

First-Time Homebuyers Training Assistance Program



CITY OF KENNER DEPARTMENT OF COMMUNITY DEVELOPMENT

MICHAEL S. YENNI
MAYOR

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DIRECTOR

Dear Prospective First Time Home Buyer:

Thank you for your recent inquiry regarding the City of Kenner Department of Community Development's First Time Home Buyers Training Assistance Program. The purpose of the program is to extend home ownership opportunities within the City of Kenner by providing assistance to qualified low-to-moderate income families interested in purchasing their first home. The program provides financial assistance towards the costs associated with home ownership counseling and training.

Not everyone is eligible for this unique program. To qualify, you must be 18 years of age or older, and have not owned (had a deed in your name) a home for three (3) years prior to the date of application. Funds are only available for those households at or below 70% of the median income. You may also qualify if you are a displaced homemaker and your household's income must be at or below the income limits outlined on the Income Limits chart.

All applicants must attend an individual (one-on-one) counseling session. In addition, a credit/budgeting session will be scheduled with a housing counselor in which a budget will be completed during this appointment. If accepted into the program, all clients must attend classes offered by a HUD certified counseling agency from whom they will be awarded a certificate at the time of completion.

No application fee will be charged to determine preliminary approval. Once you have obtained all information detailed on the Application Checklist, please make a photocopy of each item and mail the package to our office at:

Community Development Department
2100 Rev. Richard Wilson Drive, Suite 8
Kenner, LA 70065
504-468-7588 Attention: Michelle Foster

Please note that it is your responsibility to ensure you make all copies of all requested documents. Our office will not make any photocopies of your information and meetings with a counselor are BY APPOINTMENT ONLY.

Once again, thank you for your interest in the City of Kenner Department of Community Development First Time Home Buyers Training Assistance Program. Please feel free to contact the office at 504-468-7588 if you have any further questions.

Attachments

First-Time Homebuyers Training Assistance Program

Program Overview

Purpose: To provide homeownership training opportunities to first time home buyers in the City of Kenner.

Eligible Applicants: A current resident of Kenner; low income persons / households whose income is at or below the household income limits below; and has not owned a home in the last three years or a displaced homemaker.

Household Income Limits

Household Size	1	2	3	4	5	6	7	8
Maximum Income	\$29,950	\$34, 200	\$38, 450	\$42, 750	\$46, 150	\$49, 600	\$51, 940	\$55, 230

Application Fee: No application fee will be charged.

Home Buyer Education: All applicants must schedule an initial one-on-one qualifying interview. In addition, a credit/budgeting session will be scheduled with a credit counselor in which a budget will be completed during this appointment. If accepted into the program, all clients must attend a group counseling class of twelve (12) hours instruction prior to purchasing a home.

Follow Up: All applicants who successfully complete training and earn certification (evidenced by a 1st time home-buyers certificate) have the right to return to the City of Kenner Department of Community Development at no charge for additional counseling.

Repayment: No funds must be returned to the City Kenner Department of Community Development when training is complete.

Certification: A copy of the Certificate of Completion from the home buyers training class must be provided to the City of Kenner Department of Community Development when training is complete.

Home Purchase: Within 2 years of training completion, applicants are required to inform the Department of Community Development of success in efforts to purchase a home.

First-Time Homebuyers Training Assistance Program

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Landlord:	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:	
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)	

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SIZE OF HOUSEHOLD and CURRENT MONTHLY EXPENSES				
Rent:	Electricity:	Gas:	Phone:	
Medical:	Insurance:	Water:	Other:	
LIST INCOME OF ALL MEMBERS OF HOUSEHOLD FROM ALL SOURCES				
Income includes public or general assistance (welfare) payments, supplemental security income, social security, retirement benefits, vacation pay, unemployment compensation, strike benefits, cash gifts, awards and prizes, dividends and interest earnings, employment or training, including free housing provided by an employer, foster care payments annuities and pensions, alimony and child support, cash or payments made by other agencies (i.e. insurance payments on real estate, motor vehicles, etc.), rental income, or other form of compensation.				
Last name, First name	Relationship	Age	Source of Income	Income
Total Household Members:		Total Gross Monthly Income		
CREDIT CARDS				
Name	Balance	Monthly payment		
AUTO LOANS				
Auto loans	Balance	Monthly payment		
OTHER LOANS, DEBTS, OR OBLIGATIONS				
Description	Balance	Monthly Payment		
OTHER ASSETS OR SOURCES OF INCOME				
Description	With Whom		Amount per month or value	
Checking Account				
Savings Account				
Certificate of Deposit				
IRA Account				
Vested Retirement				
Stocks & Bonds				
Value of Life Insurance				
Other Assets				
Total Value of Assets				

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INFORMATION FOR GOVERNMENT MONITORING PROCESS		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity: (select only one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: (select one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <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:		
<input type="checkbox"/> Yes, I live in subsidized housing.		<input type="checkbox"/> No, I do not live in subsidized housing.
<p>I (We) authorize Community Development Program 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>		
Signature of applicant		Date:
Signature of co-applicant, if for joint account		Date:

PLEASE RETURN TO:

Community Development Department
2100 Rev. Richard Wilson Drive, Suite 8
 Kenner, LA 70065
 504-468-7588 Attention: Michelle Foster

First-Time Homebuyers Training Assistance Program

COUNSELING AGREEMENT BETWEEN THE CITY OF KENNER DEPARTMENT OF COMMUNITY DEVELOPMENT AND

Applicant Name: _____

In order to qualify for the program, the applicant recognizes the need for counseling and pledges full cooperation with the counseling agency. The applicant authorizes the counselor to act on her/his behalf in order to obtain necessary services.

The applicant authorizes the counselor to obtain other information from outside sources when necessary. The need to exchange information or pass on information with service providers is also recognized by the client.

The counselor pledges to preserve strict confidentiality concerning the applicant, and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no actions without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

As a client of the City of Kenner Department of Community Development, I/We understand that the assistance provided will be free of charge. I/We understand that the staff providing counseling services will not:

1. break their pledge of confidentiality
2. accept fees for the services they recommend
3. recommend services in which they have a financial interest
4. terminate their counseling relationship without giving the reasons for such termination

I/We understand that the staff providing counseling services are not attorneys and will not provide legal advice. In consideration for receiving counseling from the approved service provider, I/We hold their staff to be free and harmless from any claims, damages, liabilities, or injuries arising from these services.

Applicant (Please Print) _____
Current Address _____
City _____ State _____ Zip _____
Signature _____

Co-Applicant (Please Print) _____
Current Address _____
City _____ State _____ Zip _____
Signature _____

The signing of this agreement does not constitute a commitment to provide financing.

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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

First-Time Homebuyers Training Assistance Program

Application Checklist

In order to evaluate your financial situation, certain documents need to be submitted to the City of Kenner Department of Community Development for review and evaluation.

_____ Signed Application

_____ (2) months current bank statements for all accounts

_____ Provide proof of all 401k's, IRA's, CD's, Money Markets, etc.

_____ (2) most recent signed federal tax returns

_____ (2) years worth of W-2's for all jobs held

_____ (1) month of most recent paystubs for all jobs held

_____ Copy of Social Security Card for all applicants

_____ Copy of a valid photo ID for all applicants

_____ In the case of a divorce/separation, please include a copy of the property settlement and/or a Divorce Decree

_____ If receive child support/alimony, please provide a court order

_____ If receive Social Security, please provide the award letter

_____ Bankruptcy discharge and list of accounts included (if applicable)

DO NO SUBMIT ORIGINALS. Please make a copy of all requested documents, except for original signed application forms.