



City of Jacksonville
COMMUNITY DEVELOPMENT DIVISION
Down Payment Assistance Loan Application
 (910) 938-5286

Please PRINT legibly

1. **General Information:** ALL INFORMATION MUST BE COMPLETED. INCOMPLETE APPLICATIONS WILL RESULT IN DELAY OF YOUR APPLICATION BEING PROCESSED

Applicant's Name: (Last, MI, First)		Date of Birth:	SSN:	
Co-Applicant Information: (Last, MI, First)		Date of Birth:	SSN:	
Address:		City:	State: NC	Zip Code:
Home Phone:	Applicant's work phone:		Co-Applicant work phone:	
Cell Phone:		Email Address:		
Number of People in Household _____	Marital Status (check one): Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/>			
Household Member's Names (use another sheet, if necessary) do not list Applicant or Co-Applicant		Relationship	Age	Social Security Number
1.				
2.				
3.				
4.				
5.				
6.				

2. **Residential Information**

Name of Current Landlord:			
Mailing Address		Phone:	
How Long?	Monthly Utilities:	Current Rent:	
If less than two years at current address, previous address			
Name & phone of previous landlord:			How Long?

3. **Employment & Income History**

Applicant's Employer's Name:		How Long? _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp	
Address:	City:	State:	ZIP

Current Position:	Hourly Rate:	Hours worked per week:	Average Gross Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Second employer's name and address or if less than one year previous employer:			How Long?
Second or previous position:	Hourly Rate:	Hours worked per Week:	Average Gross Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Co-Applicant's Employer Name:			How Long? _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp
Address:		City:	State: _____ ZIP _____
Current Position:	Hourly Rate:	Hours worked per Week:	Average Gross Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Second employer's name and address or if less than one year previous employer:			How Long?
Second or previous position:	Hourly Rate:	Hours worked per Week:	Average Gross Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly
Annual Income of Applicant		\$ _____	
Annual Income of Co-Applicant		\$ _____	
Total Combined Annual Income		\$ _____	

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

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

5. Assets

Savings Account:	Account Number:	Balance: \$
Checking Account:	Account Number:	Balance: \$
U.S Savings Bond:	Cash Value: \$	
Retirement Account (401K etc. Must be able to access without retiring or terminating work)	\$	
	Certificate of Deposit	\$
	Life Insurance	\$
	Real Estate Property	\$
	Other	\$
	Cash Available for Down Payment	\$
	Total Assets	\$

6. Liabilities list all outstanding debt such as AUTO LOANS, CREDIT CARDS, DEPARTMENT/FURNITURE/JEWELRY STORES, PERSONAL LOANS, CHILD SUPPORT, ETC. Attach additional sheets if necessary.

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

7. Collection or Judgments (if any)

Creditor	Balance
	\$
	\$
	\$
	\$
	\$
	\$

8. 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 furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Race/National Origin <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> African American & White <input type="checkbox"/> Other Multi Racial Are you Hispanic? <input type="checkbox"/>	Race/National Origin <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> African American & White <input type="checkbox"/> Other Multi Racial Are you Hispanic? <input type="checkbox"/>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

How did you hear about the **DOWN PAYMENT ASSISTANCE LOAN PROGRAM?**

Newspaper Cable Program Flyer Realtor Bank Friend Other _____

When returning this application into the Community Development Division, please submit the following:

- Last 60 days pay stubs per employer (2 month history)
- Last two (2) years tax returns and W-2s attached
- Last two (2) bank statements per account (2 month history)
- Valid photo ID for applicant & co-applicant
- Proof of ALL HOUSEHOLD INCOME (Child Support and Alimony require 12 month history)
- Copy of recorded separation agreement and/or final divorce decree (if applicable)
- Current profit and loss statement (if self-employed)
- Application fee of \$25.00

9. Certification

Accuracy of Information

I certify that the information I have provided to determine my eligibility for assistance through the City of Jacksonville's Community Development Department Program 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 hereby waive my rights under the Privacy Confidentiality Provisions Act, and give my consent to the City of Jacksonville's Community Development 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 North Carolina Housing Finance Agency and that the City of Jacksonville 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 Jacksonville 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 Jacksonville, its employees and elected officials accept no other responsibilities relating to any home purchased through this program.

Borrower Signature: _____ Date: _____

Co-Borrower's Signature: _____ Date: _____

CHILD SUPPORT/CARE AFFIDAVIT

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

Date

Borrower

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

My Commission Expires: _____