



Homeownership Assistance Program Application

Applicant's Name: _____ Date: _____

Address: _____ Assigned Project #: _____
(Property to be purchased)

RETURN COMPLETED APPLICATION TO:

City of Jonesboro
Grants & Community Development Department
Attn: Lakyn Williams, Housing Project Coordinator
300 S. Church St. Room 402
Jonesboro, AR 72401
Phone: 870.336.7226 Fax: 870.933.4626

The Homeownership Assistance Program funded by the Community Development Block Grant (CDBG) is designed to assist low- and -moderate income citizens to purchase, for owner occupancy, properties within the City limits of Jonesboro. Eligible applicant must be a first-time homebuyer and must commit to occupy the property as their principle residence. A homebuyer is eligible to apply for the assistance after the mortgage lender qualifies for a mortgage loan. This program is implemented to amplify the homeownership of low- and -moderate income citizens.

Please print all sections in ink. Do not leave any section blank. **If you do not know the answers, the answer is "none" or "does not apply", please write: "none" or "N/A".** If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. Please do not use liquid paper.

Each additional individual who will reside within and/or co-own the property will also supply the necessary information for this application.

It is important that all information on this form is completed and correct. False, incomplete, or misleading information will cause your application to be delayed or rejected.

As long as your application is on file with us, it is your responsibility to contact us whenever your telephone number, income situation, family size, or other relevant information changes.

Upon receipt of your application, we make preliminary determination of eligibility. All applications will be processed according to standard procedures. If later processing establishes that your household is not eligible or that you do not qualify for assistance, you will be notified and your application denied.

Name: _____ SSN: _____

Current Property Address: _____ City _____ State _____ Zip _____

No. of years at this address: _____

Mailing Address (if different than above): _____

Previous Addresses: *please specify the "Year(s)" lived i.e., 2010-12

1. _____ City _____ State _____ Zip _____ Year(s): _____

Was this home Owned: Rented: or Other (specify): _____

2. _____ City _____ State _____ Zip _____ Year(s): _____

Was this home Owned: Rented: or Other (specify): _____

3. _____ City _____ State _____ Zip _____ Year(s): _____

Was this home Owned: Rented: or Other (specify): _____

Home Phone: _____ Other/Cell: _____

Age: _____ DOB: _____ No. of persons living in the household: _____

Total monthly income for **all persons** living in the household: (Page 3, Income Total) _____

Marital Status: (Place an X next to the appropriate situation)

Single Married Divorced Separated Widowed

Household Status: Single Married w/children Married w/o children Female head of HH

Male head of HH Two or more unrelated adults Other _____

Have you been convicted of a felony? No Yes If yes, please explain: _____

Spousal Information (if married):

Name: _____ SSN: _____

Age: _____ DOB: _____ Total monthly income _____

Family/Household Size: (include dependents and provide birth certificates or social security cards for all persons residing at the current address)

<i>Name</i>	<i>Relationship to Applicant</i>	<i>Sex (M/F)</i>	<i>Age</i>	<i>Race</i>	<i>Birth-date</i>	<i>Legalized Alien (NA/Y/N)</i>	<i>Date Legalized</i>
	Applicant						

****QUALIFIED ALIENS PER §431 of PRWORA**

Please identify any person(s) in the household with a disability: _____
If any, please provide supporting documentation.

FINANCIAL INFORMATION

<i>Household Member</i>	<i>Employer</i>	<i>Salary/Wages</i>	<i>Disability</i>	<i>Social Security or SSI</i>	<i>Retirement</i>	<i>Other</i>	<i>Totals</i>

Monthly Gross Income Total \$ _____

Annual Gross Income Total (monthly total times 12) _____

Additional Annual Income (dividends, interest, etc.) _____

Annual Income Total (Annual plus additional) _____

Total amount of income for all persons living in the household will be verified prior to release of funds. Acceptable forms of identification to be attached with application, include copies of most recent pay stubs, W-2's and filed income tax returns (Adjusted Gross Income from IRS Form 1040).

