



CITY OF PASSAIC – COMMUNITY DEVELOPMENT
330 PASSAIC STREET, PASSAIC, NJ 07055

CASE NUMBER # _____ (Office use only)
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FIRST TIME HOMEBUYER PROGRAM APPLICATION FOR DOWNPAYMENT ASSISTANCE

SECTION I – HOMEBUYER INFORMATION

APPLICANT	CO-APPLICANT
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____
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:

RACE
(Please note that Hispanic is not a race)

SINGLE RACE

White Black/African American Asian

American Indian/Alaskan Native Pacific Islander Other _____

MULTI- RACE

American Indian/Alaskan Native & White Asian & White

Black/African American & White

American Indian/Alaskan Native & Black Other (Please Specify)_____

ETHNICITY

HISPANIC

YES NO

MARITAL STATUS (Check One)_____

SINGLE MARRIED WIDOWED 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

SALARY AND WAGES	
APPLICANT	CO-APPLICANT
\$ / WEEK	\$ / WEEK
\$ / MONTH	\$ / MONTH
OTHER INCOME RECEIVED IN ADDITION TO SALARY AND WAGES	
SOCIAL SECURITY \$ PENSION \$ DISABILITY \$ ANNUITIES/INTEREST \$ UNEMPLOYMENT \$ CHILD SUPPORT \$ ALIMONY \$ OTHER (Please List) \$	SOCIAL SECURITY \$ PENSION \$ DISABILITY \$ ANNUITIES/INTEREST \$ UNEMPLOYMENT \$ CHILD SUPPORT \$ ALIMONY \$ 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	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

SECTION VIII - CERTIFICATION

I/We certify that all information provided in this application is true, accurate and complete to the best of my knowledge and belief. If it is found that any submitted information is inaccurate, I will be subject to penalty. I also understand that my file will not be approved for the City of Passaic's First Time Homebuyers Program until all requested information has been forwarded to the program by my bank or mortgage lender.

I also understand that if my property was constructed prior to January 1, 1978, an inspector will perform a complete visual analysis on both the interior and exterior of the property. Community Development will not commit any funds towards the purchase of the property until all necessary repairs are made by a Lead Abatement contractor at either the homeowner or homebuyer's expense, depending on the nature of the repair.

Signature of Applicant* Date

Signature of Co-Applicant* Date

Name

Name



*Please note that all adult household members must sign application. Use space below to have additional adult household members sign.

Signature of Co-Applicant Date

Signature of Co-Applicant Date

Name

Name

Do Not Write Below Dotted Line
For Internal Use Only

INSPECTION REQUEST: INSPECTOR:

Date

PASS: FAIL:

REASON FOR FAILURE:

APPROVAL DATE: COMMITMENT LETTER SENT: