

FIRST-TIME HOMEBUYER (FTHB) ASSISTANCE PROGRAM APPLICATION



City of Kenner DEPARTMENT OF COMMUNITY DEVELOPMENT APPLICATION INSTRUCTIONS

Dear Applicant:

Thank you for your interest in the City of Kenner's First time Homebuyers Assistance Program (FTHB). Attached is an application for you to apply. **Please understand an eligibility determination cannot be made until the application is complete and returned to us along with all of the requested and required documentation.**

The following documents will be needed along with your completed signed application:

- Copy of your certificates of completion for the First-time Homebuyer Training Class and Financial Fitness Training Class
- A Copy of your valid Louisiana ID and Birth Certificates and social security cards for all household members. Proof of permanent residence or U. S. citizenship for all household members.
- A Copy of your Prior two (2) years income tax returns, W-2 Forms, 1099's and six (6) Most recent paycheck stubs for all household members, where applicable.
- A Current copy of benefit letter from Social Security, VA, Pension/Retirement, Child Support, Unemployment, Workmen's Compensation, etc. (if applicable).
- A Copy of your Food Stamp Program Award Letter (if applicable).
- A Copy of your AFDC/Welfare benefit statement (if applicable).
- A Copy of Certified Profit and Loss Statement (self-employed persons) prepared by a Certified Public Accountant for the last six (6) months (if applicable).
- A Copy of bank statements – three (3) months for checking and last statement for savings.
- A Disclosure of any liquidated assets (i.e., stocks, bonds, IRA, real property, etc.)
- A Copy of Home Purchase and Sale Agreement.
- Copy of your Loan Estimate received from your lender.
- Signed Authorization to Release Information (Exhibit B)

ORIGINAL DOCUMENTS WIL NOT BE ACCEPTED. PLEASE COPY ALL REQUIRED DOCUMENTS.

To assist, a checklist is provided for you to check each item you will include with your application. It must be signed and returned. (Exhibit A)

If further information is needed, please contact our Housing Assistance Programs Specialist, Joan Baptiste at 468-7588

Thank you for your interest in our program and we look forward to assisting you in fulfilling and "American Dream" of purchasing a home.

FIRST-TIME HOMEBUYER (FTHB) ASSISTANCE PROGRAM APPLICATION



City of Kenner Community Development Department FIRST TIME HOMEBUYER (FTHB) ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION				
Name:				
Date of birth:	SSN:	Phone:		
Current address:				
City:	State:	ZIP Code:		
Landlord:	Land Landlord's phone#:	Rent Amount:		
Previous address:				
City:	State:	ZIP Code:		
Landlord:			Rent Amount:	
Marital Status (circle one): Single Married Separated Divorced Widowed				
Head of Household (circle one): Single Couple Elderly Disabled Single Parent Two Parent Other				
EMPLOYMENT INFORMATION				
Current employer:				
Employer address:			How long?	
Phone:	E-mail:	Fax:		
City:	State:	ZIP Code:		
Position:	Monthly income(Gross):	Hourly OR Salary (Please circle)		
CO-APPLICANT INFORMATION				
Name:				
Date of birth:	SSN:	Phone:		
Current address:				
City:	State:	ZIP Code:		
Landlord:	Landlords phone#:	Rent Amount:		
Previous address:				
City:	State:	ZIP Code:		
Landlord:	Landlord's phone#:	Rent Amount:		
Current employer:				
Employer address:			How long?	
Phone:	E-mail:	Fax:		
City:	State:	ZIP Code:		
Position:	Monthly income(Gross):	Hourly OR Salary (Please circle)		
HOUSEHOLD INCOME INFORMATION				
LIST INCOME OF ALL MEMBERS OF HOUSEHOLD FROM ALL SOURCES				
HOUSEHOLD INCOME (list names, & relationships for income of all household members) (LIST INCOME FROM ALL SOURCES) Income includes, but not limited to: Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services. Income from the operation of a business or profession. Income from interest and/or dividends. All gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.				
Last name, First name	Relationship	Age	Source of Income	Income
Total Household Members:		Gross Monthly Income		
CREDIT CARDS				
Name	Balance	Monthly payment		
AUTO LOANS				
Auto Loans	Balance	Monthly payment		

