



**CITY OF PORT ARTHUR**  
**Housing & Neighborhood Revitalization**  
**NSP, New Construction/ Existing Home Purchase Application**

444 4<sup>TH</sup> STREET, SUITE 203 PORT ARTHUR, TEXAS 77640 (409) 983-8259 FAX 983-8120

**VERIFICATION REQUIREMENTS**

Please return your Homebuyer's Information Forms to the above address or mail to: Housing & Neighborhood Revitalization Division P. O. Box 1089 Port Arthur, Texas 77641 along with verification and copies of the following (including dependents):

1. Three full months recent check stubs- all household members 18 or older.
2. Six Months consecutive bank statements – all household members
3. W-2 forms for two years (2015-2016)
4. Tax returns for two years (2015-2016)
5. Driver's license or picture I.D. - all household members 18 or older.
6. Social Security Cards- all household members 18 or older.
7. If you receive Social Security, SSI, or VA benefits, please bring the statement(s) from the Administration Office showing the amount you or anyone in the household is receiving monthly. (Please make sure to include everyone's income in the household).
8. If you receive child support or pay child support, please provide a copy of court payment records.
9. If divorced, please provide a copy of decree.
10. Legal guardianship records for all minors, if applicable.

**NOTE: Please submit copies of the above at the same time you return your information Forms. If you are married or applying with a co-borrower, be sure that you and the co-borrower submit items 1-5 listed above and sign where requested. Should you have any questions, please give our office a call at (409) 983-8259.**

Civil Rights Statement

Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d et seq.) No person may be excluded from participation in, denied the benefits of, or subjected to discrimination under any program or activity receiving Federal financial assistance on the basis of race, color or national origin. No person in the United States shall on the grounds of race, color, national origin, religion or sex be excluded, denied benefits or subjected to discrimination under any program funded in whole or in part by HOME funds.

I have read and understand the above statement:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co - Applicant Signature

\_\_\_\_\_  
Date

PLEASE MAKE ALL PAYMENTS PAYABLE TO THE CITY OF PORT ARTHUR.

Please indicate which Down Payment Assistance program you are applying for:

- New Construction
- Existing Home Purchase

New Construction – Assist applicants with down payment & closing cost assistance in the amount of up to \$30,000 for newly constructed home. (see income limits chart on page 8 for income qualifications)

Existing Home Purchase – Assist applicant with down payment assistance in the amount of up to \$10,500 for an existing home. (see income limits chart on page 8 for income qualifications)

## NOTICE OF FUNDING LIMITATION!!

Acceptance of an application of the Down-payment Assistance Programs (DAP) in no way constitutes a commitment or obligation on the part of the City of Port Arthur Community Development Division. No commitment is made or to be implied until The City of Port Arthur Community Development Division has approved funding for each application. Due to funding limitations no applicant should assume any commitment even when an applicant must expend personal funds in order to meet application requirements.

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**Borrower**

-----  
**Date**

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**Co-Borrower**

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**Date**

City of Port Arthur Community Development Division

**APPLICATION NEEDS LIST**

Required

Submitted

**Bank Statement:** Last six (6) months of consecutive statements on every account showing cash (liquid funds to close (include all pages)). For all individuals in the household over 18yrs old. \_\_\_\_\_

**IRS, 401k, Stocks, Bonds, etc.:** Most recent Statements showing balances for the last three (3) Months or two (2) quarters (all statement pages). For all individuals in household that are 18yrs old or older \_\_\_\_

**W-2 Statement:** Past two (2) years. For any and all individuals in household \_\_\_\_\_

**Pay Stubs:** Consecutive three (3) complete month's salary (if paid by personal check, supply cancelled checks from company). For any and all individuals in household \_\_\_\_\_

**Personal Federal Income Tax Returns:** Two (2) Years, signed (all schedules).\_\_\_\_\_

**Business Financial Statements:** Within six (6) months, signed.\_\_\_\_

**Business Profit/Loss Statement:** With six (6) months, signed.

**Sales Contracts:** Contract on purchase executed by all parties.

**Application Fee:** For appraisal and credit report. Submit \$0

**Leases:** Current copies on each property you own and have leased out. \_\_\_\_\_

**Leased property information:** Income, Expenses, payments.

**Divorce Decree/Child Support Orders** (fully executed).

**Proof of receipt of child support:** Original printout from court, cancelled check, or proof of deposit last six (6) month.

