

**CITY OF MESA
NEIGHBORHOOD STABILIZATION PROGRAM APPLICATION**

APPLICANT				SPOUSE			
FIRST NAME:	M.I.	LAST NAME:		FIRST NAME:	M.I.	LAST NAME:	
DATE OF BIRTH:		SOCIAL SECURITY NO.		DATE OF BIRTH:		SOCIAL SECURITY NO.	
CURRENT ADDRESS:			APT. #	CURRENT ADDRESS:			APT. #
MAILING ADDRESS:				MAILING ADDRESS:			
TIME AT CURRENT ADDRESS: ____YRS. ____MOS.				TIME AT CURRENT ADDRESS: ____YRS. ____MOS.			
HOME PHONE ()		WORK PHONE ()		HOME PHONE ()		WORK PHONE ()	
APPLICANT EMPLOYMENT				SPOUSE'S EMPLOYMENT			
CURRENT EMPLOYER:				CURRENT EMPLOYER			
EMPLOYER'S ADDRESS:				EMPLOYER'S ADDRESS:			
CITY:		STATE:	ZIP	CITY:		STATE:	ZIP
LENGTH OF EMPLOYMENT: ____YRS. ____MOS.			LENGTH OF EMPLOYMENT: ____YRS. ____MOS.				
OCCUPATION:		YEARS IN FIELD:		OCCUPATION:		YEARS IN FIELD:	

HOUSEHOLD COMPOSITION				
NAMES OF DEPENDENTS AND CHILDREN	AGE	OTHER HOUSEHOLD MEMBERS	AGE	RELATIONSHIP
TOTAL PERSONS IN HOUSEHOLD: _____				

APPLICANT INCOME		SPOUSE'S INCOME	
GROSS MO. INCOME (Include salary/wages; other income):		GROSS MO. INCOME (Include salary/wages; other income):	
SOURCE:	\$	SOURCE:	\$
SOURCE:	\$	SOURCE:	\$
SOURCE:	\$	SOURCE:	\$
GROSS MONTHLY INCOME:	\$	GROSS MONTHLY INCOME:	\$

YOUR BANKING RELATIONSHIPS			
TYPE OF ACCOUNT	FINANCIAL INSTITUTION	ACCOUNT NO.:	BALANCE
CHECKING			\$
SAVINGS			\$
MONEY MARKET			\$
IRA			\$
OTHER (SPECIFY)			\$

FINANCIAL OBLIGATIONS

	To Whom Owed	Estimated Value	Maximum Limit	Balance Owing	Monthly Payment
Rent/Lease Payment		\$	\$	\$	\$
Do you own any Real Estate?		\$	\$	\$	\$
Auto		\$	\$	\$	\$
Auto		\$	\$	\$	\$
Bank Credit Card		\$	\$	\$	\$
Bank Credit Card		\$	\$	\$	\$
Other Debts (including dept. stores)		\$	\$	\$	\$
Auto Insurance		\$	\$	\$	\$
Utilities		\$	\$	\$	\$
Line of Credit		\$	\$	\$	\$
Other Obligations (Alimony, Child Support)		\$	\$	\$	\$

Have you ever had credit in any other name? Yes No If "Yes", what name? _____

Are you a co-signer or guarantor on any other obligations not listed on this application? Yes No

Have you ever had judgments, garnishments or other legal proceedings against you? Yes No

Have you ever had anything repossessed? Yes No

Have you ever declared bankruptcy? Yes No Date dismissed: _____

Are you employed by the City of Mesa Yes No If "Yes" department and title _____

Are you affiliated and/or related in any way to a City of Mesa employee, agent, consultant, officer, appointed or elected official, contractor, etc. or with any agency that receives CDBG or HOME funds. Yes No If "Yes" give name, agency and title _____

Do you have other assets not mentioned above? _____

Are all applicants citizens or legal residents of the United States? Yes Resident Alien # (if applicable) 1) _____
 No 2) _____

By signing below, you certify that all the information you have given or will give with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, and exchange information with others about your credit and account experience. You agree to provide additional information that we may require to process this application, including but not limited to, true and complete federal income tax returns, employment verification and income verification. Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for Federal Financial Assistance, or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than 2 years, or both, under provisions of the U.S. Criminal Code.

