



2020 DOWN PAYMENT ASSISTANCE HOMEOWNER APPLICATION

APPLICANT INFORMATION

Applicant Name:	Name of other adult:
Current Address:	Current Address:
City/State/Zip:	City/State/Zip:
Telephone #:	Telephone #:
Email:	Email:
Social Security #:	Social Security #:
Marital Status: Circle One Single Married Divorced Separated Widowed	Marital Status: Circle One Single Married Divorced Separated Widowed

HOUSEHOLD INFORMATION

Name of ALL Household Members (Including Applicant)	D.O.B.	Age	Disabled (Y or N)	Racial/Ethnic (see below)	Gender (M, F, Other)	Employed (Y or N)

Racial Origin 1 - White (non-Hispanic) 2 - Black (non-Hispanic) 3 - Native American 4 - Asian/Pacific Islander 5 - Hispanic 6 - Other

Is there anyone currently living with you that is not on this application? Yes____ No____
 If yes, explain:

Will your household structure change within the next 12 months? (marriage, divorce, birth of child, etc.)
 Yes____ No____ If yes, explain:

MORTGAGE & INSURANCE INFORMATION

Address of house looking to purchase: _____

Listing price of the house you are looking to purchase: _____

Name of Bank you are working with: _____

Name of Loan Officer: _____ Phone Number: _____

Address of Bank: _____

Interest rate on proposed mortgage: _____ Type of Loan: _____

Name and number of realtor: _____ Mortgage amount with bank _____

Name of insurance agent: _____



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INCOME TAX INFORMATION

Did you file a Federal Income Tax Return last year? Yes ____ No, explain _____
If Yes, please submit a copy of most recent income tax return.

TOTAL HOUSEHOLD MONTHLY INCOME

Do you receive or expect to receive Please use gross amount (amount before taxes)	Applicant Monthly Amount	Other Adult Monthly Amount	Any Other Household Member over age 18 Monthly Amount
Gross Earnings, Wages, Salaries (includes Overtime, Tips, Bonuses, Commissions, Self-Employment)?	\$	\$	\$
Does any member work for someone who pays him/her cash?	\$	\$	\$
Regular pay for a member of the Armed Forces?	\$	\$	\$
Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI or SSI)?	\$	\$	\$
Worker's Compensation, Unemployment Benefits or Severance Pay?	\$	\$	\$
Child Support and/or Alimony?	\$	\$	\$
Education Grants, Scholarships or VA Student Benefits?	\$	\$	\$
Social Security Payments (include copy of benefit letter, award letter, a SSA-1099, cost of living adjustment notice, or actual benefit check)?	\$	\$	\$
Pensions or Retirement (IPERS, PERA, Railroad, etc.)	\$	\$	\$
Death Benefits?	\$	\$	\$
Annuities or Life Insurance Dividends?	\$	\$	\$
Lump Sum Payments (includes inheritance, insurance settlements, lottery winnings, etc.)?	\$	\$	\$
Net income from rental property?	\$	\$	\$
Regular cash contributions or gifts from individuals not living in the household?	\$	\$	\$
Other (list)?	\$	\$	\$

TOTAL HOUSEHOLD YEARLY INCOME: \$ _____

INCOME VERIFICATION

List contact name and addresses for verification as applicable. Please use back of sheet if additional room is needed.

Applicant's employer: _____ Years on Job _____

Address: _____ City/State/Zip _____

Human Resources Contact: _____ Phone Number: _____

Other Adult's employer: _____ Years on Job _____

Address: _____ City/State/Zip _____

Human Resources Contact: _____ Phone Number: _____



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OTHER INCOME VERIFICATION

Other source of income: _____

Address: _____ City/State/Zip _____

Contact: _____ Phone Number: _____

Other source of income: _____

Address: _____ City/State/Zip _____

Contact: _____ Phone Number: _____

If receiving child support please provide case number: _____ PIN Number _____

If receiving Social Security Income please provide a copy of one of the following:
Benefit letter, award letter, a SSA-1099, cost of living adjustment notice, bank statement or copy of actual check

HOUSEHOLD ASSETS

Do you have money held in	Applicant Amount	Other Adult Amount	Any Other Household Member over age 18 Amount
Checking Accounts?	\$	\$	\$
Savings Accounts?	\$	\$	\$
Stocks and Bonds?	\$	\$	\$
Capital Investments?	\$	\$	\$
Trusts?	\$	\$	\$
IRA/KEOUGH Accounts?	\$	\$	\$
Certificates of Deposit?	\$	\$	\$
Pension/Retirement Funds?	\$	\$	\$
Mutual Funds?	\$	\$	\$
Safety Deposit Box Contents?	\$	\$	\$
Insurance Settlement?	\$	\$	\$
Do you currently hold a Contract for Deed?	\$	\$	\$
Do you currently own Real Estate? If yes, please list location(s), number of acres owned, any expenses (taxes, insurance, etc.) and any income received: _____	\$	\$	\$
Other (list)?	\$	\$	\$

NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU: _____

Address: _____ Phone Number: _____ Relationship: _____



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PLEASE ALLOW 30 DAYS FOR THIS APPLICATION TO BE PROCESSED. THE APPLICATION WILL NOT BEGIN THE REVIEW PROCESS UNTIL IT IS COMPLETELY FILLED OUT AND ALL REQUIRED DOCUMENTS RECEIVED.

In submitting this application, I agree to and acknowledge the following:

- 1. If at anytime during the application process or the construction period, there is a change in my household income, or family or household composition, I agree to report this change to the Program Administrator. The penalty for false or fraudulent statements: USC Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined not more that \$10,000, or imprisoned not more than five years, or both."
2. I reserve the right to withdraw from this program at any time prior to contract signing. I allow access to my home to representatives of the Iowa Finance Authority, and the Program Administrator.
3. I understand that there will be a lien place on my property and that the Program Administrator will be listed as a loss payee on my homeowner's insurance.
4. I acknowledge that the Program Administrator does not guarantee applicants will receive assistance.
5. I understand that I have to pay a \$350 loan closing fee and a mortgage filing fee.
6. I acknowledge that all income and asset information received from the verification of information concerning this application will be kept confidential by the administrative personnel. I release the aforementioned institutions to obtain information regarding my financial standings from government entities, asset holding institutions, and employers with whom I currently participate. I also give permission for SEIRPC to perform a credit check.

I (we), the undersigned, certify that I (we) have read and understand the entire Homeowner Application and that the information in this application is true and correct.

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature Date

Applicant Signature Date



RETURN THESE DOCUMENTS:

- Homeowner Application
• Copy of most recent Income Tax Return (need last 3 years if self-employed)
• Copy of two months of recent paystubs or income source
• Copy of Purchase Agreement
• Copy of Bank Commitment Letter
• Copy of Loan Application

RETURN TO:

SEIRPC
Attn: Sara Hecox
211 N. Gear Avenue, Ste 100
West Burlington, IA 52655
319-753-4311