Please complete the following tables:

	Applicant	Co-Applicant
Checking Account		
Savings Account		
Cash		
CD's (Certificate of Deposit)		
Securities (stocks, bonds, etc.)		
Retirement Account		
Other		

Monthly Gross Income (<i>Page 3</i>)		Total: \$
Monthly Expenses:	Food	
	Food Stamps (Total)	
	Lights	
	Gas	
	Water	
	Telephone	
	Carfare	
	Insurance	
	Car expenses	
	Clothing	
	Misc.	
<i>Fixed Payments:</i>	Loans	
	Home Payment	
	Car Note	
	Other-List (Medical)	
	Other-List	
	Other-List	
	Other-List	
Total Monthly Expenses (<i>subtract food stamps</i>)		Total: \$

Check here if additional information is attached.

CDBG INCOME LIMITS (Circle INCOME RANGE of total households)

Area: City of Jonesboro FY 2019 Median Family Income: \$ 54,900								
-----ADJUSTED INCOME LIMITS (by household size)-----								
	1	2	3	4	5	6	7	8 +
	Person	Person	Person	Person	Person	Person	Person	Person
Extremely-Low (30% Limits)	\$12,490	\$16,910	\$21,330	\$25,750	\$29,650	\$31,850	\$34,050	\$36,250
Low (50%)	\$19,250	\$22,000	\$24,750	\$27,450	\$29,650	\$31,850	\$34,050	\$36,250
Moderate Income (80%)	\$30,750	\$35,150	\$39,550	\$43,900	\$47,450	\$50,950	\$54,450	\$57,950

CDBG Income Limits may change each program year

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

NOTICE: The client information collected with this application is confidential. The release of information is prohibited with respect to services provided when not directly connected to administration of the program, or the City of Jonesboro. Written consent must be obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian prior to the release of information contained in this application.

I/We certify that all information provided here in writing, and that which I may state is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and are a matter of public record. I acknowledge that false, fictitious or fraudulent statements or representations to defraud the City of Jonesboro of funds voids my application for assistance and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five (5) years, or both, under U.S.C. Title 18. I/We understand that it is the obligation of the City of Jonesboro to prosecute violations. I/We also certify that we will reside as residents of the address listed over a period of the next five (5) years. I/We authorize the City of Jonesboro to investigate the information I/we have given on my/our application for assistance, which may include contacting the Department of Human Services regarding my/our household size and/or the type of assistance I/we are currently receiving from the state.

Applicant

Date

Spouse (if applicable)

Date

HOMEOWNERSHIP ASSISTANCE PROGRAM APPLICATION CHECKLIST

THE APPLICATION WILL BE DEEMED “INCOMPLETE” AND RETURNED TO THE APPLICANT IF ALL ITEMS HAVE NOT BEEN SUBMITTED.

SEE THE FOLLOWING CHECKLIST AND VERIFY ALL INFORMATION HAS BEEN PROVIDED.

Submission date will be recorded upon receipt of “completed” application.

PLEASE NOTE: THE FOLLOWING MUST ACCOMPANY THE APPLICATION IN ORDER TO BE PROCESSED.

- COMPLETED APPLICATION
- COPY OF DRIVER’S LICENSE(S)
- COPY OF SOCIAL SECURITY CARD(S) INCLUDING DEPENDENTS
- PROOF OF INCOME (**ALL THAT APPLIES**)
 - COPY OF TWO (2) MOST RECENT CHECK STUBS FROM CURRENT EMPLOYMENT
 - SIGNED COPY OF TAX RETURN (PAST 3 YEARS)
 - COPY OF W2’s (PAST 3 YEARS)
 - VERIFICATION OF EMPLOYMENT
 - AFFIDAVIT OF NO INCOME (ANY MEMBER OF HOUSEHOLD WHO IS OVER 18)
 - SOCIAL SECURITY VERIFICATION LETTER/COPY OF A MOST RECENT MONTHLY CHECK
 - COPY OF RETIREMENT VERIFICATION LETTER
 - COPY OF PENSION VERIFICATION LETTER OR CHECK STUB
 - COPY OF DHS/OTHER AWARD LETTERS
 - BANK STATEMENTS (MOST RECENT CHECKING/SAVINGS)
 - UNEMPLOYMENT BENEFITS
- GRANT PAY REQUEST BY THE LENDER
- COPY OF LOAN ESTIMATE
- COPY OF COURSE CERTIFICATE
- COPY OF REAL ESTATE CONTRACT
- COPY OF CLOSING DISCLOSURE (Must be provided after closing)



The City of Jonesboro encourages and supports an affirmative program to obtaining housing assistance and does not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin. We are committed to providing equal housing opportunities.