

# HOMEBUYERS' ASSISTANCE PROGRAM APPLICATION

Exhibit "C"

## Personal Information

To be completed by head of household and loan applicant.

|   |                                     |                            |
|---|-------------------------------------|----------------------------|
| First Name _____  | Last Name _____                     | M.I. _____                 |
| Social Security No. _____ - _____ - _____   | Date of Birth _____ / _____ / _____ | Sex _____                  |
| U.S. Citizen: Yes    No    If no, explain: _____  |                                     |                            |
| Current Address _____   | City, State _____                   | Zip _____                  |
| Number of Years/Months at Current Address _____   |                                     | Current Monthly Rent _____ |
| Mailing Address (if different from above) _____   |                                     |                            |
| Home Phone (____) _____   | Work Phone (____) _____             |                            |
| Marital Status: _____ Married    _____ Single    _____ Divorce    _____ Widowed                         |                                     |                            |
| <i>Please answer the following question as they pertain to you. All responses will be confidential.</i> |                                     |                            |
| <b>Ethnicity: Select only one</b> _____ Hispanic or Latino    _____ Not Hispanic or Latino              |                                     |                            |
| <b>Race: Select one or more</b> _____ White    _____ Native Hawaiian or Other Pacific Islander          |                                     |                            |
| _____ Asian    _____ American Indian or Alaska Native    _____ Black or African American                |                                     |                            |

To be completed by co-applicant, if applicable.

|  |                                     |                            |
|--|-------------------------------------|----------------------------|
| First Name _____                                 | Last Name _____                     | M.I. _____                 |
| Social Security No. _____ - _____ - _____        | Date of Birth _____ / _____ / _____ | Sex _____                  |
| U.S. Citizen: Yes    No    If no, explain: _____ |                                     |                            |
| Current Address _____                            | City, State _____                   | Zip _____                  |
| Number of Years/Months at Current Address _____  |                                     | Current Monthly Rent _____ |
| Mailing Address (if different from above) _____  |                                     |                            |
| Home Phone (____) _____                          | Work Phone (____) _____             | Ethnicity/Race _____       |

## Household Information

List all persons living in your household excluding yourself.

| Name     | Relation | Birthdate          | Social Security No. | U.S. Citizen |
|----------|----------|--------------------|---------------------|--------------|
| 1. _____ | _____    | ____ / ____ / ____ | ____ - ____ - ____  | Yes    No    |
| 2. _____ | _____    | ____ / ____ / ____ | ____ - ____ - ____  | Yes    No    |
| 3. _____ | _____    | ____ / ____ / ____ | ____ - ____ - ____  | Yes    No    |
| 4. _____ | _____    | ____ / ____ / ____ | ____ - ____ - ____  | Yes    No    |
| 5. _____ | _____    | ____ / ____ / ____ | ____ - ____ - ____  | Yes    No    |
| 6. _____ | _____    | ____ / ____ / ____ | ____ - ____ - ____  | Yes    No    |

## Current Employment

|                                  |                                 |
|----------------------------------|---------------------------------|
| Employer _____                   | Address _____                   |
| Title _____                      | Supervisor _____                |
| Phone Number _____               | Length of Employment _____      |
| Gross Monthly Wages/Salary _____ | Gross Annual Wages/Salary _____ |

Co-applicant, if applicable.

|                                  |                                 |
|----------------------------------|---------------------------------|
| Employer _____                   | Address _____                   |
| Title _____                      | Supervisor _____                |
| Phone Number _____               | Length of Employment _____      |
| Gross Monthly Wages/Salary _____ | Gross Annual Wages/Salary _____ |

## Income Information

Full disclosure of all income and assets must be made. Failure to disclose any income and assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code. All income and assets will require verification from the providing sources before eligibility will be granted. Income includes all money flowing into the household, regardless of the age of recipient. Such income sources include, but not limited to, self-employment wages, part-time wages, bonuses, commissions, social security/disability, unemployment compensation, veteran benefits, pensions, child support, alimony, AFDC, housing assistance, food stamps, education grants and regular gifts. List income of every household member.

| Household Member           | Source of Income | Monthly Amount            | Annual Amount |
|----------------------------|------------------|---------------------------|---------------|
| _____                      | _____            | _____                     | _____         |
| _____                      | _____            | _____                     | _____         |
| _____                      | _____            | _____                     | _____         |
| _____                      | _____            | _____                     | _____         |
| _____                      | _____            | _____                     | _____         |
| Total Monthly Income _____ |                  |                           |               |
|                            |                  | Total Annual Income _____ |               |

Please attach additional sheets to include all necessary information.

**Exhibit "C"**

**Household Asset Information**

Include all assets held by yourself and household members. Assets include, but not limited to, stocks, bonds, real estate, vehicles, boats, savings account, checking accounts, and other investments and accounts.

| Household Member | Asset Type | Value/Balance |
|------------------|------------|---------------|
| _____            | _____      | _____         |
| _____            | _____      | _____         |
| _____            | _____      | _____         |
| _____            | _____      | _____         |

**Credit Information**

Include all credit cards, car notes, installment loans, alimony, child support and any all other monthly debt payments for every household member. Also include any notes that you are the co-signer or co-maker.

| Household Member/Note Holder | Monthly Payment | Balance Due |
|------------------------------|-----------------|-------------|
| _____                        | _____           | _____       |
| _____                        | _____           | _____       |
| _____                        | _____           | _____       |
| _____                        | _____           | _____       |

**Additional Credit Information**

To be completed by head of household and loan applicant.

|   |     |    |
|---|-----|----|
| Do you have any outstanding debts?                          | yes | no |
| Have you ever been declared bankrupt? If so, when?          | yes | no |
| Have you had property foreclosed on or given title of deed? | yes | no |
| Have you owned a home before? If so, when?                  | yes | no |
| Have you requested assistance from this office before?      | yes | no |
| If any answers are "yes", please explain:                   |     |    |
| _____   |     |    |
| _____   |     |    |

**Housing Needs and Specifications**

Indicate specific housing needs that will better accommodate your household, such as the number of bedrooms, area of town, price range, etc.

|       |
|-------|
| _____ |
| _____ |
| _____ |

**Reason for Assistance**

Give a brief explanation of the amount and reason for requesting assistance.

|       |
|-------|
| _____ |
| _____ |
| _____ |

**Certification**

To be signed by the head of household/loan applicant and co-applicant if applicable. A witness is needed for any signature made by mark.

|  |                |                             |
|--|----------------|-----------------------------|
| I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the City of Baytown. |                |                             |
| _____  | ____/____/____ | _____                       |
| Applicant/Head of Household  | Date           | Witness (if signed by mark) |
| _____  | ____/____/____ | _____                       |
| Co-Applicant, if applicable  | Date           | Witness (if signed by mark) |

**NOTICE:** With few exceptions, you are entitled, on request, to be informed about the information that the City of Baytown collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the City of Baytown correct information about you that is incorrect.

**Important:** Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or agency of the United States Government as to any matter within its jurisdiction.