

Dear Applicant:

This letter is to inform you of the items you will need to bring when you return your application for assistance. **APPLICATIONS MUST BE SUBMITTED IN PERSON. A PRE-APPROVED LETTER FROM THE LENDER MUST BE SUBMITTED WITH THE APPLICATION.**

The following verification items must be received by this office prior to official acceptance into the First-Time Homebuyers (FTHB) Program:

- _____ Copy of picture ID (for all persons within the household age 18 or older)
- _____ Copy of Social Security Card for all household members.
- _____ Copy of Divorce decrees, separation papers, custody papers, and birth certificates of minor children
- _____ Copy of last year's federal tax return (1040 form) for each adult in the household
- _____ Copy of three (3) most recent bank statements
- _____ Copy of two (2) most recent paystubs (active duty military will need to provide current LES verifying allowance and special pay)
- _____ Verification of all income received into the household; current employment information must include verification from employer on employer letterhead, including rate of pay, hours worked weekly, and length of employment
- _____ If applicant receives Social Security or SSI, bring current monthly benefit letter from the Social Security Office
- _____ If applicant receives AFDC, a letter from DHS is required
- _____ If applicant receives child support or alimony, verification from the court is required (plus six (6) months proof of payment)
- _____ Unemployment benefits, Workman's Compensation, and/or regular contributions or gifts from anyone not residing in the household must be documented
- _____ Veterans benefits and retirement funds must be documented
- _____ Self-employment income must be documented via records of earnings or a copy of the three (3) most recent income tax returns and current profit and loss statement
- _____ Student loans (financial aid, etc.) copy of award letter from payer

If you have any further questions or concerns, please feel free to contact our office.

OFFICE PURPOSE ONLY

- ___ Credit Report
- ___ Loan Estimator
- ___ Inspection
- ___ Appraisal
- ___ FTHB Class
- ___ Contract
- ___ Closing Disclosure

FIRST-TIME HOMEBUYERS GUIDELINES

- Client can receive up to \$5,000 for down payment
- Up to 5% of sales price for closing cost
- Up to 1.5% for prepaid items
- Client is required to pay 1% of the purchase price
- A **lien** will be held on the property until the loan is paid in full or unless the property is sold, transferred, rented or refinanced. In the event a homeowner sells or moves from the dwelling and it is no longer used as a primary residence, any outstanding balance is due and payable immediately.
- The **lien** for the downpayment portion will be loaned at an interest rate of 1% for buyers whose income is at 60% or below of the area median income or 3% interest rate for buyers whose income is at 60% - 80% of the area median income. The loan will be payable to the City of Clarksville monthly for a period of 10 years. The City will also loan the monies necessary to cover the borrower's closing costs and prepaid items as stated above. These costs will be loaned at 0% interest. There is a ten (10) year forgivable clause based upon a 10% reduction per year as long as the homebuyer remains the owner/occupant. After the 10 year period, the advance becomes a grant and no further obligation remains.

I _____ hereby state that I have read and fully understand the above statements as they apply to me and do herein express my consent to disclosure for the purpose or need and the extent or nature as stated above.

Print Name

Co-Applicant Print Name

Signature

Co-Applicant Signature

Date

Date

DOWN PAYMENT ASSISTANCE (DPA) APPLICATION FORM

APPLICANT

Full Name _____

Social Security # _____

Street Address _____

City, State, Zip _____

Phone # _____ Date of Birth _____

Current Marital Status _____

Will anyone else live with you? Yes _____ No _____ (if yes, please complete Section A on the next page)

CO-APPLICANT

Full Name _____

Social Security # _____

Street Address _____

City, State, Zip _____

Phone # _____ Date of Birth _____

Current Marital Status _____

INCOME INFORMATION

Combined total yearly income _____

(Include all types of income coming into the household, for all members. If Military, must include service member's entire income, whether or not he/she resides elsewhere.)

List all sources of income on Section B on the next page.

RELEASE

I hereby authorize the lending institution I choose for financing to release my application and any other documents pertaining to my mortgage loan to the City of Clarksville Office of Housing & Community Development (OHCD) and its agents. I also permit the OHCD to share like information with the lending institution involved. This information will be treated as confidential by the OHCD, and will be used only for processing my Down Payment Assistance application.

CONFLICT OF INTEREST

Are you or any member of your family related to anyone who works for the OHCD?

YES _____ NO _____

If yes, please explain: _____

I understand that discovery of false or incorrect information could lead to legal action against me to enforce immediate repayment of this loan. I acknowledge that all of the statements that I have made in the application are true and correct to the best of my knowledge. I have no other income other than what I have reported. If my/our income changes before I/we close on a property, I/we will promptly notify the OHCD of that change, with verification (pay stubs, receipts, etc.). I understand that I will be required to attend a homeownership counseling class as a condition of acceptance into this program.