Applicant's Signature	Date	Spouse's Signature	Date
-----------------------	------	--------------------	------

Applicant Race/National Origin Information:

White Black

Asian American Indian / Alaskan Native

Hispanic

Native Hawaiian / Other Pacific Islander

American Indian / Alaskan Native & White

Asian & White

Black / African American & White

American Indian / Alaskan Native & Black / African American

Balance / Other

Spouse Race/National Origin Information:

White Black / African American

Asian American Indian / Alaskan Native

Hispanic

Native Hawaiian / Other Pacific Islander

American Indian / Alaskan Native & White

Asian & White

Black / African American & White

American Indian / Alaskan Native & Black / African American

Balance / Other

SEX: Male Female

SEX: Male Female

HOUSEHOLD COMPOSITION FORM

	First Name	Last Name	Relationship	Race/Sex/Age	Income	Own Other Property (Yes / No)
1						
2						
3						
4						
5						
6						
7						
8						

- I (we) certify that the above named and only the above named, intend to occupy the property purchased under the City of Mesa Neighborhood Stabilization Homebuyer Assistance Program as my (our) principal residence.
- I (we) acknowledge and understand that income eligibility for the above-mentioned program is based upon the total household income for all persons who will occupy the property and, I (we) certify that we have disclosed all household members and income.
- I (we) certify that I (we) have disclosed any and all ownership of other residential property by any household member.

I (we) certify that the information above is true, complete and accurate. I (we) understand that a material misstatement made by me (us) constitutes fraud and may result in a denial of my (our) application.

Applicant Signature (Head)

Date

Co-Applicant Signature

Date

MONTHLY EXPENSES AND LIABILITIES

EXPENSES		<u>LIABILITIES (loans, credit cards & other debts)</u>		
<u>HOUSING</u>		Name of Creditor	Minimum Payment	Unpaid Balance
RENT	_____	_____	_____	_____
FOOD/GROCERIES	_____	_____	_____	_____
ELECTRICITY	_____	_____	_____	_____
WATER/SEWER	_____	_____	_____	_____
GAS	_____	_____	_____	_____
TELEPHONE	_____	_____	_____	_____
<u>TRANSPORTATION</u>		_____	_____	_____
AUTO INSURANCE	_____	_____	_____	_____
GASOLINE	_____	_____	_____	_____
REPAIRS/MAINTENANCE	_____	_____	_____	_____
TAGS/TAXES	_____	_____	_____	_____
<u>OTHER</u>		_____	_____	_____
CHILDCARE	_____	_____	_____	_____
CLOTHING	_____	_____	_____	_____
LAUNDRY/DRY CLEANING	_____	_____	_____	_____
MEDICAL	_____	_____	_____	_____
CABLE TV	_____	_____	_____	_____
RECREATION	_____	_____	_____	_____
CONTRIBUTIONS	_____	_____	_____	_____
SAVINGS	_____	_____	_____	_____
MISC.	_____	_____	_____	_____
TOTAL EXPENSES	_____	TOTAL DEBTS	_____	_____
<u>MONTHLY NET INCOME</u>				
Full time employment	_____			
Full time employment	_____			
Part-time employment	_____			
Social Security Disability	_____			
Retirement	_____			
Alimony	_____			
Child Support	_____			
Public Assistance	_____			
Other:	_____			
TOTAL NET INCOME	_____			
Surplus / Deficit	_____			

Name: _____

Date: _____

HOME PURCHASING

THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION IN A TIMELY MANNER

- _____ 3-months of most recent pay stubs
(For everyone in the household 18 years & older)
- _____ 3-months of recent bank statements for all asset/cash accounts (all pages)
- _____ Proof of Income: Child support order, divorce decree, SSI or SSD award letters, retirement benefits award letter (if not available 3-months of bank statements showing deposits)
- _____ Income Tax Federal returns & W-2 (most recent three years)
Self-employed clients will need 3-years starting with the most recent year. If not available call the IRS for Transcripts at 1-800-829-1040 it can take up to 4 weeks or you can request them to fax them to you. Let the IRS know that you are in the process of purchasing a home and need them ASAP.
- _____ Picture ID for applicants
- _____ Social Security Card for applicants
(Those with work only must bring residence card)
- _____ Documentation of divorce decree all pages (if it applies to you)
- _____ Bankruptcy papers including discharge letter and list of creditors

IF YOU ARE WORKING WITH A LENDER, BANK OR MORTGAGE COMPANY THE FOLLOWING IS REQUIRED FOR DOWN PAYMENT ASSISTANCE:

- _____ Copy of 1003, Loan Approval, Good Faith Estimate and Truth in Lending
- _____ Copy of a Purchase Contract along with a listing of the subject property
- _____ Copy of property evaluation report