



# Homeownership 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 Jacksonville CD Division at 910 938-5286.

## 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:<br>Work Number:<br>Cell Number: | Co-Applicant's Home Number:<br>Work Number:<br>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<br>(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:   |                       | Phone Number:                 |
| How long at address?   | Monthly Utilities: \$ | Current Rent: \$              |
| Previous Mailing Address: <i>(if less than two years at current address)</i> |                       |                               |
| Name of Previous Landlord:   |                       | How long at previous address? |



# Homeownership Down Payment Assistance Application

## Employment & Income History

|                              |  |
|------------------------------|--|
| Applicant's Employer's Name: | How long has applicant been with current employer?<br>Full Time    Part-Time |
|------------------------------|--|

Applicant's Employer's Address: (street, city, state, zip)

|                   |                 |                      |   |
|-------------------|-----------------|----------------------|---|
| Current Position: | Hourly Rate: \$ | Hours Work Per Week: | Average Gross Pay: \$<br>Weekly    Bi-Weekly    Monthly |
|-------------------|-----------------|----------------------|---|

*(If with current employer for less than one year)*

|                                     |  |
|-------------------------------------|--|
| Second or Previous Employer's Name: | How long with second or previous employer?<br>Full Time    Part-Time |
|-------------------------------------|--|

Second or Previous Employer's Address: (street, city, state, zip)

|                              |                 |                        |   |
|------------------------------|-----------------|------------------------|---|
| Second or Previous Position: | Hourly Rate: \$ | Hours Worked Per Week: | Average Gross Pay: \$<br>Weekly    Bi-Weekly    Monthly |
|------------------------------|-----------------|------------------------|---|

|                                 |   |
|---------------------------------|---|
| Co-Applicant's Employer's Name: | How long has co-applicant been with current employer?<br>Full Time    Part-Time |
|---------------------------------|---|

Co-Applicant's Employer's Address: (street, city, state, zip)

|                   |                 |                      |   |
|-------------------|-----------------|----------------------|---|
| Current Position: | Hourly Rate: \$ | Hours Work Per Week: | Average Gross Pay: \$<br>Weekly    Bi-Weekly    Monthly |
|-------------------|-----------------|----------------------|---|

*(If with current employer for less than one year)*

|                                     |  |
|-------------------------------------|--|
| Second or Previous Employer's Name: | How long with second or previous employer?<br>Full Time    Part-Time |
|-------------------------------------|--|

Second or Previous Employer's Address: (street, city, state, zip)

|                              |                 |                        |   |
|------------------------------|-----------------|------------------------|---|
| Second or Previous Position: | Hourly Rate: \$ | Hours Worked Per Week: | Average Gross Pay: \$<br>Weekly    Bi-Weekly    Monthly |
|------------------------------|-----------------|------------------------|---|

|                                     |           |
|-------------------------------------|-----------|
| Annual Income of Applicant          | \$        |
| Annual Income of Co-Applicant       | \$        |
| <b>Total Combined Annual Income</b> | <b>\$</b> |

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.                |                  |                |



**EQUAL HOUSING  
OPPORTUNITY**

# Homeownership Down Payment Assistance Application

## 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:                  | \$             |
|   | Real Estate Property:            | \$             |
|   | Other:                           | \$             |
|   | Cash Available for Down Payment: | \$             |
|   | <b>Total Assets</b>              | <b>\$</b>      |

## 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     |
|----------|--------------|------------------|------------------|
|          |              | \$               | \$               |
|          |              | \$               | \$               |
|          |              | \$               | \$               |
|          |              | <b>Total: \$</b> | <b>Total: \$</b> |

## 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: (circle) White Black/African American<br>Asian Asian & White American Indian/Alaskan Native<br>Native Hawaiian/Other Pacific Islander<br>African American & White Other Multi-Racial<br>Are you Hispanic? Yes No | Race/National Origin: (circle) White Black/African American<br>Asian Asian & White American Indian/Alaskan Native<br>Native Hawaiian/Other Pacific Islander<br>African American & White Other Multi-Racial<br>Are you Hispanic? Yes No |
| Gender: Male Female  | Gender: Male Female  |

How did you hear about the Homeownership Down Payment Assistance Loan Program?

Newspaper Cable Informational Flyer Realtor Bank Friend Other (specify) \_\_\_\_\_



# Homeownership Down Payment Assistance Application

**Please return completed form to:** City of Jacksonville, Community Development  
Attn: Tracy Jackson, CD Specialist  
PO Box 128  
Jacksonville, NC 28541-0128

**Email:** tjackson@jacksonvillenc.gov • **Phone:** 910 938-5286

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

- Application fee of \$25
- 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
- Current profit and loss statement (if self-employed)

## 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 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 give my consent to the City of Jacksonville's Community Development Division 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 Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# Homeownership Down Payment Assistance Application

## North Carolina Housing Finance Agency

### 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:** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Signature of Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_