

Down Payment Assistance Program APPLICATION CHECKLIST

Name _____
Address _____

Date: _____

READ CAREFULLY BEFORE PROCEEDING:

Please complete and return ALL of the following information/forms. Incomplete forms WILL NOT be accepted and the information WILL NOT be reviewed until ALL forms have been completed and submitted, including letter of commitment.

_____ **COMMITMENT OF BANK FINANCING** - attach a letter of commitment from your lending institution indicating your ability to obtain conventional financing along with term, rate, and closing cost. (*NOTE: Include this letter WITH application packet and forms. Applications WILL NOT be accepted or reviewed until a letter of commitment has been received. If lenders have questions regarding this commitment, they should contact Laurie Gilbert or Nancy Muhlbauer at 712-792-9914.*)

_____ **TAX RETURN** - Please submit a copy of your most recent (2009) tax return. If you are self-employed, submit copies of your 2007, 2008, & 2009 tax returns. Copies will not be returned to you

_____ **APPLICATION** - Fill out this form completely (2 pages) and both applicants sign & date it.

_____ **EQUAL CREDIT OPPORTUNITY NOTICE** - Read and sign this form.

_____ **STATEMENT OF VOLUNTARY INFORMATION** signed and dated.

_____ **RELEASE OF INFORMATION** - Sign and fill in your social security number. (**DO NOT complete anything else on this form - it is for office use only!!**).

_____ **ASSETS STATEMENT** - Fill out names and complete addresses only. Do not list amounts. Indicate "N/A" if one of the sections does not apply.

_____ **ANNUAL INCOME STATEMENT** - Fill out with names and complete addresses only. Do not list amounts. Indicate "N/A" if one of the sections does not apply.

_____ **SOCIAL SECURITY BENEFITS** - If you receive social security benefits, please provide a copy of your award letter as verification of benefit. You may contact the Social Security Administration at 1-800-772-1213 to receive a copy of the letter.

_____ **APPLICATION AGREEMENT** - signed and dated.

Please indicate what type of home you wish to purchase and where:

NEW HOME

EXISTING HOME

Location: _____

If you have questions about completing any of the above forms, please call Stephanie at (712) 775-7824 for assistance. Once all forms are completed and signed, please return them to the following address:

REGION XII COUNCIL OF GOVERNMENTS

Attn: Stephanie Fisher

1009 E. Anthony St., PO Box 768

Carroll, IA 51401-0768

REGION XII COUNCIL OF GOVERNMENTS DOWN PAYMENT ASSISTANCE APPLICATION

(Please complete all parts of this 2-sided application)

Number of individuals living in household _____ Number of dependants under age 18 _____

Do you pay childcare expenses for the time you spend at work or school? _____ Yes _____ No

APPLICANT INFORMATION

Legal First Name	Middle Initial	Last Name
Date of Birth	Age	Social Security #
Street Address		Email Address
City	Zip Code	County
Employer	Address	Monthly Gross Income
Occupation	Ph. #	No. of years employed

CO-APPLICANT FOR SPOUSE

First Name	Middle Initial	Last Name
Date of Birth	Age	Social Security #
Employer	Address	Monthly Gross Income
Occupation	Ph. #	No. of years employed

SOURCE OF OTHER INCOME

Applicant	Amount per Month
Co-Applicant	Amount per Month

HOME MORTGAGE INFORMATION

Have you owned a home within the past 3 years Yes No

Do you own your current home? _____ Please check method of Purchase:

Bank Purchased on Contract Other _____

Payment made to: _____

Monthly payment _____

Address: _____

Where are you thinking of buying a home?: _____

HOUSEHOLD INFORMATION

List all individuals, INCLUDING YOURSELF, living in your household:

NAME	AGE	RELATIONSHIP	EMPLOYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you: Single Married Divorced Widowed

Engaged Co-Habiting

Do you have any dependents not residing in this household? _____ If yes, please explain:

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE AND THAT I (WE) ARE PROVIDING THIS INFORMATION ON A VOLUNTARY BASIS TO ENABLE MONITORING AND COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Name of Contact Person (to leave a message) _____ Phone number _____

Please submit completed application with a copy of most recent tax return or copies of your last three years if self employed to:

**Region XII Council of Governments
Attn: Stephanie Fisher
1009 E. Anthony Street, PO Box 768
Carroll, Iowa 51401-0768
712-792-9914**

EQUAL CREDIT OPPORTUNITY NOTICE

The lender is required to provide the following notice in accordance with the Equal Credit Opportunity Act, 15 U.S.C. 1691 et. seq., and Federal Reserve Board Regulation B, 12 C.F.R. d(d).

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Deposit Insurance Corporation, 2345 Grand Avenue, Suite 1500, Kansas City, MO 64108.

I have read the above statement and understand fully my rights under the Equal Credit Opportunity Act. I have also been informed that there may be processing costs involved to be included in the total loan amount. These costs will cover the amount charged to Region XII Council of Governments for recording fees (if applicable), credit check fees, and inspection fees. Such costs will be identified on the Truth and Lending Disclosure Statement at the time of the loan closing.

Name of Applicant (printed)

Name of Co-Applicant (printed)

Signature of Applicant

Signature of Co-Applicant

Date

Date



REGION XII

COUNCIL OF GOVERNMENTS

Housing Services & Programs

“This is an equal opportunity program.
Discrimination is prohibited by Federal Law”.