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OTHER LOANS, DEBTS, OR OBLIGATION			
Description	Balance	Monthly payment	
MONTHLY HOUSEHOLD EXPENSES			
	Payee	Monthly payment	
Gas			
Electricity			
Water			
Alarm/Security System			
Home Phone			
Cell Phone			
Cable			
OTHER ASSEST AND SOURCES OF INCOME			
Description	Payee	Monthly Cost	Amount per month / value
Checking Account			
Savings Account			
Certificate of Deposit			
IRA Account			
Vested Retirement			
Stocks & Bonds			
Value of Life Insurance			
Other Assets			
Information for GOVERNMENT Monitoring Process			
Sex:	CHECK IF APPLICABLE	Ethnicity: (select only one)	Race: (select one or more)
<input type="checkbox"/> Female	<input type="checkbox"/> Physically Disabled Family Member	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Male	<input type="checkbox"/> Chronically Mentally Ill Family Member	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Developmentally Disabled Family Member		<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Single Parent Family with minor children		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> White
<input type="checkbox"/> Yes, I'm a first-time homebuyer.		<input type="checkbox"/> No, I'm not a first-time homebuyer.	
If you answered "No" to the above question, please explain:			
Explanation:			
<input type="checkbox"/> Yes, I live in subsidized housing.		<input type="checkbox"/> No, I do not live in subsidized housing.	
<p>I (We) authorize the City of Kenner Department of Community Development to obtain and verify information for the purpose of evaluating this application and to release such information to other agencies involved in the program.</p> <p>Applicants are required to make a full disclosure of all information requested in the application. Refusal to disclose information deemed necessary to evaluate qualifications for the program, willful failure to disclose household income or misrepresentation of household membership shall represent grounds for rejection of the application and participation in the program.</p> <p>I (We) fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above information as is applicable under the provision of Title 18, United States Code, Section 1014.</p>			
Name of applicant: (Print) _____ Date: _____			

FIRST-TIME HOMEBUYER (FTHB) ASSISTANCE PROGRAM APPLICATION

Signature of Applicant	Date: _____
Name of applicant: (Print) _____	Date: _____
Signature of Co-Applicant, if for joint account	Date: _____

The following questions must be answered with a *Yes* response, supported with your appropriate documentation in order for your application to be complete for the FTHB Assistance Program.

1. I/we certify that I/we have not owned a home in the last here (3) years. ___(yes)___(no)
2. Have you completed a first time Homebuyer Training Class and a Financial Fitness Training Class within the last two years? ___(yes)___(no)
3. Have you been approved by a mortgage lender for a mortgage loan? ___(yes)___(no)
4. Have you received a Loan Estimate from the indicated mortgage lender for the purchase of the indicated residence? ___(yes)___(no)(if yes, please attach the Loan Estimate)
5. Have you executed a Purchase Agreement for the purchase of a residence within the incorporated limits of the City of Kenner? ___(yes)___(no)(if yes, please attach the agreement)
6. Property Address _____ Kenner, LA _____ Zip code
7. Do you have a copy of the most recent paycheck stub, plus six (6) uninterrupted pay check stubs for each employed member of the household? ___(yes)___(no)(if yes, please attach the pay stubs)
8. Do you have a copy of the two (2) most current monthly Bank Statements for all financial accounts? ___(yes)___(no)(if yes, please attach the statements)
9. Do you have a copy of the most recent two years of W-2 Wage and Tax Statements or 1099 forms for each employed member of the household? ___(yes)___(no) (If yes, please attach the W-2's or 1099's)
10. Do you have a copy of your most recent two years of IRS Tax Returns? ___(yes)___(no)(if yes, please attach tax returns)
11. Have you completed all items on this Application form and attached all supporting documentation requested, with the full understanding that you are not deemed eligible to make an appointment with the Department of community Development for financial assistance until all indicated items are satisfactorily completed on the application? ___(yes)___(no)

Please Note: All incomplete applications submitted to the Department of Community Development will be returned to the Applicant and will not be held by Department of Community Development. Furthermore, successful completion and submission of the Application does not automatically guarantee eligibility for program participation or a funding reservation.

Upon receipt and verification of the requested information, the Department of community Development will contact you to schedule an in-person appointment to complete the application process for the FTHB Homeownership Assistance Program. In-person appointments will be scheduled on a first come first served basis, in accordance with staff availability, until program funding is exhausted.

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I/We authorize the Community Development of the City of Kenner to obtain information for the purpose of evaluating this application and disclosure of this same information to local agencies participating in the program.