**Final Bankruptcy Discharge:** Copies and list of all included debt.

**VA Certificate of Eligibility:** (Original)

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>DD214</b> or Statement of Service  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Gift Letter</b> and copy of cashier's check or money order from the donor make payable to the Title Company and/or buyer |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Picture Identification:</b> Drivers license, etc for all household members 18yrs old and over.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Closing Statement:</b> or HUD 1 from sale of house.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Social Security Benefits <b>Letter and Original awards letter.</b></u>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Landlord information:</b> Name, address and phone number.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Rental/Mortgage Verification:</b> 12 months cancelled checks.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Green Card</b> or Work VISA (if applicable):   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Social Security Card:</b> all household members  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Employment Gaps:</b> Need letter of explanation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Non-Tradition Credit:</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Other:</b> _____   |

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**City of Port Arthur Housing & Neighborhood Revitalization  
MORTGAGE COMPANY/LENDER SELECTION FORM**

**Amegy Bank**, Carina Aguirre, Loan Processor, 4400 Post Oak Parkway, (713) 232-1043., Fax# (713) 561-0100, [carina.aguirre@amegybank.com](mailto:carina.aguirre@amegybank.com)

**Capital One Bank**, 5718 Westheimer, Houston, TX 77057, Monica Presley, (713) 435-5318

**Chase Bank**, Kelvin Alvarenga, (409) 866-1392, (409)989-9049, 35 Dowlen Road Beaumont, TX 77706, Fax: 877-494-2784, [kelvin.alvarenga@chase.com](mailto:kelvin.alvarenga@chase.com)

**Envoy Mortgage, Ltd.**, Olivia Pearce, Trent Lawson, 5100 Westheimer Suite 320, Houston, TX 77056, 713-993-2210, [opearce@envoymtg.com](mailto:opearce@envoymtg.com) , [www.Trent-Lawson.com](http://www.Trent-Lawson.com)

**The Mortgage Department**, Gene Dupius, 990 IH-10N. Ste. 280, Beaumont, TX 77702, 409-899-2857

**Encompass Lending Group, Don Watts** Direct: 832-514-5691, Office: 281-693-LEND (5363), Fax: 832-426-0230, email [dwatts@elgloans.com](mailto:dwatts@elgloans.com), [\*\*www.elgloans.com\*\*](http://www.elgloans.com)

**Ameripro Funding, Inc DBA Lone Star Lenders**, Kirsten Fleenor Mortgage Banker, 16800 N. Dallas Parkway, Suite #110 Dallas, Texas 75248, [www.lslenders.com](http://www.lslenders.com) Office: (972)629-7655, 866-711-8195 ext 108, [kfleenor@lslenders.com](mailto:kfleenor@lslenders.com)

**Premier Nationwide Lending**, Mike Lewis, 9575 Katy Freeway, Suite #100, Houston, TX 77024, [www.mikespremierloans.com](http://www.mikespremierloans.com), office: 832-754-2102, fax: 866-542-2803, [mlewis@pnlending.com](mailto:mlewis@pnlending.com)

**Profolio Home Mortgage, Mike Dodson**, Residential Mortgage Loan Officer Direct: 713-579-7229, Fax: 866-322-183

**Other** \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**EXHIBIT "A"**

City of Port Arthur Community Development Division

**REFUND POLICY**

**Homebuyer Fees:**

**\$1,000 Housing Deposit (earnest money) – New Construction-** *Only if the City of Port Arthur is constructing the home.*

**Existing Home Purchase – Please bring a copy of earnest money receipt after earnest money have been submitted to the title company.**

- ⤴ **If a homebuyer cannot get an approval for a mortgage loan by a lending institution, the homebuyer will receive a full refund of his or her housing deposit.**
- ⤴ **If the homebuyer get an approval for a mortgage loan by a lending institution and the homebuyer changes his or her mind, the homebuyer will receive a refund of 90% of the housing deposit.**
- ⤴ **If homebuyer is rejected for loan or assistance due to falsification of information on his or her application and has paid a housing deposit, the homebuyer will receive a refund of 90% of the housing deposit.**
- ⤴ **Once the homebuyer signs an earnest money contract he or she will receive a 50% refund of the housing deposit. The housing deposit is recorded as earnest money when recorded at Title Company along with earnest money contract.**

***This refund policy does not cover any fees paid directly to lending institutions. Normally, fees to lending institutions are nonrefundable.***

**Enhancement and Upgrade Escrow Funds:**

**Funds placed in escrow for enhancements and / or upgrades are nonrefundable once construction has begun. If homebuyer changes mind prior to initiation of construction, homebuyer will receive all but \$100.00 of escrowed funds.**

**I accept the above terms.**

**Signed:** \_\_\_\_\_  
\_\_\_\_\_



## Income Limits 2017

The Following is a list of income limits levels that have been set by the U.S. Department of Housing & Development, (HUD)

Each household will list the income amount for households of 1 to 8 persons. Each household must not exceed the amounts listed.

