CITY OF TAFT

APPLICATION FOR HOMEBUYERS

Loan Processors _____ DATE RECEIVED _____ EFFECTIVE DATE _____ File # _____

NOTE PLEASE READ "CERTIFICATION" PAGES 3 AND 4 BEFORE FILLING OUT THIS APPLICATION

NON-ENGLISH SPEAKING HOUSEHOLD? YES _____ NO _____
Applicant's Name _____ Social Security # _____
Co-Applicant's Name _____ Social Security # _____
Street Address _____
City _____ Zip _____
Mailing Address if different _____
County_____
Home phone (_____)_____ Applicant work phone: (_____)_____
Applicant cell phone: (_____)_____ Co-Applicant work phone: (_____)_____
Co-Applicant cell phone: (_____)_____

For statistical/government monitoring purposes only Enter code from list below (Information is voluntary)

Applicant's race _____ Co-applicant's race ____

Race of Household Code

11-White 12-Black/African American 13-Asian 14-American Indian/Alaskan 15-Native Hawaiian/other Pacific Islander 16-American Indian/Alaskan Native & White 17-Asian & White 18-Black/African American & White 19-American Indian/Alaskan Native & Black/African American 20-Other Multi-Racial

Hispanic Origin: Yes_____ No_____

Are any residents of the household employed by the Jurisdiction or its Program Operator? Yes_____ No_____	Has any of the applicants held ownership or interest in a property in the last three years? Yes____ No____ If yes, explain: _____
Are any residents of the household a member of the governing body or agency of government who exercises housing policy? Yes_____ No____ If Yes to either, explain in next box	(explanation) _____ _____ _____

INCOME SUMMARY: Check applicable sources of income currently and during the prior calendar year for any residents:

Wages ____	AFDC (TANF) ___	Interest ___	Other ____
SSA ____	Disability ___	Rentals ___	(explain):
SSI ____	Unemployment ___	Pension ___	_____

STAFF USE ONLY BELOW THIS LINE

Total persons who live at address	_____	In Target Area?	__No __Yes
Total seniors in household	_____	Conflict of Interest?	__No __Yes
Annual Family Income	_____	Handicapped:	__No __Yes
Previous	Projected	FHOH?	__No __Yes
Year's Income	Income	Farm worker?	__No __Yes
$_____	$_____		
HCD Definition (Circle) LI VLI XLI			

FAMILY AND INCOME DETAILS

Last Name(s)_____ Address_____ File #_____

LIST ALL PERSONS WHO WILL BE LIVING IN THE PROPERTY BEING PURCHASED INCLUDING APPLICANT AND CO-APPLICANT(S). NOTE: INCOME MUST BE IDENTIFIED IN TERMS OF "GROSS MONTHLY". IF NONE, PUT "NONE".

					OFFICE USE	
NAME	RELATIONSHIP	AGE	SEX	GROSS MONTHLY INCOME	ACTUAL INCOME	LS
	Applicant					

INCOME INFORMATION

Gross family income would include income from any of the following sources or any other source of income. Wages, Self-Employment, Farming Income, Public Assistance, Social Security, Retirement Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends. Royalties, Scholarships, Grants and Loans for School.

PERSON RECEIVING INCOME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT

EXPLANATION OF INCOME SOURCE, PATTERN(S), ANNUAL AMOUNT OR OTHER COMMENTS:

ASSET INFORMATION

CHECKING AND SAVINGS

Account Holder(s)	Bank or Credit Union	Account No.	Type	Balance
			Ckg___ Svg___	
Account Holder(s)	**Bank or Credit Union**	**Account No.**	**Type**	**Balance**
			Ckg___ Svg___	
Account Holder(s)	**Bank or Credit Union**	**Account No.**	**Type**	**Balance**
			Ckg___ Svg___	

LIST OTHER ASSETS

Retirement funds/stocks/bonds, etc. (from Income and Asset Inclusions checklist)

Family Member	Asset Description	Cash Value	Income From Assets

ASSETS (CASH, PROPERTY, ETC.) GIFTED OR SOLD BELOW MARKET VALUE IN LAST 24 MONTHS

Family Member	Asset Description	Value	Sales Price, or Gift ($0)

APPLICANT	CO-APPLICANT
Name and Address of Employer __Self-Employed	Name and Address of Employer __Self-Employed
Position/Title/Type of Business Empl. Verif. Phone	Position/Title/Type of Business Empl. Verif. Phone
Years on Job/Years employed in this line of work	Years on Job/Years employed in this line of work
OTHER HOUSEHOLD MEMBER/JOB	OTHER HOUSEHOLD MEMBER/JOB
Name Employer __Self-Employed	Name Employer __Self-Employed
Position/Title/Type of Business Empl. Verif. Phone	Position/Title/Type of Business Empl. Verif. Phone
Years on Job/Years employed in this line of work	Years on Job/Years employed in this line of work

LIABILITIES

List the creditor's name and account number for all outstanding debts, including but not limited to automobile loans, revolving charge accounts, alimony, child support, stock pledges, etc.

Creditor Name	Account No.	Monthly Payments	Payments Left	Approximate Balance
Total of Liabilities		$		$

COMMENTS:

ADDITIONAL INFORMATION

List additional employment, assets or liabilities in the space provided below.

CERTIFICATION--READ BEFORE SIGNING

I certify that this will be my primary residence of occupancy.

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and that there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under law.

Applicant's Signature	Date	Co-Applicant's Signature	Date

Print Name

Print Name