

Homebuyer Assistance Program Application Check List: The following documents will need to be submitted with your application:

- Social Security Cards for everyone in the Household.
- One year (most recent) tax return & W2s for everyone in the household over the age of 18.
 - If self-employed - two years of tax returns and W2s are required.
- Last six weeks of all employer check stubs for everyone in the household over the age of 18.
- 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 office at 1-800-772-1213 to receive a copy of the letter.
- If anyone in the household is receiving child support, please submit documentation such as a divorce decree, Child Support Recovery Unit statement or other proof of support.
- If anyone in the household is receiving unemployment, a statement from the Iowa Workforce Development office is required. (We are also able to retrieve this information by submitting the authorization to release information form that you signed).
- If anyone in the household is receiving any other type of income (pension, FIP, rental income, etc.,) you will be required to submit appropriate documentation as well.
- Two months bank statements from all banks and/or lenders that you are affiliated with for everyone in the household over the age of 18 including all retirement accounts (computer printouts are only acceptable if they are an actual copy of the statement)
- Completed and signed Income and Expense Analysis form included in application.
- Completed and signed Under \$5,000 Asset Certification form included in application - Please document all interest rates for all assets. For any life insurance policies or retirement plans, please include most current statement.

Please Note: Files that are incomplete will be placed in an “inactive status” until all required documents are received.

WHEN PRINTING...DO NOT PRINT AS A DUPLEX DOCUMENT



**Housing and Community Development
Housing Rehabilitation Program**
350 W. 6th Street, Suite 312
Dubuque, IA 52001
Office (563) 589-4239

LOAN APPLICATION:

Date: _____

___ Homebuyer Assistance Program

ADDRESS OF HOME TO PURCHASE: _____

What Lender are you working with for your 1st Mortgage? _____

APPLICANT INFORMATION

			M / F
Legal First Name	Middle Initial	Last Name	SEX
Date of Birth	Age	Social Security Number	Contact Phone
Street Address			How Long
City	State	Zip Code	Email Address
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

CO-APPLICANT OR SPOUSE

			M / F
Legal First Name	Middle Initial	Last Name	SEX
Relationship	Date of Birth	Age	Social Security Number
Contact Phone			
Employer PRIMARY	Phone Number	Monthly Gross Income	No. years employed
Employer SECONDARY	Phone Number	Monthly Gross Income	No. years employed

Number of Individuals living in household _____	Number of Dependents under age 18 _____
Number of individuals living in household 62+ _____	Number of Handicapped/Disabled _____

HOUSEHOLD INFORMATION

List all other individuals living in your household: (attached additional sheet if needed)

NAME	AGE	RELATIONSHIP	EMPLOYMENT (if 18 or older)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you Hispanic? _____

What is the ethnic origin of the persons living in the household?

- White Black/African American Asian American Indian/Alaskan native
- Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native & White
- Asian & White Black/African American & White Other Multi-Racial

The U.S. Department of Housing and Community Development (HUD) requires the above information be collected for using this service. This information is confidential and for reporting purposes only.

Is the female head of household? ___ Yes ___ No

Are you: Single Married Divorced Widowed Separated Co-habiting

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

How did you hear about our Program: _____

Please list any other sources of income in your household and by whom it is received: (Child support, FIP, Pension, Rental Income, Social Security, SSI/SSDI, Veteran's benefits, etc.)

PERSON RECEIVING	TYPE OF INCOME	AMOUNT
-------------------------	-----------------------	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever filed bankruptcy/foreclosure: ___ NO ___ YES When? Please explain: _____

If you have any collections, judgments or other liens (other than a mortgage), they will need to be addressed and/or paid before approval will be granted.

MONTHLY PAYMENTS/LOANS/CREDIT CARD EXPENSES

(ex. Car loans, Student loans, credit cards, child support, alimony, etc.)