APPLICANT ACKNOWLEDGEMENT

I/We **HEREBY CERTIFY TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF THAT THE ABOVE INDICATED INFORMATION, INCLUDING ALL ATACHMENTS, IS TRUE, CORRECT AND COMPLETE. I/WE FULLY UNDERSTAND THAT IT IS A FEDERAL CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, TO KNOWINGLY MAKE ANY FALSE STATEMENT CONCERNING ANY OF THE ABOVE INFORMATION AS APPLICABLE UNDER THE PROVISION OF TITLE 18, UNITED STATES CODE, SECTION 1014. 1014.**

SIGNATURES:

Applicant Signature

Date

Printed Name

CO-Applicant Signature

Date

Printed Name

PLEASE RETURN THIS COMPLETED APPLICATION AND ALL REQUIRED DOCUMENTS TO:

City of Kenner Community Development Department
624 Williams Blvd
Kenner, Louisiana 70062

**FIRST-TIME HOMEBUYER (FTHB) ASSISTANCE PROGRAM
APPLICATION**

Exhibit A

City of Kenner Department of Community Development

**First-Time Homebuyers Assistance
Program Application Checklist**



In order to complete our review of your application and program eligibility, certain documents must be submitted to us. The following is a checklist to use, sign and return to the City of Kenner Department of Community Development along with your completed application. Please check and sign as applicable

- _____ Copy of your certificates of completion for the First-time Homebuyer Training Class and Financial Fitness Training Class
- _____ Copy of your valid Louisiana ID and Birth Certificates for all household members and social security cards for all household members.
- _____ Copy of Prior two (2) years income tax return, W-2 Forms, 1099's and six (6) most recent paycheck stubs for all household members, where applicable.
- _____ Current copy of verification benefit letter from Social Security, VA, Pension/Retirement, Child Support, Unemployment, Workmen's Compensation, etc. (if applicable).
- _____ Copy of Food Stamp Program Record (AFDC/Welfare) (if applicable).
- _____ Copy of Profit and Loss Statement (self-employed persons) prepared by a Certified Public Accountant for the last six (6) months (if applicable).
- _____ Copy of most recent bank statements – three (3) months for checking and last statement for savings.
- _____ Disclosure of any liquidated assets (i.e., stocks, bonds, IRA, real property, etc.)
- _____ Copy of Home Purchase and Sale Agreement.
- _____ Copy of your Good Faith Estimate received from your lender.
- _____ Signed copy of Authorization to Release Information attached to the Application

Signature of Applicant _____	Date:
Signature of co-applicant, if for joint account _____	Date:

MUST BE RETURNED WITH COMPLETED APPLICATION

**FIRST TIME HOMEBUYER (FTHB) ASSISTANCE
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Exhibit B

**CITY OF KENNER COMMUNITY DEVELOPMENT DEPARTMENT
FIRST-TIME HOME BUYERS (FTHB) ASSISTANCE PROGRAM
Authorization to Release Information**

It is the policy of the City of Kenner Department of Community Development to have communications, records and program information on clients and services held in confidence to the extent permitted by law. Confidentiality is defined as “the individual’s right to privacy; to be assured that any disclosure he or she makes will not be revealed to others.”

Adhering to the Confidentiality Policy includes not revealing information held in the client’s file to other individuals or organizations without written consent from the client as well as not discussing clients or client-related matters in the presence of others unless required by law.

No information concerning a client may be directly or indirectly disclosed, unless a signed release is present in a client’s file or such information is required to be disclosed in response to a subpoena or disclosure is otherwise required by law. The release should include the name of the program which is making the disclosure, the names to which the disclosure is made, the name of the client, the purpose of need for disclosure, the extent of disclosure, and the signature of the client.

Signing of an information release may be required in order to provide reports to the service providing agency. All other releases, however, are voluntary and the client has a right not to sign a release.

When information is being released, only that information that is necessary for the provision of a service will be released.

I/We, _____,
Hereby authorize the City of Kenner Department of Community Development to contact, cooperate and exchange information with any of their approved service providers. Furthermore, I/We authorize this release of any and all information and continue until I/We revoke this authorization directly in writing.

I/We authorize the approved service provider to pull my/our credit report(s) for credit counseling purposes.

_____(Initial) _____(Initial)
Applicant Co-Applicant

Applicant (Please print)

Client Signature

Date

Co-Applicant (Please print)

Client Signature

Date