



DOWN PAYMENT ASSISTANCE PROGRAM APPLICATION

PART 1: HOUSEHOLD INFORMATION

Section A -Please complete the following section for all household members age 18 or older who will occupy the property.

For household members younger than 18 years old, complete the information requested in Section B, on the next page. Make copies, if necessary, for any additional household members.

Primary Applicant Name: _____

Current Address (street, city, state, zip): _____

Phone: W) _____ H) _____ Cell) _____ Email: _____

Date of Birth ___/___/___ Social Security Number ___/___/___

Gender (M/F) _____ Are you currently employed? Y N Number of people to live in your household _____

Are you a full-time student? Y N Do you receive any other income? Y N

Spouse or Other Adult Household Member Name: _____

Current Address and Phone (if different from above): _____

Relationship to Primary Applicant _____ Date of Birth ___/___/___ Gender _____

Social Security Number ___/___/___

OPTIONAL: Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.

Ethnicity (please choose one): Hispanic or Latino Not Hispanic or Latino

Race (please check *one or more* of the following):

American Indian or Alaska Native Asian Black/African American

Native Hawaiian or Other Pacific Islander White

Are you a full-time student? Y N Are you currently employed? Y N

Do you receive any other income? Y N

Section B - Please complete the following section for all household members who will occupy the property.

Name	Date of Birth	Social Security Number	Gender	Student Yes/No	Employment, SSI, Other Income	Ethnicity Hispanic or Latino Yes/No	Race	# of months during the year the child lives with you?
						OPTIONAL: See data reporting Notice above.		
					\$			
					\$			
					\$			
					\$			

Section C -Other Information

Do you or any household member own or have owned within the last 3 years any residential property/real estate or have interest in the same, including real estate in foreign countries?

Yes No

If so, list address and state: _____ Market Value _____

Have you sold the property? Yes No

If you have sold the property, list the date of sale: _____

If you have not sold your home please tell us about your mortgage:

Lender/Company: _____ Unpaid Balance: _____

Do you have a second loan on this property? _____

If so, what is the unpaid balance? _____

Have you been separated or divorced w/in the last 3 years? Yes No

Do you incur child care costs in order for you to work? Yes No

Do you have medical expenses (excluding insurance costs) that are over 3% of your household gross annual income? Yes No

Are you or any adult household member over 62 yrs of age? Yes No

Are you or any household member disabled? Yes No

If you have a lender or real estate agent to work with, please complete the following:

Lender _____

Loan Officer Name _____

Phone _____ Fax _____ Email address _____

Real Estate Agency _____

Agent Name _____

Phone _____ Fax _____ Email address _____

PART 2: INCOME, DEBT AND ASSET INFORMATION

Please complete a separate Income and Asset Section for EACH individual in the household who receives income or holds assets or debts. Make copies of this part of the application if necessary. You do not need to provide employment income information for household members younger than 18. You do need to include assets held by children, or benefit income received by children. On the following list, check YES if you receive the particular income, and check NO if you do not receive the income. You will need to provide verification for each item checked YES. (Refer to the *Required Documentation Checklist* in this packet.)

A. Income Information

Gross income is the combined household income which includes, but is not limited to, job earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from pensions or retirement plans, stocks, etc. **Please note that applicants with short-term expiring benefits, such as unemployment benefits, as a single source of income are not eligible to receive assistance. Failure to report household income is considered fraud and can have serious consequences.**

Employment Income (Do not include employment income of children younger than 18)

Applicant's Employer	Anticipated Gross Annual Income for the next 12 months	Clarification (as necessary)
Name and address of Employer: Avg # hours worked per week: _____	\$	
Employer #2	Anticipated Gross Annual Income for the next 12 months	Clarification (as necessary)
Name and address of Employer: Avg # hours worked per week: _____	\$	
TOTAL OF ALL EMPLOYMENT INCOME \$ _____		