THE FOLLOWING SIGNATURE SHOWS THAT I HAVE READ AND AM IN COMPLIANCE WITH THE PREVIOUS PARAGRAPHS.

Applicant's Signature

Date

Co-Applicant's Signature

Date

SECTION A: Please list all of the people who will live with you.

NAME	DATE OF BIRTH	SEX	RELATIONSHIP	SSN
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION B: Please give all sources of income for everyone over 18 years of age.

NAME	RELATIONSHIP	SOURCE/EMPLOYER	MONTHLY PAY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide a reference (not related) who can verify your family circumstances.

NAME	PHONE
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**VOLUNTARY HOUSEHOLD DEMOGRAPHIC INFORMATION
(for Statistical Purposes Only)**

Sex:	Race/Nation Origin:	Ethnicity:	Age: _____
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Non-Hispanic	
	<input type="checkbox"/> Asian		
	<input type="checkbox"/> American Indian/Alaskan Native		
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		
	<input type="checkbox"/> American Indian/Alaskan Native & White		
	<input type="checkbox"/> Black/African American & White		
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		
	<input type="checkbox"/> Other/Multi-Racial (specify)		

Are you a female head-of-household? _____ Yes _____ No

Is anyone in your household handicapped or disabled? _____ Yes _____ No

CERTIFICATIONS

The following questions are to be answered by the borrower and all co-borrowers. If a "yes" answer is given, please provide additional information.

	borrower	co-borrower
Have you any outstanding judgments?	_____	_____
Have you been declared bankrupt in the last 7 years?	_____	_____
Have you had property foreclosed upon, or given the deed or title in lieu of?	_____	_____
Are you a co-maker, endorser, guarantor, or surety on a note?	_____	_____
Are you a party in a law suit?	_____	_____
Are you obligated to pay alimony, child support, or separate maint.?	_____	_____
Are you delinquent on any Federal debt?	_____	_____
Are you anything other than an American Citizen?	_____	_____
Are you personally liable for debts by another person or organization?	_____	_____

Date

Applicant's Signature

Date

Co-applicant's Signature



Fair Lending Notice

It is unlawful to discriminate in the provision or availability of financial assistance because of consideration for:

1. Trends, characteristics or conditions in the neighborhood or geographic area surrounding a housing accommodation, unless the lending institution can demonstrate in the particular case, that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, national origin, age, disability, or familial status.

It is unlawful to consider the racial, ethnic, religious or national original composition of a neighborhood geographic area surrounding a housing accommodation, or whether or not such composition is undergoing change, or is expected to undergo change, when appraising a housing accommodation, or in determining whether or not, or under what terms and conditions, provided financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four unit family residences occupied by the owner for the purpose of the home improvement of any one to four unit family residences.

If you have any questions about your rights, or if you wish to file a complaint, contact:

Tennessee Fair Housing Council
107 Music City Circle, Suite 318
Nashville, TN 37214
615-874-2344 FAX; 615-874-1636
E-mail: tracey@fairhousing.com
Executive Director: Tracey McCartney

We received a copy of this notice.

Signature of Applicant

Date

Signature of Co-Applicant

Date

PERSONAL DECLARATION

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing and Urban Development has a right of access to financial records held by any financial institution in connection with the consideration of the financial assistance for which you have applied. Financial records involving your transactions will be available to the Department of Housing and Urban Development during the term of the loan and three years thereafter without further notice or authorization, but will not be disclosed nor released to another government agency or department without your consent, except as required or permitted by law.

The United States shall be deemed to be a beneficiary of these provisions both for and in its own right and also for the purpose of protecting the interests of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

The applicant certifies that all information furnished in support of this application is given for the purpose of obtaining financial assistance under the Community Development Block Grant program, and is true and complete to the best of the applicant's knowledge and belief. The applicant understands that verification of any of the information contained in this application may be obtained from any source named herein. The original or a copy of this application will be retained by the lender, even if the loan is not granted.

The applicant covenants and agrees that he will comply with all requirements imposed by or pursuant to regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 Stat. 252).

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1014, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both." Under the penalties of perjury, **I certify** that the taxpayer identification number (i.e., Social Security number) provided on this form is true, correct, and complete. **I certify** that I am not delinquent on other Federal loans. **I understand** and agree that I am to be the owner-occupant of any property obtained with Down Payment Assistance. **I certify** that I intend to occupy the property as my primary residence. If the home is rented or vacated without clear intent to return soon, the City has the option to call the loan due and payable, or to foreclose. **I have read and I understand** the actions the City of Clarksville can take in the event that I fail to meet my scheduled payments in accordance with the terms and conditions of my agreement.

Date

Applicant's Signature

Date

Co-applicant's Signature

Privacy Consent Form

I agree to allow the Office of Housing and Community Development to share information from my application for the purpose of assisting with the purchase of a home, including, but not limited to the Loan Officer for the first mortgage loan.

Borrower

Date

Co-Borrower

Date