Statement of Voluntary Information

Are you or your spouse: 62 or over Disabled or Handicapped Veteran

Please mark one of the above if you would like to be considered for adjusted income programs.

Race: White Black or African American Asian

American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

Other

Ethnicity: Hispanic or Latino Not Hispanic or Latino

The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the Rural Development that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

I acknowledge receipt of this statement

Signature

Date

RELEASE OF INFORMATION

To determine eligibility for assistance through the Housing Programs, Region XII Council of Governments will need to verify income, assets, and medical expenses of the applicants. This application is being considered for the following program:

DOWN PAYMENT ASSISTANCE

I _____ authorize _____ to release the information required by Region XII COG, and agree that photocopies of this form may be used for purposes stated above. Date: _____

SS# _____

SS# _____

Signature of Applicant

Signature of Co-Applicant

*FOR OFFICE USE ONLY ** FOR OFFICE USE ONLY ** FOR OFFICE USE ONLY*

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INCOME SOURCE: Please check one:
Pension Income Anticipated for the next 12 months (_____ thru _____) _____
IPERS OR Base wage per hour _____ Hours per week _____
FIP
Alimony/Child support
Workman's Compensation
Unemployment
Gross Wages
Other

NET VALUE OF ASSETS: ANTICIPATED ANNUAL INCOME:
Checking/Savings Balance(s) _____ (Interest) _____
CD(s) _____ (Interest) _____
Other _____ (Interest) _____
Monthly Mortgage payments _____ (# of payments remaining) _____

"OUT OF POCKET" MEDICAL EXPENSES ANTICIPATED TO BE PAID BY APPLICANT
(DATES) _____ thru _____
Doctor OR past 12 months _____ thru _____
Health Insurance Policy (monthly premium)
Dental
Optometry
Other: _____

SIGNATURE/TITLE PHONE # DATE

I CERTIFY that the applicable provision of the Right to Financial Privacy Act of 1978 (U.S.C.3401-3422) have been complied with in this request. Pursuant to the Right to Financial Privacy act of 1978, good faith reliance upon this certification relieves your institution and its employees and agent of any possible liability to the customer in connection with the disclosure of these financial records.

Stephanie Fisher/Housing Programs Assistant

Region XII COG Representative/Title

PLEASE RETURN TO:

REGION XII COUNCIL OF GOVERNMENTS
ATTN: STEPHANIE FISHER - 712-792-9914
1009 E ANTHONY STREET
PO BOX 768
CARROLL, IA 51401-0768

ASSETS STATEMENT

By EACH number ----describe asset held or N/A if it doesn't apply----

1. Real Estate Owned, if other than house listed on application form:

Street Address _____
City & State _____
Gross Value _____ Minus Debt _____
Actual Verified Income _____

Street Address _____
City & State _____
Gross Value _____ Minus Debt _____
Actual Verified Income _____

SHOW NAME & ADDRESS OF ASSET HERE

2. Contracts Held or Other Notes Receivable

2. _____

3. Bonds

3. _____

4. Stocks

4. _____

5. IRA's

5. _____

6. CD's and Money Market Accounts

6. _____

7. Revocable Trusts

7. _____

8. Checking Accounts

8. _____

9. Savings Accounts

9. _____

10. Retirement Accounts with a Cash Value

10. _____

11. Life Insurance that HAS Cash Value

11. _____

Policy #

Policy #

12. Business Assets where Applicant is NOT actively engaged in business:

12. Gross Value _____ Minus Debt _____
Actual Verified Income _____

13. All Other:

List all business or household assets disposed of in the past two years:

Market Value _____ Sale Price & Expenses _____

I certify that all assets, income producing or otherwise, except for necessary items of personal property such as furniture and automobiles, are listed above. I understand that this information is necessary for computing annual income.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

ANNUAL INCOME STATEMENT

By EACH number ----describe type of income you are/expect to receive or N/A if it doesn't apply---

Anticipated income for the next 12 months

SHOW NAME & ADDRESS OF INCOME SOURCE HERE

- 1. Applicant's Employer(s) 1. _____

- 2. Co-Applicant's Employer(s) 2. _____

- 3. Other Employer(s) 3. _____

- 4. Commissions, Fees, Tips, Bonuses, Etc. 4. _____

- 5. Military Pay (regular & special) 5. _____

- 6. Seasonal Work 6. _____

- 7. Social Security, SSI, Pensions, Etc. 7. _____

- 8. Annuities, Pensions, including Disability Pensions
or other Insurance Payments 8. _____

- 9. Unemployment, Workman's Compensation,
Severance Pay 9. _____

- 10. Public Assistance - DO NOT include Food Stamps
or Energy Assistance 10. _____

- 11. Alimony, Child Support, Maintenance Payments received 11. _____
Case # _____

- 12. Regular Gifts or Cash Contributions 12. _____

- 13. Educational Scholarships/Grants, VA Benefits 13. _____

- 14. Net Profit from Farm/Business/Professional 14. _____
**SEND copies of the last three years of income tax forms
& the appropriate schedules for each & every business**
- 15. Adult Income from Irrevocable Trust Fund 15. _____

- 16. Other (specify) _____ 16. _____

I certify that all information given on this Annual Income Statement is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

