Applicant's Email Address:	
Applicant's Marital Status:	Married	Never Married
	Divorced	Separated
		Widower

Number of People in Household:

Household Member's Name (Use another sheet if necessary. Do not include Applicant or Co-Applicant.)	Relationship	Age	Social Security Number
1.			
2.			
3.			
4.			
5.			
6.			

Residential Information

Name of Current Landlord:			
Mailing Address:(street, city, state, zip)			Phone Number:
How long at address? Years	Months	Monthly Utilities: \$	Current Rent: \$
Previous Mailing Address: (if less than two years at current address)			
Name of Previous Landlord:			How long at previous address?
			Month Year to Month Year



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Employment & Income History (ALL current Employment and Income must be notated)

Applicant's Employer's Name: Self Employed		How long has applicant been with current employer?			
		Full Time	Part-Time	Month	Year
Applicant's Employer's Address: (street, city, state, zip)					
Current Position:	Hourly Rate: \$	Hours Work Per Week:	Average Gross Pay: \$		
			Weekly	Bi-Weekly	Monthly
<i>(If with current employer for less than one year)</i> Previous Employer's Name:		How long with previous employer?			
		Full Time	Part-Time	Month	Year to Month Year
Previous Employer's Address: (street, city, state, zip)					
Previous Position:	Hourly Rate: \$	Hours Worked Per Week:	Average Gross Pay: \$		
			Weekly	Bi-Weekly	Monthly
Co-Applicant's Employer's Name:		How long has co-applicant been with current employer?			
		Full Time	Part-Time	Month	Year
Co-Applicant's Employer's Address: (street, city, state, zip)					
Current Position:	Hourly Rate: \$	Hours Work Per Week:	Average Gross Pay: \$		
			Weekly	Bi-Weekly	Monthly
<i>(If with current employer for less than one year)</i> Previous Employer's Name:		How long with previous employer?			
		Full Time	Part-Time	Month	Year to Month Year
Previous Employer's Address: (street, city, state, zip)					
Previous Position:	Hourly Rate: \$	Hours Worked Per Week:	Average Gross Pay: \$		
			Weekly	Bi-Weekly	Monthly
		Annual Income of Applicant	\$		
		Annual Income of Co-Applicant	\$		
		Total Combined Annual Income	\$		

Please list all other sources of income received by any individual in the household (must include child support, alimony, social security, SSI, AFDC, retirement, etc.)

Name of Recipient	Source of Income	Monthly Income
1.		
2.		
3.		
4.		



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Assets

Savings Account	Account Number:	Balance: \$
Checking Account	Account Number:	Balance: \$
	US Savings Bond:	Cash Value: \$
Retirement Account: (Must be able to access without retiring or terminating work)		\$
Certificate of Deposit:		\$
Life Insurance: (if accrued annuity is available)		\$
Real Estate Property: (not including current property)		\$
Other:		\$
Cash Available for Down Payment:		\$
Total Assets		\$

Liabilities

Please list all outstanding debt such as auto loans; credit cards; department, furniture, and jewelry stores; personal loans; child support; etc. Attach additional sheets if necessary.

Creditor	Type of Debt	Monthly Payment	Balance Owed
		\$	\$
		\$	\$
		\$	\$
		Total: \$	Total: \$

Collection or Judgments (If applicable. Attach additional sheets if necessary.)

Creditor	Balance
	\$
	\$
	\$

Information for Monitoring Purposes

The following information is requested in order to monitor compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so.

Borrower	Co-Borrower
<input type="checkbox"/> I do not wish to provide this information.	<input type="checkbox"/> I do not wish to provide this information.
Race/National Origin: <i>(check one)</i> American Indian or Alaskan Native Hispanic Asian or Pacific Islander Other (specify _____) White not of Hispanic origin Black not of Hispanic origin	Race/National Origin: <i>(check one)</i> American Indian or Alaskan Native Hispanic Asian or Pacific Islander Other (specify _____) White not of Hispanic origin Black not of Hispanic origin
Sex: Male - Head of Household Female - Head of Household	Sex: Male - Head of Household Female - Head of Household



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Please return completed form to: City of Goldsboro, Community Relations Department
PO Drawer A
Goldsboro, NC 27533-9701

Email: jwilson@goldsboronc.gov • **Phone:** 919-580-4359
kmfuller@goldsboronc.gov 919-580-4318

Please submit the following if applicable:

- *Completed Homebuyer Assistance Application
- *Valid government/state issued ID for applicant and co- applicant
- *Last (2) years tax returns and W-2s attached
- *Pre-Qualification Letter from Mortgage Company
- *Last (2) months bank statements per account
- *Last 60 days pay stubs per employer
- *Current SSI/SSDI statement
- *Current profit and loss statement (If self-employed)
- *Copy of recorded separation agreement and/or final divorce decree
- *Proof of all household income (Inc. Child Support & Alimony for 12 months)
- *Zero Income Affidavit

Certification

Accuracy of Information

I certify that the information I have provided to determine my eligibility for assistance through the City of Goldsboro's Community Relations Department is true and complete to the best of my knowledge. I understand that if the City discovers new information that indicates that I am not eligible for the program, my participation in the program could be cancelled prior to program assistance approval. For the purpose of verification of information required by this application, I give my consent to the City of Goldsboro's Community Relations Department its agents and contractors to examine my confidential information given herein. I further grant permission, and authorize any bank, employer, credit bureau, or other public or private agency to disclose information deemed necessary to complete this application.

Program Details

I further certify that the details of the Program have been fully explained to me, and I understand that before I can receive assistance through the Down Payment Assistance Program, that I must be approved for the first mortgage loan. I also understand that for the Down Payment Assistance Program, I will receive assistance as a loan, and I understand the situation in which I have to repay the assistance I receive. I further understand that the Down Payment Assistance Program is funded by the US Department of Housing and Urban Development (HUD) and that the City of Goldsboro and I must abide by their program rules and requirements.

Professional Advice

I understand that purchasing a home can be a complicated process involving a variety of legal and financial issues, and I certify that the City of Goldsboro has advised me to seek the advice of real estate, home inspections, financial and legal professionals.

Inspection

I am aware that when purchasing a home, I bear the ultimate responsibility for determining the condition of the home's structural and mechanical systems. I am aware that I have the option of having any home I purchase inspected by a professional contractor or home inspection service at my expense.

Release of Responsibility

Other than ensuring that the house I purchase through the down payment assistance program complies with all the applicable City Minimum Housing & North Carolina Building Codes and is free of any obvious health and safety violations, I understand that the City of Goldsboro, its employees and elected officials accept no other responsibilities relating to any home purchased through this program.

Borrower Signature: _____

Date: _____

Co-Borrower Signature: _____

Date: _____



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Child Support/Care Affidavit

I (we), _____ certify the following in regard to child care support:

_____ I (we) receive child support in the amount of _____ per _____.

_____ I (we) am owed child support in the amount of _____ per _____, but have no verification of receipt of this income because:

_____ I (we) attest that I (we) do not receive child support.

_____ I (we) attest there is no Separation Agreement or Divorce Decree.

I understand that this affidavit will be relied on for determining my eligibility for a Mortgage. I understand that a material misstatement negligently or fraudulently made in this affidavit, or in any other statement made by me in connection with the application for a Mortgage, may constitute a federal violation punishable by fines, by criminal penalties or by revocation of the Mortgage.

Borrower Signature: _____

Date: _____

Borrower Signature: _____

Date: _____