



CASE NUMBER \_\_\_\_\_  
 (Office use only)

**CITY OF PASSAIC – COMMUNITY DEVELOPMENT  
 330 PASSAIC STREET, PASSAIC, NJ 07055  
 FIRST TIME HOMEBUYER PROGRAM**

**APPLICATION FOR DOWNPAYMENT ASSISTANCE**

**SECTION I – HOMEBUYER INFORMATION**

APPLICANT	CO-APPLICANT
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
SOCIAL SECURITY#: _____	SOCIAL SECURITY#: _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____

**Section II – Additional Household Members (Excluding Applicant and Co-Applicant)**

List the all other members who will be living in the assisted unit. Give the relationship of each family member to the Applicant.

NAME	Relationship	Birth date	Sex (M/F)	Soc. Sec. #

**SECTION III – BACKGROUND INFORMATION**

Are you currently a homeowner?      Yes  No

Have you previously owned a home?      Yes  No

If answer is yes, please provide prior date of purchase: \_\_\_\_\_

Please provide Head of Household race information:

<b><u>RACE</u></b> (please note that Hispanic is not a race)		
<b><u>SINGLE RACE</u></b>		
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other _____
<b><u>MULTI- RACE</u></b>		
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Black/African American & White		
<input type="checkbox"/> American Indian/Alaskan Native & Black	<input type="checkbox"/> Other (Please Specify)_____	

<b><u>ETHNICITY</u></b>	
<b><u>HISPANIC</u></b>	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b><u>MARITAL STATUS (Check One)</u></b>			
<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> DIVORCED*
*(If divorced, please supply copy of divorce documents)			

## SECTION IV – PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Type of Property:     1-4 Single Family                       Condominium  
                                  Cooperative

Year Built: \_\_\_\_\_                                      Number of Bedrooms \_\_\_\_\_

Appraised Value: \$ \_\_\_\_\_                              Purchased Price: \$ \_\_\_\_\_

Mortgage Amount: \$ \_\_\_\_\_                              Interest Rate: \_\_\_\_\_%

FHA Insured:     Yes                       No

### TYPE OF HOUSEHOLD (check one)

Single/Non-Elderly                       Related/Single Parent                       Related/Two Parent

Elderly                                       Other (Please list) \_\_\_\_\_

## SECTION V – EMPLOYMENT\* INFORMATION APPLICANT

\*If you have more than one employment, please use the back of this sheet to provide the additional employment information

Household Member Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_                      State \_\_\_\_\_                      Zip \_\_\_\_\_

Your Title \_\_\_\_\_ Years at Job \_\_\_\_\_

Annual Income\$ \_\_\_\_\_                      Hourly Income \$ \_\_\_\_\_

Overtime Income (if applicable) \$\_\_\_\_\_ per month

Immediate Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_

**SECTION V – EMPLOYMENT INFORMATION (CONT'D)  
CO-APPLICANT**

Household Member Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Title \_\_\_\_\_ Years at Job \_\_\_\_\_

Annual Income\$ \_\_\_\_\_ Hourly Income \$ \_\_\_\_\_

Overtime Income (if applicable) \$ \_\_\_\_\_ per month

Immediate Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_

**SECTION VI - ASSETS INFORMATION**

An asset is defined as:

1. Cash held and savings and checking account, safety deposit box, homes, etc...
2. Trusts in which applicant/resident is a beneficiary.
3. Equity in rental property or other capital investments.
4. Stocks, Bonds, Treasury Bills, Certificates of Deposit, Money Market Funds.
5. Individual Retirement Accounts (IRA) and Keogh Accounts, retirement and pension funds.
6. Lump sum receipts, including inheritances, capital gains, one-time lottery winnings, settlements on insurance and other claims.
7. Personal property held as an investment, including gems, jewelry, coin collections, and antique cars.
8. Assets disposed of within two years before the date of certification/recertification.

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificate of Deposit) of all household members, including amounts disposed of during the past two years.			
Household Member Name	Bank Name & Address	Account Number	Current Balance

## SECTION VII – INCOME INFORMATION

<b>SALARY AND WAGES</b>	
<b>APPLICANT</b>	<b>CO-APPLICANT</b>
\$ / WEEK	\$ / WEEK
\$ / MONTH	\$ / MONTH
<b>OTHER INCOME RECEIVED IN ADDITION TO SALARY AND WAGES</b>	
SOCIAL SECURITY \$	SOCIAL SECURITY \$
PENSION \$	PENSION \$
DISABILITY \$	DISABILITY \$
ANNUITIES/INTEREST \$	ANNUITIES/INTEREST \$
UNEMPLOYMENT \$	UNEMPLOYMENT \$
CHILD SUPPORT \$	CHILD SUPPORT \$
ALIMONY \$	ALIMONY \$
OTHER (Please List) \$	OTHER (Please List) \$
Please supply six week's of most recent paystubs, a copy of the previous year's tax return, and all supporting documentation for all supplemental income.	

Please answer each of the following questions. For each “yes” answer, provide details in the chart on the next page.

Is any member of your household employed full time, part-time or seasonally? If yes, Member Name _____	Yes
Does any member of your household expect to work for any period during the next 12 months?	Yes
Is any member of your household on a leave of absence from work due to layoff, medical, maternity or military leave?	Yes
Does any member of your household now receive or expect to receive unemployment benefits?	Yes
Does any member of your household now receive or expect to receive child support from CSE/Court/Parent? _____	Yes
Does any member of your household receive or expect to receive welfare assistance (AFDC/AABD/WFNJ)?	Yes

Does any member of your household receive or expect to receive social security benefits?	Yes
Does any member of your household receive or expect to receive supplemental security income (SSI)?	Yes
Does any member of your household receive or expect to receive benefits from the Veterans Administration?	Yes
Does any member of your household receive or expect to receive a pension or annuity?	Yes
Does any member of your household receive regular contributions (cash, food, clothing, utility payments, etc.) from an individual not living in the unit or from agencies?	Yes
Is any member of your household 18 years or older a student? If yes, school name: _____	Yes
Do you own real property other than a house?	Yes
Do you receive any income from rental property?	Yes
Do you own any stocks, bonds or trust accounts?	Yes
Do you receive income from any other source?	Yes
Do you have any money coming into your household from any other source not listed above?	Yes

For each type of income your household receives, give the source of income and amount that can be expected from the source the next 12 months.

Household Member Name	Name and address of income source/type of income	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

