



**Information Needed for a Down Payment Assistance Loan Application**

**The following items are required before we can accept your application – NO EXCEPTIONS and must be initialed by a staff member when turned in**

1.  Completed Application
2.  Completed Budget worksheet
3.  Copy of Drivers License or Picture I.D. on all household members age 18 and older and Social Security Cards on all household members.
4.  If you are not an U.S. Citizen, we will need a copy of your U.S. Immigration Permit. (Green Card/Pink)
5.  Current employment: Full and part-time—Latest year-to-date pay stubs totaling at least 30 days. (We will need a written explanation for any payroll deduction that does not appear to be taxes, retirement plans or health insurance. Please make sure you list on your loan application those debts that are payroll deductible.)
6.  Copy of the last two years W-2 forms and CERTIFIED matching Tax Returns with all schedules attached from the IRS!
7.  SELF-EMPLOYED: Need a current year-to-date Profit and Loss Statement signed and dated—certifying that all information is true and correct to the best of your knowledge. Will also need business tax returns for the last two years. If you are a Partnership, we will need the Partnership returns for the last two years. If you are a Corporation or S Corporation, we will need those returns for the last two years.
8.  If you have retirement income or disability income, we will need proof of Retirement/Social Security income. Award letters, copies of checks, etc.
9.  Divorce Decree, if applicable
10.  Child support orders and printout from Attorney General/or letter explaining why child support is not received, if applicable
11.  Completely executed Sales Contract for the house you wish to purchase
12.  Borrowers Authorization

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**The following are additional items needed.**

1.  Copies of the last six (6) months bank statement, with all pages. (Explain all negative account balances or NSF listing)
2.  Verification of Mortgage and / or Rent – We need to verify two years residency. Be sure all Mortgage Company and Landlord information is available. (Address, phone numbers and account numbers, if applicable).
3.  MISCELLANEOUS DOCUMENTATION: Certain documents will be required to show proof of, sale of real estate, proof of real estate ownership w/o liens, etc.

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Please remember the following:

- ◆ These funds are subject to funding availability—there is no guarantee funds will be available when you are ready to close on your loan.
- ◆ The home must be in the City Limits of Waco.
- ◆ The **household income** cannot exceed 80% of the median income of Waco by family size.
- ◆ Borrower must take a homebuyers education course. (Internet version is not acceptable)
- ◆ Borrowers whose debt ratio exceeds 40% are required to take Financial Literacy classes.
- ◆ Borrower must have at least \$500.00, of their own funds, into the project.
- ◆ Borrower must obtain first lien approval from a bank or mortgage company.
- ◆ The Loan Committee must approve the City of Waco loan.
- ◆ We need to receive the above information within 10 days.



**Requirements for City of Waco  
Down Payment/Closing Cost Assistance**

Please Note:

The following terms are required, should you find you need to make application with the City of Waco for Down Payment and/or Closing Cost assistance:

1. **Property must be located in the City Limits of Waco.** A mailing address is not an indicator of this, but merely where the post office is located. If you are not sure that the property is in the City Limits, please contact Housing and Community Development Services and we will be glad to check for you.
2. **Buyers must contribute a minimum of \$500.00 of their own money toward the purchase of the property.** This is not a check made directly to the City of Waco, but can cover a variety of fees such as an appraisal, inspection, and so on. Gift funds are not acceptable for this requirement.
3. **Homebuyer Counseling. All applicants that intend to use City of Waco assistance for Down Payment and/or Closing Costs must show satisfactory completion of an approved Homebuyer Counseling course prior to closing.** As these classes are not offered on a daily basis, it is important to plan ahead and make arrangements in advance of your closing. Closings must be delayed if the class is not completed. Local approved counselors are Neighborhood Housing Services (NHS), Debbie Rhodes with EDC Homes, Waco Community Development, Faith Covenant Support Services, and Emily Evans with Franklin Bank. Please contact them for more information on their programs and for their schedules. Please indicate which you have chosen when you make application with the City of Waco. (If you choose NHS, we will fax them a referral form.)
4. **Borrowers must income qualify for the City of Waco Program.** Borrowers must earn 80% or less of the median income, as set forth by HUD, by family size for the City of Waco for the New/Acquisition Program and Special New Construction Program.
5. **Borrowers** total debt ratio (the amount of monthly payments including home, insurance, taxes, any installment loan, credit cards, etc) must not exceed 50% of the borrowers gross monthly income. (This does not mean an automatic approval).
6. **Borrowers** must have or be able to obtain permanent financing through a Mortgage Company or bank. (City of Waco only assists with down payment requirements and closing costs associated with the purchase).
7. **Every** loan request will be submitted to the Waco Loan Committee for their consideration. Loan Committee has the final determination on approving, denying, or modifying the loan request.
8. **The** amount of assistance that is available is based on the following chart:

Loan Limit for New/Acquisition:

Loan Amount for  
Special New Construction  
(New Construction only)  
**\$10,000.00**

% of Median Income	✓	Maximum amount of Subsidy
60% or less		\$15,000.00
Above 60%		\$12,000.00

Houses built more than 12 months without being sold may be eligible for a \$20,000 loan that is forgivable over 10 years.

Should you have any questions, please feel free to give us a call at 750-5656.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Uniform Residential Loan Application

This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when  the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or  the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state law will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property located in a community property state as a basis for repayment of the loan.

If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):

<b>Borrower</b>	<b>Co-Borrower</b>	<b>I. TYPE OF MORTGAGE AND TERMS OF LOAN</b>			
<b>Mortgage Applied for:</b> <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Other (explain):		Agency Case Number		Lender Case Number	
<input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service					
Amount \$	Interest Rate %	No. of Months	<b>Amortization Type:</b> <input type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain):		
			<input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):		

<b>II. PROPERTY INFORMATION AND PURPOSE OF LOAN</b>	
Subject Property Address (street, city, state & ZIP)	No. of Units
Legal Description of Subject Property (attach description if necessary)	Year Built
Purpose of Loan: <input type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain):	Property will be: <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
<input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	

*Complete this line if construction or construction-permanent loan.*

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a + b)
	\$	\$	\$	\$	\$ 0.00

*Complete this line if this is a refinance loan.*

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements	<input type="checkbox"/> made <input type="checkbox"/> to be made
	\$	\$		Cost: \$	

Title will be held in what Name(s)	Manner in which Title will be held	Estate will be held in: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain)		