Benefit Payments

Type of Income	Receive?		Anticipated Gross Annual Income for the next 12 months
	YES	NO	
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$
Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$
Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$
Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$
Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$

Alimony and Child Support

Provide a copy of the court order for each type of support and indicate whether you are actually receiving the indicated support

Type of Support	Receive?		Anticipated <u>Gross</u> Annual Income for the next 12 months	Court-Ordered?	
	YES	NO		YES	NO
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL OF ALL ALIMONY AND CHILD SUPPORT RECEIVED \$ _____					

Other Sources of Income

Type of Other Income	Receive?		Anticipated <u>Gross</u> Annual Income for the next 12 months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home/recurring cash (requires completion of Recurring Cash certification by persons who are the source of the cash or gifts)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Rent payments you receive	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (please specify source, ex. Avon)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (please specify source)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
TOTAL OF ALL OTHER SOURCES OF INCOME \$ _____				

B. Debt

Do you have any debt? Yes No **If yes, please list below.**

Creditor's Name	Unpaid Balance
	\$
	\$
	\$
	\$
	\$

C. Asset Information

An asset is cash or a non-cash item that can be converted to cash.

Report the following assets: Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc; Equity in rental property or other capital investments; Cash value of stocks, bonds, treasury bills, certificates of deposit and money market accounts; Individual Retirement and Keogh accounts (even though withdrawal would result in a penalty); Retirement and pension funds; Cash value of life insurance policies available to

the individual before death; Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc; Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments; Mortgages or deeds of trust held by an applicant; Any real property. **Do Not Report** necessary personal property such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.

Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
YES	NO			
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Checking	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Savings	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Money Market	\$
<input type="checkbox"/>	<input type="checkbox"/>		Other (specify)	\$
TOTAL OF ALL BANK ACCOUNT BALANCES \$ _____				

Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Clarification Notes
YES	NO				
<input type="checkbox"/>	<input type="checkbox"/>		Individual Stocks	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Bonds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Mutual Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Trust Funds	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Cash value of life insurance policy	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Gift Money for down payment <i>provide a copy of the gift letter</i>	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Estimated Proceeds from Sale of		
<input type="checkbox"/>	<input type="checkbox"/>		Home	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Value of Other Property (please specify) \$	\$	
<input type="checkbox"/>	<input type="checkbox"/>		Other Asset (please specify)	\$	
TOTAL VALUE OF ALL OTHER ASSETS \$ _____					

PART 3: CERTIFICATIONS

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

I/We certify the following:

All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.

I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the City of Beaumont Down Payment Assistance Program and may result in legal action against me/us.

Consent to Release Information: I/We authorize representatives from any of the City of Beaumont's Down Payment Assistance Program to supply and receive information to/from all other City of Beaumont Affordable Housing Program that I/we have applied to, my/our employer(s), my/our financial institution(s), other housing/down payment assistance programs, my/our Realtor and/or my/our Mortgage Lender to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from any of the City of Beaumont's Affordable Housing Program to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with any of our funding sources for the purpose of meeting funding compliance.

I/We understand that the income I/we use to qualify for a mortgage loan amount must be the same as the income I/we claim in this application.

I release all representatives from any of the City of Beaumont's Down Payment Assistance Program from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the City of Beaumont's Down Payment Assistance Program.

If I/we purchase a home under any of the City of Beaumont's Down Payment Assistance Program, I/we will occupy the home and agree to use the home as my/our primary and principal residence.

I understand that completion of this application does not guarantee that my/our eligibility for the programs and/or that I/we will successfully purchase a home through the City of Beaumont's Down Payment Assistance Program.

Signature/Date

Signature/Date



Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the City of Beaumont's Down Payment Assistance Program policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The City of Beaumont's Down Payment Assistance Program is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact the individual programs to which you are applying. Spanish translation is available.

Confidentiality: In order to process an application, City of Beaumont's Down Payment Assistance Program may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of program funding sources. With these two exceptions, all personal and identifying information on an application remains fully confidential.

