



Homeward Housing Trust Fund Grant/Loan Application

I. APPLICANT INFORMATION

Applicant Name: _____ Marital Status: _____
 Co-applicant's Name: _____ Marital Status: _____
 Address: _____
 City: _____ Zip: _____
 County: _____
 Home phone #: _____ Cell phone #: _____
 Applicant's SS#: _____
 Co-applicant's SS#: _____
 E-mail address: _____

Names and ages of other household members:

<u>NAME</u>	<u>AGE</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. EMPLOYMENT AND INCOME INFORMATION

Provide a copy of most recent tax return

Applicant's employer: _____ Length of employment: _____
 Monthly gross income (before taxes): _____

Co-applicant's employer: _____ Length of employment: _____
 Monthly gross income (before taxes): _____

For other possible sources of income, please fill in the information for all that apply:

<u>Source:</u>	<u>Monthly Amount Received</u>	<u>Received By:</u>		
Social Security	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Social Security Disability	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Pension / Retirement	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Welfare	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Unemployment / Worker's Comp	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Child Support / Alimony	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Rental Income	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Dividend / Annuity / IRA Income	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Other _____	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other
Other _____	_____	<input type="checkbox"/> Applicant	<input type="checkbox"/> Spouse	<input type="checkbox"/> Other

Please include income information for all other household members, 18 years or older, who are not full-time students.

III. ASSET INFORMATION

Approximate Balance - Provide current statements

Checking _____
Checking _____
Savings _____
Savings _____
Investments/IRA's _____
Cash Value - Life Insurance _____
Other Real Estate Investments _____

IV. Home Improvement Information if applicable

Address of property: _____
Total amount of project: _____
Grant amount requested: _____
Loan amount requested: _____
Project description: _____

V. Down payment information if applicable

Address of property purchasing: _____
Purchase price: _____
Lender's name, address & phone number: _____

Down payment required by lender: _____
Loan amount requested: _____ Grant amount requested: _____

YOUR PAYMENT FOR BOTH TYPES OF LOANS WILL BE AN AUTOMATIC PAYMENT. PLEASE CHECK DATE YOU WOULD LIKE.

7th _____ 21st _____

VI. AGREEMENT & WAIVER OF CONFIDENTIALITY

My/our signatures authorize Homeward, Inc. to investigate employment status, statements or other data obtained from me/us. A photocopy, or exact reproduction of this agreement and waiver, as duly executed, shall have the same force and effect as this original.

VII. SIGNATURES

I (We), hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge and that I (We), have truly and accurately declared all my (our) income and resources available to me (us). I (We), do also give my (our) permission to supply Homeward, Inc. with any and all information necessary to verify the above information.

In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void.

APPLICANT SIGNATURE Date

CO-APPLICANT SIGNATURE Date

APPLICANT CHECKLIST
HOUSING TRUST FUND GRANT/LOAN PROGRAM

ITEMS NEEDED WITH APPLICATION

- ___ Homeward application
- ___ Copy of most recent tax return (if self-employed, please provide a copy of past 2 years)
- ___ Current paystubs (2) from ALL household members who are employed
- ___ Current bank statements from ALL accounts of ALL household members
- ___ Child support verification if applicable (see attached form)
- ___ Verification of ALL other income that applies
 - Alimony
 - Unemployment
 - VA
 - Pensions
 - IRA's & CD's
 - Social Security and/or Disability
- ___ Copy of Deed
- ___ Copy of Estimates

FOR DOWN PAYMENT ASSISTANCE LOANS, PLEASE HAVE YOUR LENDER INCLUDE THE FOLLOWING:

- ___ Copy of bank application at time of application
- ___ Copy of Purchase Agreement at time of application
- ___ Flood Certification at time of application
- ___ Copy of Appraisal prior to closing
- ___ Copy of Title Opinion prior to closing
- ___ Homeward, Inc. listed on homeowner's insurance policy showing Homeward, Inc. as a Mortgagee. Please provide a copy prior to closing.
- ___ Copy of Closing Disclosure @ closing