<b>Borrower</b>	<b>Co-Borrower</b>		
<b>III. BORROWER INFORMATION</b>			
Borrower's Name (include Jr. or Sr. if applicable)		Co-Borrower's Name (include Jr. or Sr. if applicable)	
Social Security Number	Home Phone (incl. area code)	DOB (mm/dd/yyyy)	Yrs. School
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Borrower) no.      ages	
Present Address (street, city, state, ZIP)		Present Address (street, city, state, ZIP)	
<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.		<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	
Mailing Address, if different from Present Address		Mailing Address, if different from Present Address	

*If residing at present address for less than two years, complete the following:*

Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.	Former Address (street, city, state, ZIP)	<input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs.
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<b>Borrower</b>	<b>Co-Borrower</b>		
<b>IV. EMPLOYMENT INFORMATION</b>			
Name & Address of Employer		Name & Address of Employer	
<input type="checkbox"/> Self Employed		<input type="checkbox"/> Self Employed	
Yrs. on this job		Yrs. on this job	
Yrs. employed in this line of work/profession		Yrs. employed in this line of work/profession	
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

*If employed in current position for less than two years or if currently employed in more than one position, complete the following:*

Borrower		IV. EMPLOYMENT INFORMATION (cont'd)		Co-Borrower	
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)	
Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)	Name & Address of Employer	<input type="checkbox"/> Self Employed	Dates (from - to)
		Monthly Income			Monthly Income
		\$			\$
Position/Title/Type of Business	Business Phone (incl. area code)		Position/Title/Type of Business	Business Phone (incl. area code)	

**V. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION**

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Empl. Income*	\$	\$	\$ 0.00	Rent	\$	
Overtime			0.00	First Mortgage (P&I)		\$
Bonuses			0.00	Other Financing (P&I)		
Commissions			0.00	Hazard Insurance		
Dividends/Interest			0.00	Real Estate Taxes		
Net Rental Income			0.00	Mortgage Insurance		
Other (before completing, see the notice in "describe other income," below)			0.00	Homeworker Assn. Dues		
				Other:		
<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>Total</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

\* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

**Describe Other Income** *Notice:* Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C	Monthly Amount
	\$

**VI. ASSETS AND LIABILITIES**

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed  Jointly  Not Jointly

ASSETS		Cash or Market Value	LIABILITIES		
Description			Name and address of Company	Monthly Payment & Months Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:	\$			\$ Payment/Months	\$
<i>List checking and savings accounts below</i>					
Name and address of Bank, S&L, or Credit Union			Name and address of Company		
Acct. no.	\$		Acct. no.		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$		Acct. no.		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
Acct. no.	\$		Acct. no.		

**VI. ASSETS AND LIABILITIES (cont'd)**

Name and address of Bank, S&L, or Credit Union		Name and address of Company		\$ Payment/Months	\$
Acct. no.	\$	Acct. no.			
Stocks & Bonds (Company name/ number & description)		Name and address of Company		\$ Payment/Months	\$
		Acct. no.			
Life insurance net cash value		Name and address of Company		\$ Payment/Months	\$
Face amount: \$					
<b>Subtotal Liquid Assets</b>					
	\$ 0.00				
Real estate owned (enter market value from schedule of real estate owned)					
Vested interest in retirement fund					
Net worth of business(es) owned (attach financial statement)		Acct. no.			
Automobiles owned (make and year)		Alimony/Child Support/Separate Maintenance Payments Owed to:		\$	
Other Assets (itemize)		Job-Related Expense (child care, union dues, etc.)		\$	
		<b>Total Monthly Payments</b>		\$	
<b>Total Assets a.</b>		\$ 0.00	<b>Net Worth (a minus b)</b>	\$ 0.00	<b>Total Liabilities b.</b> \$ 0.00

Schedule of Real Estate Owned (If additional properties are owned, use continuation sheet.)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
	Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number

**VII. DETAILS OF TRANSACTION**

**VIII. DECLARATIONS**

a. Purchase price	\$	<p><b>If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.</b></p> <p>a. Are there any outstanding judgments against you?</p> <p>b. Have you been declared bankrupt within the past 7 years?</p> <p>c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?</p> <p>d. Are you a party to a lawsuit?</p> <p>e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?</p> <p>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)</p>	<p><b>Borrower</b></p> <p>Yes No</p>		<p><b>Co-Borrower</b></p> <p>Yes No</p>	
b. Alterations, improvements, repairs			<input type="checkbox"/> <input type="checkbox"/>			
c. Land (if acquired separately)			<input type="checkbox"/> <input type="checkbox"/>			
d. Refinance (incl. debts to be paid off)			<input type="checkbox"/> <input type="checkbox"/>			
e. Estimated prepaid items			<input type="checkbox"/> <input type="checkbox"/>			
f. Estimated closing costs			<input type="checkbox"/> <input type="checkbox"/>			
g. PMI, MIP, Funding Fee			<input type="checkbox"/> <input type="checkbox"/>			
h. Discount (if Borrower will pay)			<input type="checkbox"/> <input type="checkbox"/>			
i. Total costs (add items a through h)	0.00					

VII. DETAILS OF TRANSACTION		VIII. DECLARATIONS				
		<b>If you answer "Yes" to any question a through i, please use continuation sheet for explanation.</b>	Borrower		Co-Borrower	
			Yes	No	Yes	No
j. Subordinate financing		f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Borrower's closing costs paid by Seller		g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other Credits (explain)		h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Loan amount (exclude PMI, MIP, Funding Fee financed)		i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. PMI, MIP, Funding Fee financed		j. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Loan amount (add m & n)	0.00	k. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Cash from/to Borrower (subtract j, k, l & o from i)		<b>l. Do you intend to occupy the property as your primary residence?</b> If Yes, complete question m below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		m. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		(1) What type of property did you own—principal residence (PR), second home (SH), or investment property (IP)?	_____		_____	
		(2) How did you hold title to the home— by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	_____		_____	

**IX. ACKNOWLEDGEMENT AND AGREEMENT**

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated in this application; (6) the Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this application, whether or not the Loan is approved; (7) the Lender and its agents, brokers, insurers, servicers, successors, and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents, brokers, insurers, servicers, successors or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

**Acknowledgement.** Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this application or a consumer reporting agency.

