



APPLICANT(S) INFORMATION

Name _____ Birth date _____

Co-Applicant's Name _____ Birth date _____

*Co-applicant must reside in same household as applicant.

Present Mailing Address: _____

City, State, Zip: _____

Home Telephone No. _____ Work Telephone No. _____

Number of individuals **in household**: # of Adults: _____ # of Children: _____

Do you Rent or Own? _____ How long? _____ Rent or Mortgage Pmt \$ _____

Are you a first-time homebuyer? ____ If so, have you attended Homebuyer Education? _____

New Property Address: _____ Price: _____

Lender's Name and Phone Number: _____

Realtor's Name and Phone Number: _____

EMPLOYMENT INFORMATION

Employer's Name and Address: _____

Title: _____ How long? _____

Gross monthly income: \$ _____ (Before taxes or benefits deducted)

Co-Applicant's Employer's Name and Address: _____

Title: _____ How long? _____

Gross monthly income: \$ _____ (Before taxes or benefits deducted)

Other income source: _____ Amount: \$ _____

DEBT INFORMATION

Please list all bills (credit cards, stores, student loans, finance companies, banks) you owe.

Payable to	Last 4 digits of Acct. #	Balance	Monthly Payment

Do you pay CHILD SUPPORT? Amount \$ _____
ALIMONY? Amount \$ _____

In the last 5 years, have you		<u>YES</u>	<u>NO</u>
been involved with...	Bankruptcy?	_____	_____
	Liens/Judgments?	_____	_____
	Lawsuits?	_____	_____

CHECKING & SAVINGS ACCOUNT INFORMATION

Your Bank's Name and Address: _____

Last four digits of Acct #: _____ Average Monthly Balance: \$ _____

Add'l Bank: _____ Last four digits of Acct. #: _____ Bal. \$ _____

<i>For HUD Reporting Purposes Only - Please account for each person in household.</i>	
Race:	_____ White
	_____ American Indian/Alaskan Native & White
	_____ Asian
	_____ Black/African American
	_____ Asian & White
	_____ Black/African American & White
	_____ American Indian/Alaskan Native
	_____ American Indian/Alaskan Native & Black/African American
	_____ Native Hawaiian/Other Pacific Islander
	_____ Hispanic/Latino
	_____ Other Multi-Racial
Number of persons disabled: _____	
Female Headed Household? Yes or No	

ACKNOWLEDGEMENT AND RECEIPT

I acknowledge that I understand the requirements of the City of Edmond Homebuyer Assistance program and I have attached the following documents:

- Household's last two months of pay stubs
- Household's last two bank statements (checking and savings)
- Household's Federal tax returns for the last two years (and/or any other documentation that would verify my income, including W-2's, SSI letter, alimony and child support checks)
- Copy of drivers license(s)
- Copy of Homebuyer Education Class Certificate (if I'm a first-time homebuyer)
- Copy of invoice and inspection summary from licensed real estate inspector.

RELEASE

I/we authorize the City of Edmond to obtain information concerning verification of employment, bank account, credit history, and any other information deemed necessary to process my application for loan program participation. Private information will be kept confidential.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Return Application and supporting documents to:

**City of Edmond, CDBG/Planning Department
10 S. Littler, P.O. Box 2970
Edmond, OK 73083-2970
405/359-4789**