ELIGIBILITY RELEASE	
City of Beaumont	
Applicant Name: _____	
Applicant Address: _____	
<p>Instructions to Applicant: Your signature on this <i>Eligibility Release</i>, and the signatures of each member of your household who is 18 years of age or older, authorizes the City of Beaumont to obtain information from a third party regarding your eligibility and continued participation in the:</p> <p style="text-align: center;">City of Beaumont Down Payment Assistance Program</p> <p><u>Privacy Act Notice Statement:</u> Federal program guidelines require the collection of the information listed in this form to determine an applicant’s eligibility for programs administered by the City of Beaumont which provide assistance with federal grant funds. This information will be used to establish the level of benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant’s eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The City of Beaumont is authorized to ask for this information under the National Affordable Housing Act of 1990.</p> <p>Each adult member of the household must sign this Eligibility Release prior to the receipt of benefits to establish continued eligibility.</p> <p>NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, “Request for a Copy of Tax Form” must be prepared and signed separately.</p>	



Information Covered: Inquiries may be made about items initialed below by the applicant.		
Description	Verification Required	Initials of Applicants
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expenses	X	
Disability Assistance Expenses (if applicable)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Medical Expenses (if applicable)	X	
Other (list):	X	
Dependent Deduction: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member <input type="checkbox"/> Minor Children	X	

Applicant's Authorization:		
<p>I authorize the City of Beaumont to obtain information about me and my household that is pertinent to determining my eligibility for participation in the City of Beaumont's Affordable Housing Program. I acknowledge that:</p> <p>(1) A photocopy of this form is as valid as the original; AND</p> <p>(2) I have the right to review information received using this form; AND</p> <p>(3) I have the right to a copy of information provided to the City of Beaumont and to request correction of any information I believe to be inaccurate; AND</p> <p>(4) All adult household members will sign this form and cooperate with the City of Beaumont in the eligibility verification process.</p> <p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>		
Signatures:		
_____	_____	_____
Signature - Head of Household	Printed Name	Date
_____	_____	_____
Signature – Other Adult Household Member	Printed Name	Date

Verification of EMPLOYMENT		
City of Beaumont – Down Payment Assistance Program		
Address: 801 Main St/P O Box 3827		
Phone: 409.880.3763	Fax: 409.880.3125	
Applicant Name:		
<p>RELEASE: Applicant’s signature here or on attached “<i>Eligibility Release</i>” authorizes the release and/or verification of the requested employment information.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 20px;"> </div> <p style="margin-top: 5px;">Signature of Applicant Date</p>		
Applicants – Do Not Fill Out The Information Requested Below.		
<p>To the Employer: Federal regulations require verification of employment and income of all members of any household making application to participate in the City of Beaumont’s Down Payment Assistance Program. We ask your cooperation in supplying this information to the City of Beaumont. The information you provide will be used only to determine the eligibility status and level of benefit available to the applicant household.</p>		
Applicant employed since:	Occupation:	
Salary:	Date of last pay increase:	
Base pay rate: \$ per HOUR / WEEK / MONTH (circle one)		
Average number of hours worked per week at base pay rate:		
Number of weeks worked per year:	Overtime pay rate: \$ per hour	
Expected average number of hours overtime to be worked per week during the next 12 months:		
Specify any other compensation not included above (commissions, bonuses, tips, etc.):		
For: _____ \$ _____ per		
Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of days per year		
Total base pay earnings for past 12 months: \$		
Total overtime earnings for past 12 months: \$		
Probability and expected date of any pay increase:		
Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, what amount does he/she have access to? \$		
Signature of Employer’s Authorized Representative:		
Title:	Date:	Phone:
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>		

VERIFICATION OF DISABILITY SPECIAL NEED

City of Beaumont, 801 Main St., Suite 201, Beaumont TX 77701	
Phone: (409) 880-3763	Fax: (409) 880-3125
Applicant Name:	
Applicant Address:	