Borrower's Signature <b>X</b>	Date	Co-Borrower's Signature <b>X</b>	Date
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**X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

<b>BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information	<b>CO-BORROWER</b> <input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
<b>Sex:</b> <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

**To be Completed by Loan Originator:**  
This information was provided:  
 In a face-to-face interview  
 In a telephone interview  
 By the applicant and submitted by fax or mail  
 By the applicant and submitted via e-mail or the Internet

Loan Originator's Signature <b>X</b>	Date
Loan Originator's Name (print or type)	Loan Originator Identifier
	Loan Originator's Phone Number (including area code)
Loan Origination Company's Name	Loan Origination Company Identifier
	Loan Origination Company's Address

**CONTINUATION SHEET/RESIDENTIAL LOAN APPLICATION**

Use this continuation sheet if you need more space to complete the Residential Loan Application. Mark <b>B</b> for Borrower or <b>C</b> for Co-Borrower.	Borrower:	Agency Case Number:
	Co-Borrower:	Lender Case Number:

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower's Signature <b>X</b>	Date	Co-Borrower's Signature <b>X</b>	Date
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**Monthly Household Budget Worksheet**

<u>EXPENSES</u>		<u>INCOME</u>	
<b>Housing Expense</b>	<b>Current</b>	<b>Proposed</b>	Net (take-home) pay \$ _____
Rent/Mortgage	\$ _____	\$ _____	Net (take-home) pay \$ _____
Property tax/insurance	\$ _____	\$ _____	Net Overtime \$ _____
Home Maintenance	\$ _____	\$ _____	Pension, Social Security Benefits \$ _____
Electricity	\$ _____	\$ _____	Investment Earnings \$ _____
Gas/oil	\$ _____	\$ _____	Public Assistance \$ _____
Water	\$ _____	\$ _____	Alimony/Child Support \$ _____
Other	\$ _____	\$ _____	Other Income \$ _____
<b>Non-Housing Expenses</b>			<b>Other Income</b> \$ _____
Food/Sundries/Pet/Paper goods	\$ _____	\$ _____	<b>TOTAL NET MO. INCOME</b> \$ _____
Clothing	\$ _____	\$ _____	
Day Care/Tuition	\$ _____	\$ _____	
Car Loan (s)	\$ _____	\$ _____	<b>TOTAL MONTHLY EXPENSES:</b>
Car insurance/tax	\$ _____	\$ _____	<b>CURRENT</b> <b>PROPOSED</b>
Gas/oil	\$ _____	\$ _____	\$ _____                      \$ _____
Car repairs	\$ _____	\$ _____	<b>INCOME AFTER EXPENSES:</b>
Expenses)			(Total Net Monthly Income Minus Total
HealthCare Not covered by Insurance	\$ _____	\$ _____	<b>CURRENT</b> <b>PROPOSED</b>
Credit Card Payment #1	\$ _____	\$ _____	\$ _____                      \$ _____
Credit Card Payment #2	\$ _____	\$ _____	
Credit Card Payment #3	\$ _____	\$ _____	
Other loan payments	\$ _____	\$ _____	
Alimony/child support	\$ _____	\$ _____	
Entertainment	\$ _____	\$ _____	
Telephone	\$ _____	\$ _____	
Cable	\$ _____	\$ _____	
Insurance (other than car)	\$ _____	\$ _____	
Savings for emergency fund	\$ _____	\$ _____	
Other	\$ _____	\$ _____	
<b>TOTAL MONTHLY EXPENSES</b>	\$ _____	\$ _____	

Borrower Signature \_\_\_\_\_ Co-Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

## **Certification, Authorization and Release**

The undersigned certify the following:

1. I/We have applied, or live with the party that has applied, for a loan or a parcel of land or have an existing loan from a lender and/or the City of Waco. In applying, I/We certify that all of the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that the lender and/or the City of Waco reserve the right to change the review process to a full documentation program. This may include verifying the information provided with an employer and/or financial institution before and after closing the loan.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan or parcel of land, as applicable under the provisions of Title 18, United States Code, Section 1014.

### **Authorization to Release and Share Information**

To Whom It May Concern:

1. I/We have applied, or live with the party who has applied for a loan or parcel of land or have an existing loan from a lender and/or the City of Waco. As part of the process, they may verify any and all information contained in my/our application and in other documents required in connection with the loan or acquisition of the parcel of land, either prior to closing or after closing.
2. I/We authorize you to provide the lender and/or the City of Waco, and to any investor to whom they may sell my loan (if applicable), any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns during processing and after the loan closes.
3. I/we further agree and authorize the City of Waco and the lender may share and furnish to each other and to any non-profit assisting with education, savings program, etc., including but not limited to, Neighborhood Housing Services (NeighborWorks), Waco Community Development Corporation, Habitat for Humanity and any subsidiaries or agents of those non-profit organizations, any information that I/we have furnished to either, as well as any other information either has received that pertains to my/our mortgage loan application or to the mortgage loan I may receive from the City of Waco.
4. The lender and the City of Waco or any investor may address this authorization to any party named in the application during or after the closing of the loan.
5. I/we agree to indemnify, protect and hold harmless the City of Waco, its employees, agents, and servants of and from all claims, demands, and causes of actions of every kind and character, including the cost of defense thereof, for any injury to, including the death of persons or any losses for damages to property caused by or alleged to be caused, arising out of, or alleged to arise out of, either directly or indirectly or in connection with this mortgage loan application, whether or not said claims, demands, causes of actions are caused by the sole negligence of the City of Waco, its employees, agents, or servants, or whether it was caused by concurrent negligence of the City of Waco and a party to this agreement, or whether it was caused by concurrent negligence of the City of Waco and some other third party.
6. A copy of this authorization may be accepted as an original.
7. The City of Waco may share information with any lender or counseling agency the performance of the mortgage loan made with the City of Waco after the loan is closed.
8. Your prompt reply to the City of Waco, or investor, is appreciated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

Johna Walker  
Program Coordinator



City of Waco  
300 Austin Ave., Basement  
Waco Texas 76701  
254-750-5632  
254-750-1605 (fax)

**NOTICE TO APPLICANTS**

**Before any application for a mortgage loan is prepared, each applicant must read and acknowledge the notices given herein.**

