



FIRST TIME HOMEBUYERS APPLICATION

Dear Applicant:

Please bring ALL applicable items below when you return your application for assistance. APPLICATIONS MUST BE COMPLETE PRIOR TO BEING SUBMITTED. **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



Annual Income Guidelines

Funding for the program comes from the Federal Community Development Block Grant Program. These are the funds the City receives through the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) program. Federal rules limit eligibility to low- and moderate-income households. The maximum income varies by the number of people in the household and it changes each year. Below are the current income guidelines for this program.

HOUSEHOLD SIZE (Persons)	INCOME LIMIT
1	\$39,500
2	\$45,150
3	\$50,800
4	\$56,400
5	\$60,950
6	\$65,450
7	\$69,950
8	\$74,450

Effective: May 26, 2022

These limits are determined by the U.S. Department of Housing and Urban Development (HUD)



FIRST-TIME HOMEBUYERS GUIDELINES

Qualified applicant(s) can receive:

- o Up to \$5,000 for down payment
- o Up to 5% of sales price for closing cost
- o Up to 1.5% for prepaid items
- o 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 down payment portion will be loaned at an interest rate of 1% for buyers whose income is less than or equal to 60% of the area median income or a 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



CNCS
Clarksville Neighborhood & Community Services

DOWN PAYMENT ASSISTANCE (DPA) APPLICATION FORM

APPLICANT

Full Name _____
Social Security # _____
Street Address _____
City, State, Zip _____
Phone # _____ Date of Birth _____
Current Marital Status _____

CO-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)

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.)

o 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 Clarksville Neighborhood and Community Services (CNCS) and its agents. I also permit the CNCS to share like information with the lending institution involved. This information will be treated as confidential by the CNCS, 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 CNCS? 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	DOB	SEX	RELATIONSHIP TO APPLICANT	SSN

SECTION B:

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

NAME	DOB	SEX	RELATIONSHIP TO APPLICANT	SSN

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

NAME OF REFERENCE | PHONE



Assets

List all assets of all household members:

PERSON WITH ASSET	TYPE OF ASSET	VALUE OF ASSET

- Does anyone outside of your household pay for any of your bills or give you money? YES NO
If yes, explain who, for what, and how much: _____

- Does anyone in the household have a **checking account**? YES NO
Balance: \$ _____ Name of Bank/Credit Union: _____
Savings account? YES NO
Balance: \$ _____ Name of Bank/Credit Union: _____
- Does anyone in the household have any stocks, bonds, certificates of deposit, treasury notes, trusts, or real property? YES NO
If yes, explain: _____

- Has anyone in the household sold or given away any real property or any other asset within the last two years?
 YES NO
If yes, what? _____
 SOLD GIVEN To whom? _____

Debts

List all assets of all household members:

CREDITOR	MONTHLY PAYMENT	APPROX. BALANCE

Applicant's Signature | Date

Co-applicant's Signature | Date



VOLUNTARY HOUSEHOLD DEMOGRAPHIC INFORMATION

(for Statistical Purposes Only)

THE FOLLOWING INFORMATION IS GATHERED TO COMPLY WITH FEDERAL CDBG PROGRAM REQUIREMENTS:	
RACE: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian/Native Alaskan <input type="checkbox"/> Pacific Islander/Hawaiian <input type="checkbox"/> Asian & White <input type="checkbox"/> Am. Indian/Native Alaskan & White <input type="checkbox"/> Black/African-American & White <input type="checkbox"/> Am. Indian/Native Alaskan & Black/African-American <input type="checkbox"/> Other Multi-Racial	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE: _____

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
Do you have any outstanding judgments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you been declared bankrupt in the last 7-years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you had property foreclosed upon, or given the deed or title in lieu of?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a co-maker, endorser, guarantor, or surety on a note?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a party in a law suit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you delinquent on any Federal debt?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you anything other than an American citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you personally liable for debts by another person or organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Applicant's Signature | Date

Co-applicant's Signature | Date



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, provide 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
Executive Director: Kathy Trawick

We received a copy of this notice.

Applicant's Signature | Date

Co-applicant's Signature | Date



PERSONAL DECLARATION

This is notice to you, as required by the Right to Financial Privacy Act of 1978, that the U.S. Department of Housing and Urban Development (HUD) 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 HUD 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.

Applicant's Signature | Date

Co-applicant's Signature | Date



Privacy Consent Form

I agree to allow Clarksville Neighborhood and Community Services 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.

Applicant's Signature | Date

Co-applicant's Signature | Date