To: _____

The above-named applicant has applied for assistance from the City of Beaumont's Affordable Housing Program(s) and has indicated that he/she has a disability which prioritizes him/her for assistance under the program(s). In accordance with the U. S. Department of Housing and Urban Development (HUD) requirements, disability preferences must be documented by a health care provider or other reliable source. All information provided will only be used for the purpose of establishing whether the above referenced applicant has a special need. The City of Beaumont is prohibited from asking about the nature of an individual's special needs. Please do not disclose specific details or diagnoses. For purposes of the Affordable Housing Program(s), a member of the applicant household must meet the following definition for Persons with Disabilities:

A Person with Disabilities is a person who:

- (A) Has a physical, mental or emotional impairment that:
 1. is expected to be of a long, continued, and indefinite duration, AND
 2. substantially impedes his or her ability to live independently, AND
 3. is of such a nature that the ability could be improved by more suitable housing conditions; OR
- (B) Has a developmental disability, as defined in Section 102(7) of the Development Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001-6007).

I hereby authorize the release of the requested information to the above-named City of Beaumont.

 Signature of Applicant

 Date

CERTIFICATION OF APPLICANT'S SPECIAL NEEDS:
(Certification must be made by someone other than applicant(s))

I hereby certify that the above-named applicant Does Does Not (check one) meet the definition as stated above of Person with Disabilities.

 Signature of Authorized Individual

 Title, or Relationship to Applicant

 Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



REQUIRED DOCUMENTATION CHECKLIST

All of the following documents (if applicable) must be submitted with this application. Missing or incomplete information will cause your application to be delayed or possibly denied. Please include any supplemental forms for each program in which you are interested.

- Completed application, signed and dated**
 - A copy of a City of Beaumont-approved **Financial Literacy Certificate** is required at the time of application. **Completion of a Homebuyer Education Course is required prior to closing on the purchase of a home. Please note that you may incur a fee charged by the organization conducting your Financial Literacy and Homebuyer Education Courses. Certificates issued one year or more prior to the date of your application will not be honored.**
 - A photocopy of an approved form of identification for EACH ADULT (18 years old or older) HOUSEHOLD MEMBER and, if applicable, a completed Immigration Status Affidavit**
 - A signed **Employer Verification form** – *Do not fill in the requested information on the bottom half of the form*
-
- Copies of three consecutive month's worth of your most recent pay stubs.**
 - Copies of Social Security Cards of every individual in the household.**
 - Signed **Verification Forms for all other sources of income** (Social Security, Social Security Disability, pension, etc.)
 - Complete copies of **2 years of your most recent Federal tax returns.**
 - If you are self-employed (full or part-time), submit your Individual Return, Schedule C – Profit or Loss From Business and Schedule SE – Self Employment Tax, a year-to-date profit/loss statement AND two years of federal income tax returns. Please also submit your estimate of the income you will receive for the next 12 months and an explanation as to how you came to that number.***
 - Signed **Asset Verification form**
 - Copies of six consecutive month's worth of your most recent checking and savings account statements, including the interest rate**
 - A copy of the **most recent statement from all other assets** (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment
 - Loan Qualification Documents**, including a pre-qualification letter from a lender, based on a tri-merge credit report, stating the principal, interest rate, front and back end ratios, estimated PITI payment, type and terms of your loan or a loan
 - If you are receiving any other form of down payment assistance (a personal gift and/or aid from another program), submit a letter from the 3rd party offering the assistance describing the amount and type of assistance***
 - If you have been separated or divorced within the past three years, submit a copy of your divorce decree AND verification of the division of marital assets, court-ordered custody arrangements and child and/or alimony payments (this information is often documented in your separation agreement)***
 - If you had joint ownership in a property within the last 3 years and are no longer on the Title, submit a Quit Claim Deed showing the termination of your interest in the property***
 - If you have signed a contract to buy a home, submit a copy of the contract***