1. You as an applicant or co-applicant have the following rights: A. You must reveal any information regarding the receipt of alimony, child support or separate maintenance income. It must be considered as a basis for repaying this loan since our loans are for low to moderate income households. B. When answering questions regarding marriage, you need only reveal whether you are married, unmarried or separated. Unmarried includes single, divorced or widowed. C. Certain information is requested by the federal government in order to monitor compliance with federal anti-discrimination statutes, which prohibit creditors from discriminating against applicants on these bases (race, national origin and sex). You do not have to give this information, it is voluntary. If you choose not to furnish this information, you must initial the application in the space provided.
2. A consumer credit report will be ordered by us to assist in making a determination of your credit worthiness, credit standing or credit capacity. You have the right to be informed of the contents of the report or to review the contents of the report with the consumer-reporting agency. We recommend that you obtain the name of the consumer-reporting agency we intend to use and discuss the contents of the report with that agency. To protect your interests, the consumer-reporting agency must request proper identification from you prior to discussing the report with you. In the event of credit denial due to an unfavorable consumer report, you have the right to request, within sixty (60) days, the reason for the adverse action, pursuant to provisions of section 615(b) of the Fair Credit Reporting Act.
3. The FEDERAL EQUAL CREDIT OPPORTUNITY ACT prohibits creditors from discriminating against applicant on several bases. Please refer to the booklet given you entitled "SETTLEMENT COSTS" for more information regarding your rights thereunder. Your signature below acknowledges your receipt of the Settlement Cost Booklet.
4. Under the RIGHT TO FINANCIAL PRIVACY ACT OF 1978, the Veterans Administration and the Department of Housing and Urban Development has a right of access to financial record held by financial institutions in connection with the consideration of administration of assistance to you. Financial institutions in connection with the consideration of administration of assistance to you. Financial record involving your transactions will be available to either of these agencies or any institutional investor to which this loan may be offered for purchase without further notice or authorization, but will not be disclosed or released to another government agency or department without your consent, except as required or permitted by law.
5. The FAIR HOUSING ACT, TITLE VIII of the CIVIL RIGHTS ACT OF 1968 prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, national origin or sex. If you believe that you are about to be irrevocably injured or have been injured by a discriminatory housing practice, you may file a complaint within 180 days after the alleged discriminatory housing practice occurred. It shall be in writing and addressed to the Secretary of Housing and Urban Development in care of the local office of the Department of Housing and Urban Development.
6. We verify all information your have stated in your application. We also have the right to perform a quality control audit of any verified information before or after your loan has been settled. Furthermore, your mortgage loan may be sold without your concurrence to one or more subsequent investors, who are also hereby authorized to verify all information supplied in connection with your loan application for quality control purposes.
7. By signing below you warrant and represent that the subject property will be occupied by you, the applicant, as your year-round, primary residence and that you, the applicant, will occupy the property within 30 days after settlement of this loan.

I acknowledge it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement concerning this loan application as applicable under the provisions of Title 18, United States Code, Section 1014.

Please initial here:

X

X

8. The TAX REFORM ACT OF 1984 requires lenders to report interest received from an individual on a loan secured by Real Estate if the total interest received is \$600.00 or more. The interest received and the borrower's Taxpayer Identification Number must be reported to the Internal Revenue Service to verify deductions for interest paid on loans secured by Real Estate. You are required to provide your Taxpayer Identification Number. If you are an individual, your Taxpayer Identification Number is your Social Security Number. You may be subject to a \$50.00 penalty imposed by the Internal Revenue Service if you do not provide us with your correct Taxpayer Identification Number.
9. Texas is a community property state. If the property is located in Texas, and if you are married, we will require your spouse to sign the Deed of Trust at closing.
10. In the event your employment changes during the processing of your loan, you must advise us immediately.
11. The undersigned has been advised of the FLOOD PROTECTION ACT OF 1973 (PUBLIC LAW 93-324) which requires the purchase of flood insurance in certain flood prone areas as designated by the department of Housing and Urban Development. This act became effective March 1, 1974 and directs any financial assistance to require flood insurance. The undersigned further agrees that if the property is determined to be in such a special flood hazard area, a flood insurance policy will be furnished at or before closing of this loan. If the property is not now located in such an area and no flood insurance is required at this time, the undersigned agrees to furnish a flood policy if HUD should designate the area as flood prone.
12. The insurance laws of this state provide that the lender may not require the applicant to take insurance through any particular insurance agent or company to protect the mortgaged property. The applicant, subjected to the rules adopted by the Insurance Commissioner, has the right to have the insurance placed with an insurance agent or company of his choice, provided the company meets the requirement of the lender. The lender has the right to designate reasonable financial requirements as to the company and the adequacy of the coverage.

I have read the foregoing statement or the rules of the Insurance Commissioner relative hereto, and understand my rights and privileges and those of the lender relative to the placing of such insurance.

13. You have the right to receive a copy of the appraisal report to be obtained in connection with the loan for which you are applying, provided that you have paid for the appraisal. We must receive your written request no later than 30 days after we notify you about the action taken on your application.

# U.S. Department of Housing and Urban Development

## NOTICE TO PURCHASERS

\*\*\*\*\*THE IMPORTANCE OF A HOME INSPECTION\*\*\*\*\*

**HUD DOES NOT WARRANT THE CONDITION OF A PROPERTY.** It is important for you to have a home inspection performed on the property you wish to purchase in order to identify any possible defects. Up to \$200 of the cost to perform the inspection may be financed into your mortgage. Names of home inspection companies can be found in the yellow pages of your telephone directory under the heading "Home Inspection Services."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(tear here)

\*\*\*\*\*WATCH OUT FOR LEAD-BASED PAINT POSISONING!\*\*\*\*\*

If the home you intend to purchase was built before 1978, it may contain lead-based paint. About three out of every four pre-1978 buildings have lead-based paint.

### WHAT IS LEAD POISONING?

Lead poisoning means having high concentrations of lead in the body. LEAD CAN:

- ❖ Cause major health problems, especially in children under 7 years old.
- ❖ Damage a child's brain, nervous system, kidneys, hearing, or coordination.
- ❖ Affect learning.
- ❖ Cause behavior problems, blindness, and even death.
- ❖ Cause problems in pregnancy and affect a baby's normal development.

### WHO GETS LEAD POISONING?

Anyone can get it, but children under 7 are at the greatest risk, because their bodies are not fully-grown and are easily damaged. The risk is worse if the child:

- ❖ Lives in an older home (built before 1978, and even more so before 1960).
- ❖ Does not eat regular meals (an empty stomach accepts lead more easily).
- ❖ Does not eat enough foods with iron or calcium.
- ❖ Have parents who work in lead-related jobs.
- ❖ Has played in the same places as brothers, sisters, and friends who have been lead poisoned. (Lead poison cannot be spread from person to person. It comes from contact with lead).