Type of debt:	Original Amount:	Monthly Payment:	Balance:

ASSETS OF HOUSEHOLD:

Checking Account

(Name all institutions)

Institution: _____

Balance: _____

Institution: _____

Balance: _____

Savings Account

(Name all institutions)

Institution: _____

Balance: _____

Institution: _____

Balance: _____

Applicant Certification:

I/We certify that the information given on this application to the City of Dubuque Housing & Community Development Department for purposes of obtaining some type of rehab assistance is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of the application/loan.

Printed Name

Signature

Date

Printed Name

Signature

Date



**Housing and Community Development
Housing Rehabilitation Program**
350 W. 6th Street, Suite 312
Dubuque, IA 52001
Office (563) 589-4239

ASSET SELF-CERTIFICATION

Applicant's Name _____ Social Security Number _____

BANK NAME _____ Account Number _____

Please complete all that apply:

My Assets Include: **(ALL INTEREST RATES MUST BE DOCUMENTED BELOW)**

	NAME of FINANCIAL INSTITUTION	AMOUNT	% OF INTEREST PAID	PENALTY FOR EARLY WITHDRAWAL
Checking Account Balance			%	
Checking Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Savings Account Balance			%	
Certificate of Deposit			%	
Certificate of Deposit			%	
Stocks/Bonds			%	
Annuity			%	
IRA			%	
IRA			%	
401K			%	
401K			%	
Life Insurance Policy			%	
Life Insurance Policy			%	
Equity in Real Estate other than your Home.			%	
Other (list)			%	

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Signature _____ Date _____

Signature _____ Date _____



EXPENSE ANALYSIS

NAME: _____

ADDRESS: _____

MONTHLY HOUSING EXPENSES: (Please leave this section blank if applying for Homebuyer assistance)

Mortgage:	
1st Mortgage	\$
Mortgage Insurance	\$
Property Taxes	\$
House Insurance	\$
HOA Fees	\$
City Loan	\$
Utilities:	
Water/Sewer/Trash	\$
Heat	\$
Electrical	\$
House Maintenance	\$
Other (explain)	\$
TOTAL	\$

MONTHLY EXPENSES:

Auto Payment(s)	\$
Note/Loan Payments (unsecured)	\$
Mortgage Payments (other property)	\$
Credit Card Payments	\$
Student Loan Payments	\$
Child Support/Alimony payments	\$
Insurance Premiums:	
Auto	\$
Health	\$
Dental/Vision	
Medical Bills (Co-Pay / Out of pocket expenses)	\$
TOTAL	\$

OTHER MONTHLY EXPENSES:

Food (groceries, etc.)	\$
Personal:	
Clothing	\$
Entertainment (including dining out)	\$
School/Education Expenses	\$
Auto Expenses (gas and repairs)	\$
Child Care	\$
Cable TV, High Speed Internet, Netflix	\$
Telephone (regular and cell)	\$
Other (ex: animal care, etc.)	\$
TOTAL	\$

TOTAL MONTHLY EXPENSES: _____ \$ _____

Signature _____ Date _____

Please note if you receive any assistance such as food stamps \$ _____ WIC \$ _____ Fuel Assistance \$ _____

***Note: By signing above, I certify that the information I provided above is true.**

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Organization requesting release of information:

City of Dubuque Housing and Community Development Department
Rehabilitation Office
350 West 6th Street; Suite 312
Dubuque, IA 52001
(563)589-4239
(563)690-6692 fax

Purpose: I/We have applied for a loan at the lender named above. As part of the application process, the lender named above may verify information contained in my/our loan application and in other documents required in connection with the loan, whether before the loan is closed or as part of its quality control program.

Authorization: I/We authorize you to provide the lender named above with any and all information and documentation that they request.

Inquiries may be made about, but not limited to the following:

- Employment History and Income
- Income from Child Support, Unemployment, Alimony, Social Security, Veteran's Benefits, federal or state benefit programs, etc.
- Bank Information
- Credit Report/History
- Retirement Accounts, pension funds, life insurance, money markets, etc.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. This release shall remain in effect for twelve months or until revoked in writing, whichever comes first.

Full Legal Name: _____

Address: _____

Signature

Date

Full Legal Name: _____

Address: _____

Signature

Date

