

City of Newton Homebuyer Program Application

Household is applying for the Newton Connection Homebuyer Program or First Time Homebuyer Program.

I. HOUSEHOLD COMPOSITION INFORMATION

A. Applicant

Co-Applicant

Name _____ M/F

Name _____ M/F

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Date of Birth _____

Date of Birth _____

Social Security # _____ - _____ - _____

Social Security # _____ - _____ - _____

Tel _____ (h) _____ (w)

Tel _____ (h) _____ (w)

_____ mobile

_____ mobile

Email _____

Email _____

Ethnicity: Hispanic or Latino or Not Hispanic or Latino

Race: White Black or African American Asian

Native Hawaiian or Other Pacific Islander American Indian or Alaskan Native

B. Occupancy Information

1. Number of Persons who reside in Applicant(s) current home _____
2. Number of Persons who will reside in your future unit if purchased within next year _____
3. Number of Children who will live with Applicant(s) _____
4. Number of Children under Age 6 who will reside in unit _____
5. Number of Disabled Persons who will reside in unit _____

II. ANNUAL INCOME INFORMATION

<i>List Gross Dollars</i>	Applicant	Co-Applicant
<i>A. Wages, Salary, Tips</i>	\$	\$
<i>B. Business Income</i>	\$	\$
<i>C. Social Security</i>	\$	\$
<i>D. Pension</i>	\$	\$
<i>E. Child Support</i>	\$	\$
<i>F. Alimony</i>	\$	\$
<i>G. Dividends and Interest</i>	\$	\$
<i>H. Unemployment Compensation</i>	\$	\$
<i>I. Other (describe)</i>	\$	\$
J. TOTAL	\$	\$

III. HOUSING EXPENSES

Expense	Monthly Expense
A. Rent (Lease term ends m/d/y _____)	\$
B. Telephone	\$
C. Water/Sewer	\$
D. Heat	\$

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E. Gas	\$
F. Electricity	\$
G. Other (describe)	\$
Office Use Only: Total Monthly Expenses (A-G)	\$

IV. ASSETS

A. Checking Account

Name of Bank _____ Balance: \$ _____
 Account No. _____

B. Savings Account

Name of Bank _____ Balance: \$ _____
 Account No. _____

C. Certificates of Deposit, Mutual Funds/Stocks/Bonds/401(k)/403(b), and Additional Accounts

Provide name of institution, account numbers, and balances and attach on additional sheet if necessary.

Name of Holder _____ Balance: \$ _____
 Account No. _____

D. List Real Estate Owned within Past Three (3) Years

Location of Real Estate _____
 If Currently Owned, Market Value: \$ _____ Mortgage Balance: \$ _____
 or Date of Transfer/Sale: _____
 Price Sold: \$ _____

V. LIABILITIES

List all Credit Accounts, Loans (Credit Cards, Department Stores, Auto, Personal loan, etc.)

Creditor	Balance Due	Monthly Payment
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$
Office Use Only: Total Monthly Liabilities \$		

By signing below, Applicant(s) requests the Newton Housing Office to review this application for the purpose of determining eligibility to receive funding assistance through the First Time Homebuyer Program. Applicant acknowledges that such eligibility determination may include without limitation, the acquisition of credit reports and the verification of income and deposits. Applicant declares that they have read and understand the guidelines of the Program, and further, Applicant acknowledges and agrees that Applicant's statements are to the best of their knowledge, are true, correct, and complete.

 Applicant Date Co-Applicant Date