Women of childbearing age are also at risk, because lead poisoning can cause miscarriages, premature births, and the poison can be passed onto their unborn babies.

### WHERE DOES IT COME FROM?

The lead hazards that children most often touch are lead dust, leaded soil, loose chips and chewable surfaces painted with lead-based paint. A child may be harmed when it puts into its mouth toys, pacifiers, or hands that have leaded soil or lead dust on them. Lead also comes from:

- ❖ Moving parts of windows and doors that can make lead dust and chips.
- ❖ Lead-based paint on windows, doors, wood trim, walls and cabinets in kitchens and bathrooms, on porches, stairs, railings, fire escapes and lampposts.
- ❖ Soil next to exterior of buildings that have been painted with lead-based paint and leaded gasoline dust in soil near busy streets.
- ❖ Drinking water (pipes and solder)
- ❖ Parents who may bring lead dust home from work on skin, clothes, and hair.
- ❖ Colored newsprint and car batteries.
- ❖ Highly glazed pottery and cookware from other countries.
- ❖ Removing old paint when refinishing furniture.

In recent years some uses of lead in products that could cause lead poisoning have been reduced or banned. This is true for lead in

gasoline, lead in solder used in water pipes, and lead in paint. Still, a great deal of lead remaining in and around older homes, and lead-based paint and accompanying lead dust are seen as the major sources.

### HOW DO I KNOW IF MY CHILD IS AFFECTED?

Is your child:

- |   |   |   |  |
|---|---|---|--|
| * | cranky?                                   | * | unable to concentrate?                         |
| * | vomiting?                                 | * | hyperactive                                    |
| * | tired?                                    | * | playing with children who have these symptoms? |
| * | unwilling to eat or play?                 |   |  |
| * | complaining of stomachaches or headaches? |   |  |

These can be signs of lead poisoning. However, your children might not show these signs and yet be poisoned; only your clinic or Doctor can test for sure.

### WHAT CAN I DO ABOUT IT?

Your child should first be tested for lead in the blood between six months and one year old. Ask the clinic or your doctor to do it during a regular checkup. You doctor will tell you how often you should have your child tested after that. A small amount of lead in the blood may not make your child seem very sick, but it can affect how well he or she can learn. If your child does have high amounts of lead in the blood, you should seek treatment and have your home tested for lead-based paint and lead dust.

### HOW DO I KNOW IF MY HOME HAS LEAD-BASED PAINT?

The HUD inspection does not determine whether a home actually has lead-based paint. Therefore, the only way you can know for sure is to have the home tested by a qualified firm or laboratory. Both the interior and exterior should be tested. You should contact your local health or environmental office for help.

### WHAT DO I DO IF MY HOME *DOES* HAVE LEAD?

*Do not try to get rid of lead-based paint yourself, you could make things worse for you and your family.* If your home contains lead-based paint, contact a company that specializes in lead-based paint abatement. Have professionals do the job correctly and safely. This may cost thousands of dollars, depending on the amount of lead-based paint and lead dust found in your home, but it will also protect you and your children from the effects of lead poisoning. In the meantime, there are things you can do *immediately* to protect your child:

- Keep your child away from paint chips and dust.
- Wet-mop floors and wipe down surfaces often, especially where the floors and walls meet be sure to clean the space where the window sash rests on the sill. Keeping the floor clear of paint chips, dust and dirt is easy and very important. *Do not sweep or vacuum lead-based paint chips or lead dust with an ordinary vacuum cleaner.* Lead dust is so fine it will pass through a vacuum cleaner bag and spread into the air you breathe.
- Make sure your children wash their hands frequently and always before eating.
- Wash toys, teething rights, and pacifiers frequently.

### ACKNOWLEDGEMENT

**I acknowledge that I have received and read a copy of this Notice.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature



## Notice

### From the City of Waco Housing and Community Development Services Effecting HUD Assistance Provided for Homes Constructed Prior to 1978

The transition implementation period for HUD's Lead Safe Housing Regulation **ends August 10, 2001** in accordance with HUD notice OHHLHC -01-02.

This will affect any down payment/closing cost assistance program applicant planning to purchase a home constructed prior to 1978 that does not have a fully executed Mortgage Loan Commitment as of August 10, 2001.

The City will conduct a visual assessment of the condition of the paint of the home.

**If deteriorating paint is identified**, the City will be **unable** to provide down payment closing cost assistance until the **seller** of the unit stabilizes the deteriorating paint using lead safe work practices and obtains clearance<sup>1</sup> of the unit. The City may be able to obtain reimbursement from HUD for an amount up to \$150 for the initial clearance test in each housing unit after lead hazard control activities are completed in accordance with HUD Notice OHHLHC -01-01; however, the City does not have any funds designated for the paint stabilization.

The regulation provides the following regarding homes acquired with HUD Community Development Block Grant funds or HOME Investment Partnership Program funds:

Each participating jurisdiction (*the City of Waco*) shall conduct the following activities for the dwelling unit, common areas servicing the dwelling unit, and the exterior surfaces of the building in which the dwelling unit is located (24 CFR 35.1015):

- A visual assessment of all painted surfaces in order to identify deteriorated paint (*The City of Waco or inspector certified by the City of Waco will inspect the home to identify any deteriorated paint on the surfaces detailed above*);
- (*If the inspection reveals deteriorated paint, the regulations require*) paint stabilization of each deteriorated paint surface, and clearance in accordance with 35.1330 (a) and (b), before occupancy of a vacant dwelling unit or, where a unit is occupied, immediately after receipt of Federal assistance (*However, please note, as detailed above, the City does not have any funds designated to fund the paint stabilization using lead safe work practices, and clearance costs may be reimbursed by HUD through the City. Additional information regarding this potential reimbursement will be provided, as it becomes available.*);
- The grantee or participating jurisdiction shall provide a notice to occupants in accordance with 35.125 (b) (1) and (c), describing the results of the clearance examination.

If you have any further questions **or would like a copy of the regulations**, please contact Johna Walker Housing and Community Development Program Coordinator at 254-750-5656.

I have read and understand the above Lead-Based Paint Notification.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

<sup>1</sup> The clearance process includes a visual assessment and collection and analysis of environmental samples.

