

Single Family Application Part 1

Date:

Property Address

Street City Zip Code County

Mailing Address (x if same as above)

Street City Zip Code

Borrower Name: Age: Birthdate: SS#: Phone # W H Email

Co-Borrower Name: Age: Birthdate: SS#: Phone # W H Email

Married Divorced Disabled Separated Unmarried Yes No Hispanic

Separated Unmarried Disabled Divorced Yes No Married to Owner Married to other

Head of Household [11-White, 12-Black/African American, 13-Asian, 14-American Indian/Alaskan Native, 15-Native Hawaiian/Other Pacific Islander, 16-American Indian/Alaskan Native and White, 17-Asian and White, 18-Black/African American and White, 19-American Indian/Alaskan Native and Black/African American, 20-Other]

Description of work needed:

OTHER FAMILY MEMBERS AND DEPENDENTS

Full Name	Age	Social Security Number	Relationship	Disabled?	Full Time Student?

Others- List all others living in the home or may be living in the home in the next 6 months

Full Name	Age	Social Security Number	Relationship	Disabled?	Live In Aid?

REFERENCES

Family or Friends not living with you	Phone #	Address	Relationship

Annual Household Income

Format for computing IRS 1040 Series Anticipated Annual Adjusted Gross Income

FYI: Enter Hourly Wage Here: Based on the above hourly wage, your yearly salary is: \$ -	Mark with an X if applicable	Joint Return?	Family Member				Subtotal (add A-D)
		A.	B.	C.	D.		
1. Wages, Salaries, Tips							
2. Taxable Interest							
3. Dividends							
4. Taxable refunds/credits/offsets of state & local income taxes (exclusive of exceptions)							
5. Alimony Received							
6. Business income (or loss)							
7. Capital gain (profit/loss)							
8. Other gains (profit/loss)							
9. Taxable amount of IRA distributions							
10. Taxable amount of pensions and annuities							
11. Rental property, royalties, partnerships, trusts, etc.							
12. Farm income (or loss)							
13. Unemployment compensation							
14a. Total Social Security Benefits							
14b. Taxable amnt. of Social Security benefits							
15. Other income							
16. Subtotal (lines 1-15)		\$ -	\$ -	\$ -	\$ -		
17. IRA deduction							
18. Medical savings account deduction							
19. Moving expenses							
20. One-half of self-employment tax							
21. Self employed health insurance deduction							
22. Keogh and self-employed SEP and SIMPLE plans							
23. Penalty on early withdrawal of savings							
24. Paid alimony							
25. Subtotal (lines 17-24)		\$ -	\$ -	\$ -	\$ -		
Subtract line 25 from line 16. This is the IRS Form 1040 Adjusted Gross Income							

TITLE

Is there anyone on the title that does not live in this house? Yes No

Full Name	Age	Social Security Number	Relationship	Income
TOTAL				\$ -

Repayability

Food Stamps:

Child support:

Other Untaxed Income (description):

Total Repayability Income \$ -

Chapter 3 - Definition 3: IRS FORM 1040 Adjusted Gross Income: that will continue for the next 12 months, unless there is verifiable evidence to the contrary. The HOME program permits verification dated no earlier than 6 months prior to eligibility. Households must qualify as low income at the time funds are invested. **NOTE: IRS 1040 Annual Gross Income is different than HUD's Annual Household Income**

TOTAL DEBT- For Loan Underwriting

Debts/Recurring Monthly Bills	Account Number and Business Name	Monthly Payment	Balance
Property Tax	Included in house payment? <input type="checkbox"/> yes <input type="checkbox"/> no		
Property Insurance	Included in house payment? <input type="checkbox"/> yes <input type="checkbox"/> no		
1st Mortgage			
2nd Mortgage			
Land Payments			
Auto Loan			
2nd Auto Loan			
Credit Card			
2nd Credit Card			
3rd Credit Card			
4th Credit Card			
Health Insurance Premiums			
Other (description):			
Monthly Debt Payments		\$	-
<small>If large medical/dependant care bills are being considered as any ongoing debt, please attach documentation to substantiate reason. Include the account #, business name, address, monthly payment, and balance.</small>		Total Debt Balance	\$ -

What year was your home built?

Is your home on a permanent foundation? No Yes

Was your home weatherized by the Weatherization program? No Yes If yes, Year

Do you have a rehab loan with the State? No Yes If yes, what is the loan number?

Disclosure: Are you employed by this agency? No Yes

Property Type: 1 unit property Number of bedrooms (max 4):

2 - 4 unit property

EMPLOYER INFORMATION (List additional employers information on separate page)

Borrower	Name of Employer		How Long At Job
	Address of Employer		
Co-Borrower	Name of Employer		How Long At Job
	Address of Employer		

INSURANCE INFORMATION

Name: Address: State Zip

Insurance Agent: Agent Phone #

Policy #: Policy Type: Insurance Paid By Owner Mortgage Holder

Please complete if you are related to anyone working in this agency.

Name: Relationship:

Agency: Position held:

THE FOLLOWING IS ASKED FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY FROM THE APPLICANT

Is the Head of Household over 62 yrs. of age? No Yes Is Head of Household a Single Female? No Yes

Does a Head of Household have a mental disability? No Yes Does a Head of Household have a physical disability? No Yes

Does any member of the Household have a mental or physical disability? No Yes

Is the loan to provide any accessibility improvements on the home? No Yes

If yes, Please explain:

DOES EITHER HEAD OF HOUSEHOLD OR OTHER MEMBER OF FAMILY:

- HAVE ANY OUTSTANDING UNPAID JUDGMENTS No Yes
- DECLARED BANKRUPTCY WITHIN THE PAST TEN YEARS No Yes
- BEEN PARTY IN A LAWSUIT No Yes

If yes to any of the above list, please explain when, where, and why:

Were any adult household members exempt from filing a federal income tax return last year? No Yes

If so, list which members were exempt:

Are any adult household members exempt from filing a federal income tax return this year? No Yes

If so, list which members were exempt:

CERTIFICATION

The applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining financial assistance under the applicable program(s) and is true and complete to the best of applicants knowledge and belief.

The applicant understands and agrees that if false information is provided in this application, the State of Utah, Division of Housing and Community Development may hold the applicant ineligible to apply for any program funds for a period of 1 year or until any issue of restitution is resolved and may terminate the applicant's contract and recapture all funds expended.

The applicant will not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status, or handicap.

Verification of any of the information contained in this application may be obtained from any source named here in.

The applicant will at all times indemnify and hold harmless the State of Utah, Division of Housing and Community Development or it's agencies against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the State acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of program funds herewith. In accepting this loan, I/We will pay property taxes, homeowner's insurance, and keep liens off property as long as the loan is in place.

I/We certify that the property will be our principal residence for the term of the loan.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within it's jurisdiction.

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Applicant signature	date	2. Applicant signature	date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Applicant signature	date	4. Applicant signature	date

For Agency Only

I have explained the above application and certification to the applicant(s)

Name of Agency: <input type="text"/>	Reviewed by: <input type="text"/>
Date: <input type="text"/>	