# CAUTION

U.S. Department of Housing  
and Urban Development  
Federal Housing Administration (FHA)



OMB Approval No: 2502-0538  
(exp. 07/31/2009)

## For Your Protection: Get a Home Inspection

### Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- ✓ Evaluate the physical condition: structure, construction, and mechanical systems;
- ✓ Identify items that need to be repaired or replaced; and
- ✓ Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

### Appraisals are Different from Home Inspections

An appraisal is different from a home inspection. Appraisals are for lenders; home inspections are for buyers. An appraisal is required to:

- ✓ Estimate the market value of a house;
- ✓ Make sure that the house meets FHA minimum property standards/requirements; and
- ✓ Make sure that the property is marketable.

### FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA can not give or lend you money for repairs, and FHA can not buy the home back from you. That is why it is so important for you, the buyer, to get an independent home inspection. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

### Radon Gas Testing

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236. As with a home inspection, if you decide to test for radon, you may do so before signing your contract, or you may do so after signing the contract as long as your contract states the sale of the home depends on your satisfaction with the results of the radon test.

### Be an Informed Buyer

It is your responsibility to be an informed buyer. Be sure that what you buy is satisfactory in every respect. You have the right to carefully examine your potential new home with a qualified home inspector. You may arrange to do so before signing your contract, or may do so after signing the contract as long as your contract states that the sale of the home depends on the inspection.

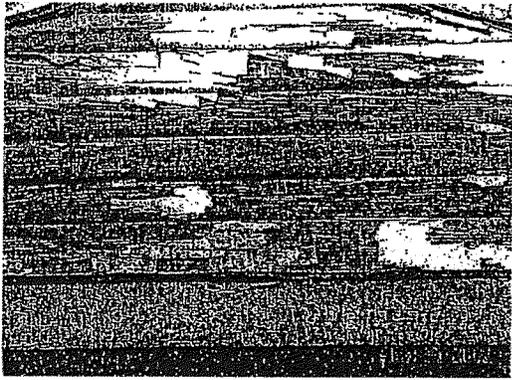


HUD-92564-CN (6/06)

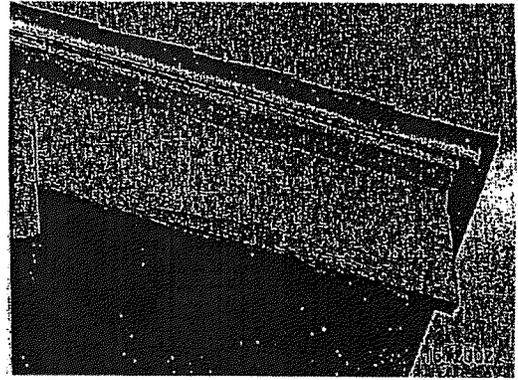


# CAUTION

**Examples of what to look for when choosing a unit to make sure it will pass the lead test.**



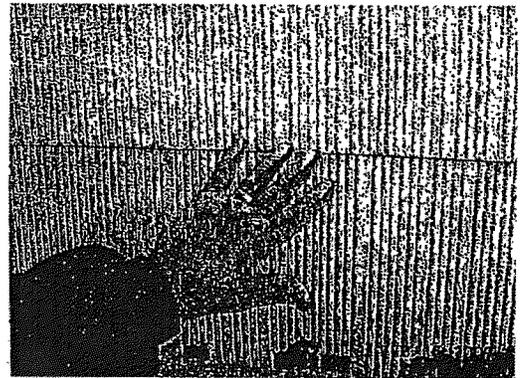
Severe chipping on gable



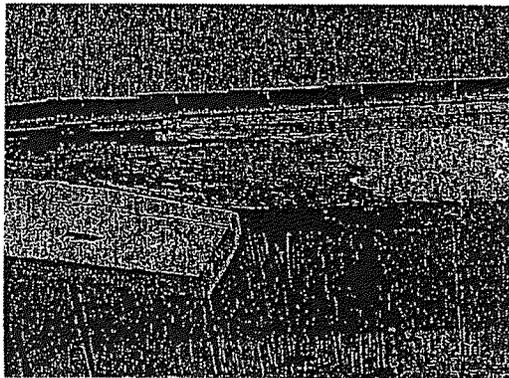
Chipping / peeling on rafter tail



Exterior alligator paint



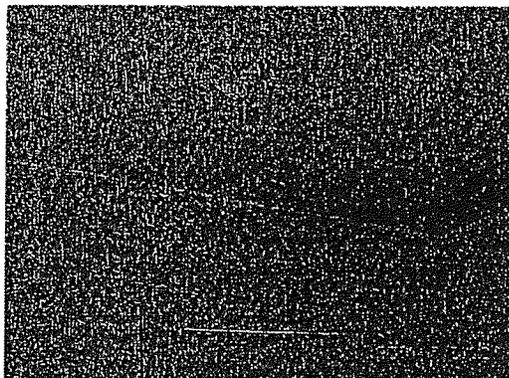
Exterior chalking paint



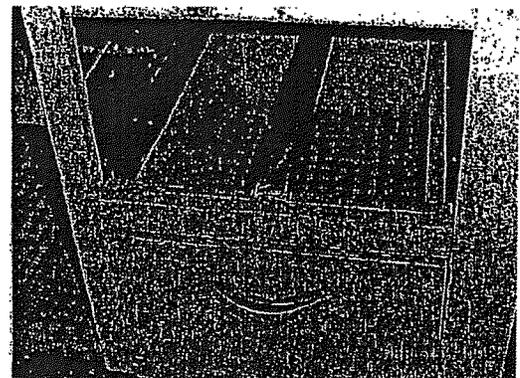
Deteriorated gable end



Interior window w/ chipping paint & paint chips in trough



Peeling paint on ceiling & wall crack



Friction wear & chipping paint on cabinet

14.

**ATTENTION HOMEOWNER:**

**THIS IS NOT A GRANT**

**YOU ARE TAKING OUT A SPECIAL TYPE OF LOAN TO BE REPAYED OVER (To be Determined) MONTHS**

This loan requires you, the Homeowner, to repay to the City of Waco over the next \_\_\_\_\_ ( ) months \_\_\_\_\_ ( \$ \_\_\_\_\_ ) months. At the same time, the City of Waco will forgive \_\_\_\_\_ per month \_\_\_\_\_ ( \$ \_\_\_\_\_ ) per month. If the house is sold or no longer used by you as a principal residence, before the loan is repaid, the total remaining balance on the loan will become due and payable.

**\*\*REHABILITATION ONLY\*\***

**I/WE fully understand that the work to be done on my property will be done through the housing program administered by the Housing Department of the City of Waco, and that this work will be secured by a Mechanic's Lien and Real Estate Lien Note.**

**\*\*REHABILITATION AND ACQUISITION\*\***

**I/WE fully understand that any remaining balance of the said Real Estate Lien Note must be paid in full at the time the property changes ownership or ceases to be my homestead.**

**15. I/WE, the undersigned, the proposed purchaser of the property located \_\_\_\_\_, which is within the City limits of Waco, do hereby depose and say, under penalty of perjury, that each of the following statements are true, correct, and complete in all respects:**

My Adjusted Gross Income, when added to the aggregate Adjusted Gross Income of all persons who intend to hold title to the above-mentioned property, does not exceed 80% of the median income for the City of Waco by family size. I/WE agree to provide income information to the City of Waco Housing Department annually or at their request.

It is MY/OUR intention to reside at the above address, as MY/OUR primary residence, within 30 days of closing or upon completion of construction, in the case of a construction or rehabilitation loan. I/WE acknowledge that the City of Waco has the obligation to make sure the property is owner occupied on an annual basis and I/WE will provide whatever documentation that is required by the City of Waco.

**I/WE have provided accurate tax returns for the tax year, \_\_\_\_\_, as signed and filed with the Internal Revenue Service, of all persons intending to reside with me in the residence and be liable on the Mortgage. I hereby authorize the City of Waco to review such return to verify the statements set forth above.**

**If such tax return is not attached, alternate evidence (such as employer records and wage statements) shall be provided, and the absence of tax returns shall be explained in the space below.**

\_\_\_\_\_  
\_\_\_\_\_

The statements set forth herein are made under penalty of perjury. I understand that perjury is a felony offense punishable by fine or imprisonment or both.

Date: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_

Applicant Signature

Applicant Signature

**OWNER-OCCUPIED HOUSING PROGRAMS**

**CITY OF WACO**

**HOUSING AND COMMUNITY DEVELOPMENT SERVICES**

**CONFLICT OF INTEREST QUESTIONNAIRE**

The conflict of interest provisions will apply to any person who is an employee, agent, consultant, officer, or elected or appointed official of the recipient, or of any designated public agencies, or of sub recipients that are receiving HOME or Community Development Block Grant (CDBG) funds as well as to relatives or persons with business relationships with the aforementioned. (24 CFR 92.356 and CFR 570.611)

Are you a City of Waco employee, or an elected or appointed official within the City's government? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, state title and service division that you work in:  
\_\_\_\_\_  
\_\_\_\_\_

Are you related to anyone employed by the City of Waco, a City Council member, or any other elected or appointed official within the City's government? If so, please list below: \_\_\_\_\_

Name	Relationship/Dept.
_____	_____
_____	_____

Do you do any business with, or have a business relationship with, any person or department with the City of Waco, or any elected or appointed City of Waco official? Please list below: \_\_\_\_\_

Name	Relationship/Dept.
_____	_____
_____	_____

Signature (Borrower) \_\_\_\_\_ Signature (Borrower) \_\_\_\_\_  
**By signing this form you certify that you understand your name will be disclosed in a public hearing before the Waco City Council if you are a City employee, council member, relative of, or have a business relationship with the aforementioned.**

Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**(Do not write below this line-for office use only)**

**HOUSING AND COMMUNITY DEVELOPMENT SERVICES CERTIFICATION:**  
  
A potential conflict of interest does/does not exist (circle correct response). If a potential conflict of interest is identified or if the applicant is a City Council member, City employee, relative thereof, or has a business relationship with a City employee or council member, forward to the City Attorney's office for further review.

Jeff Wall, Housing Director \_\_\_\_\_ Date \_\_\_\_\_

**CONFLICT OF INTEREST CERTIFICATION (CITY ATTORNEY'S OFFICE).** Providing assistance for housing acquisition or rehabilitation that is funded by either HOME or CDBG funds will not violate any State or local laws providing a public disclosure is made.

A conflict of interest \_\_\_\_\_ does, \_\_\_\_\_ does not exist in accordance with 24 CFR 92.356 or 24 CFR 570.611 (check one).

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

# Request for Copy of Tax Return

► Request may be rejected if the form is incomplete or illegible.

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution.** If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

**6 Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ► \_\_\_\_\_

**Note.** If the copies must be certified for court or administrative proceedings, check here

**7 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

\_\_\_\_\_

\_\_\_\_\_

<b>8 Fee.</b> There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	
<b>a</b> Cost for each return . . . . .	\$ <b>50.00</b>
<b>b</b> Number of returns requested on line 7 . . . . .	
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

<b>Sign Here</b>	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a	
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature	Date		

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506 and its instructions, go to [www.irs.gov/form4506](http://www.irs.gov/form4506). Information about any recent developments affecting Form 4506, Form 4506T and Form 4506T-EZ will be posted on that page.

## General Instructions

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

**How long will it take?** It may take up to 75 calendar days for us to process your request.

**Tip.** Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and records of account.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual returns (Form 1040 series)

### If you filed an individual return and lived in:

#### Mail to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
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Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888
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Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999
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## Chart for all other returns

### If you lived in or your business was in:

#### Mail to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
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Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
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## Specific Instructions

**Line 1b.** Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (TIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, please include it on this line 3.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the address on Lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

## Privacy Act and Paperwork Reduction Act

**Notice.** We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.



**Each member of the household over the age of 18 must complete this questionnaire and submit supporting information.**

Household Member's Name: \_\_\_\_\_  
*If "yes" then you need to bring:*

Are you employed at this time?                      Yes                      No                      1 month paystubs  
W-2s and tax returns  
for previous 2 years

Provide name and address of employer: \_\_\_\_\_  
Date of most recent employment : \_\_\_\_\_

Do you receive disability benefits  
(Social Security or VA)?                      Yes                      No                      Award letter and copy  
of your check or  
bank statement

Do you receive unemployment?                      Yes                      No                      Award letter and  
copy of check

Have you received unemployment  
any time in the past year                      Yes                      No

Do you receive public assistance?  
(TANIF, food stamps, or  
any other regular check  
from the government)                      Yes                      No                      Award letter and copy  
of check

Has a court ordered child support to you?    Yes                      No                      Copy of court order

If yes, do you receive it                      Yes                      No

Do you receive **ANY OTHER**  
Income from **ANY SOURCE**?                      Yes                      No

Are you married                      Yes                      No

**I certify that the information provided above is true and correct as of the date set forth opposite my signature on this form and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this form my result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the City of Waco, it agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.**

***All information will be verified.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Each* member of the household over the age of 18 must complete this questionnaire and submit supporting information.**

Household Member's Name: \_\_\_\_\_  
*If "yes" then you need to bring:*

Are you employed at this time?                      Yes                      No                      1 month paystubs  
W-2s and tax returns  
for previous 2 years

Provide name and address of employer: \_\_\_\_\_  
Date of most recent employment : \_\_\_\_\_

Do you receive disability benefits  
(Social Security or VA)?                      Yes                      No                      Award letter and copy  
of your check or  
bank statement

Do you receive unemployment?                      Yes                      No                      Award letter and  
copy of check

Have you received unemployment  
any time in the past year                      Yes                      No

Do you receive public assistance?  
(TANIF, food stamps, or  
any other regular check  
from the government)                      Yes                      No                      Award letter and copy  
of check

Has a court ordered child support to you?                      Yes                      No                      Copy of court order

If yes, do you receive it                      Yes                      No

Do you receive **ANY OTHER**  
Income from **ANY SOURCE**?                      Yes                      No

Are you married                      Yes                      No

**I certify that the information provided above is true and correct as of the date set forth opposite my signature on this form and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this form may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the City of Waco, its agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.**

***All information will be verified.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Each member of the household over the age of 18 must complete this questionnaire and submit supporting information.**

Household Member's Name: \_\_\_\_\_

*If "yes" then you need to bring:*

Are you employed at this time?                      Yes                      No                      1 month paystubs  
W-2s and tax returns  
for previous 2 years

Provide name and address of employer: \_\_\_\_\_  
Date of most recent employment : \_\_\_\_\_

Do you receive disability benefits  
(Social Security or VA)?                      Yes                      No                      Award letter and copy  
of your check or  
bank statement

Do you receive unemployment?                      Yes                      No                      Award letter and  
copy of check

Have you received unemployment  
any time in the past year                      Yes                      No

Do you receive public assistance?  
(TANIF, food stamps, or  
any other regular check  
from the government)                      Yes                      No                      Award letter and copy  
of check

Has a court ordered child support to you?                      Yes                      No                      Copy of court order

If yes, do you receive it                      Yes                      No

Do you receive **ANY OTHER**  
Income from **ANY SOURCE**?                      Yes                      No

Are you married                      Yes                      No

**I certify that the information provided above is true and correct as of the date set forth opposite my signature on this form and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained in this form my result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the City of Waco, it agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.**

***All information will be verified.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Accommodations Certification

Do you need special accommodations because of a disability or language barrier?

Yes

No

If Yes, what accommodations do you need?

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\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

## FIRST-TIME HOMEBUYER QUESTIONNAIRE

1. Have you or the co-applicant for this loan owned a house, either partially or wholly, within the past three years?  
(Circle one)  
Yes  
No

**If you answered yes to #1, please proceed to the next 6 questions. If no, stop.**

2. When did you move out of this home?

Date: \_\_\_\_\_

3. If a displaced parent or single parent, did you own this home with your former spouse?  
(Circle one)  
Yes  
No

4. Do you have any minor children for whom you have custody or joint custody? If so, please list name and ages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was the home you owned within the past 3 years permanently affixed to a permanent foundation?  
(Circle one)  
Yes  
No

6. Was the home you owned within the past 3 years not in compliance with State, local, or model building codes, and could not be brought into compliance with such codes for less than the cost of constructing a permanent structure?  
(Circle one)  
Yes  
No

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**STAFF USE ONLY:**

First-Time HB \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Init.

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## New Race Categories Revised Data Collection Format

Please complete each category.

### #1 - Ethnicity: (select only one)

Borrower	Co-Borrower	
_____	_____	Hispanic or Latino
_____	_____	Not Hispanic or Latino

---

### #2 - Race: (select one or more)

_____	_____	American Indian or Alaska Native
_____	_____	Asian
_____	_____	Black or African American
_____	_____	Native Hawaiian or Other Pacific Islander
_____	_____	White

Definitions:

- a) **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- b) **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- c) **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- d) **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- e) **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- f) **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- g) **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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**Borrower Signature**

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**Co-Borrower Signature**

## Information on Borrowers Nearest Relatives

**Borrowers Name:** \_\_\_\_\_

Please provide the name, address and phone number of at least three (3) relatives that do not live with you.

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

---

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

---

---

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

# PATRIOT ACT INFORMATION DISCLOSURE

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Applicant Name \_\_\_\_\_  
Co-Applicant Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_

---

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/we acknowledge that I/we received a copy of this disclosure.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

# Customer Identification Documentation Patriot Act

The USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies every customer. Completion of this documentation is required in order to comply with the USA Patriot Act. A completed copy of this information must be retained with the loan file.

Application Number \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Primary Identification Documentation

Document Type \_\_\_\_\_ Other Document Type \_\_\_\_\_

Document Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issued by \_\_\_\_\_

## Secondary Identification Documentation

Document Type \_\_\_\_\_ Other Document Type \_\_\_\_\_

Document Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issued by \_\_\_\_\_

Discrepancies and Resolution

Completed by \_\_\_\_\_

# Customer Identification Documentation Patriot Act

The USA Patriot Act requires all financial institutions to obtain, verify and record information that identifies every customer. Completion of this documentation is required in order to comply with the USA Patriot Act. A completed copy of this information must be retained with the loan file.

Application Number \_\_\_\_\_ Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Present Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Primary Identification Documentation

Document Type \_\_\_\_\_ Other Document Type \_\_\_\_\_

Document Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issued by \_\_\_\_\_

## Secondary Identification Documentation

Document Type \_\_\_\_\_ Other Document Type \_\_\_\_\_

Document Number \_\_\_\_\_

Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

Issued by \_\_\_\_\_

## Discrepancies and Resolution

Completed by \_\_\_\_\_

## Certification of Who Will Live In the Home

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: Self

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Income: \_\_\_\_\_ Hourly/Weekly/Bi-weekly/Monthly/Annually  
Relationship: \_\_\_\_\_

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Housing Loan Program  
Limited Funds Statement**

I/We, \_\_\_\_\_ understand that Program funding is disbursed on a first come, first approved basis. I further understand, due to limited funds, there is no guarantee that funds will be available at time of closing, especially if the loan does not close in a timely manner. Should loan committee approve my request for assistance, the Housing and Community Development staff will try to make every effort to fund my loan and notify me prior to closing should funds become deplete.

My signature below indicates my complete and full understanding of LIMITED – NO GUARANTEE FUNDING availability.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HCD Staff Signature

\_\_\_\_\_  
Date