Program	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% Limits	\$11,700.00	\$13,350.00	\$15,000.00	\$16,650.00	\$18,000.00	\$19,350.00	\$20,650.00	\$22,000.00
50 % Limits	\$19,450.00	\$22,200.00	\$25,000.00	\$27,750.00	\$30,000.00	\$32,200.00	\$34,450.00	\$36,650.00
60% Limits	\$23,340.00	\$26,640.00	\$30,000.00	\$33,300.00	\$36,000.00	\$38,640.00	\$41,340.00	\$43,980.00
80% Limits	\$31,100.00	\$35,550.00	\$40,000.00	\$44,400.00	\$48,000.00	\$51,550.00	\$55,100.00	\$58,650.00

\*\*\* 30%-80% limits-applicants that are in this range are eligible for up to \$30,000 towards down payment and closing cost (**new construction**) or 30%-80% limits are eligible to receive \$10,500 toward down payment and closing cost (**existing home purchase**).

## HOMEBUYER'S INFORMATION

PLEASE PRINT

DATE:

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### PART 1A: BORROWER'S INFORMATION

Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
Last First MI mth. Day yr.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Previous Address if less than 24 months

How long have you lived at your current address? \_\_\_\_\_ # in household? \_\_\_\_\_  
Yrs. Mths.

Home phone( ) \_\_\_\_\_ Business( ) \_\_\_\_\_ Pager/Cell # ( ) \_\_\_\_\_

Marital Status: ( )Single ( )Married ( )Divorced ( )Widowed ( )Separated

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### PART 1B: CO-BORROWER'S INFORMATION

Name: \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_  
Last First MI mth. Day yr.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Previous address if less than 24 months

How long have you lived at your current address? \_\_\_\_\_ #in household? \_\_\_\_\_  
Yrs. Mths.

Home phone( ) \_\_\_\_\_ Business( ) \_\_\_\_\_ Pager/Cell#( ) \_\_\_\_\_

Marital Status: ( )Single ( )Married ( )Divorced ( )Widowed ( )Separate

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**PART 2A: BORROWER'S EMPLOYMENT HISTORY**

Employer \_\_\_\_\_ How long? Yrs. \_\_\_\_\_ Mths \_\_\_\_\_

Hourly Wages \_\_\_\_\_ Monthly Income(before taxes)\$ \_\_\_\_\_ P/T OR F/T \_\_\_\_\_

Are you paid weekly, bi-weekly, or monthly? \_\_\_\_\_

Do you work over-time? \_\_\_\_\_ If yes, how many hours a week? \_\_\_\_\_

Previous employer if less than 24 months \_\_\_\_\_ How long? \_\_\_\_\_

**Part 2B: CO-BORROWER'S EMPLOYMENT HISTORY**

Employer \_\_\_\_\_ How long? Yrs. \_\_\_\_\_ Mths. \_\_\_\_\_

Hourly Wage \$ \_\_\_\_\_ Monthly Income(before taxes) \$ \_\_\_\_\_ P/T OR F/T \_\_\_\_\_

Are you paid weekly, bi-weekly monthly? \_\_\_\_\_

Do you work overtime? \_\_\_\_\_ If yes, how many hours a week? \_\_\_\_\_

Previous employer if less than 24 months \_\_\_\_\_ How long? \_\_\_\_\_

**PART 3A: BORROWER'S SOURCE OF INCOME (SSI, CHILD SUPPORT, VA BENEFITS, PENSIONS, RENTS, ROYALTIES, UNEMPLOYMENT COMPENSATION, ALIMONY, DISABILITY)**

Sources of Income	Monthly Amount	Yearly Amount
<b>TOTAL</b>	_____	_____

**PART 3B: CO-BORROWER'S SOURCES OF INCOME (SSI, CHILD SUPPORT, VA BENEFITS, PENSIONS, RENTS, ROYALTIES, UNEMPLOYMENT COMPENSATION, ALIMONY, DISABILITY)**

Sources of Income	Monthly Amount	Yearly Amount
<b>TOTAL</b>	_____	_____

**PART 3A: BORROWER'S EMPLOYMENT HISTORY**

Employer \_\_\_\_\_ How long? Yrs. \_\_\_\_\_ Mths \_\_\_\_\_  
Hourly Wage \$ \_\_\_\_\_ Monthly Income (before taxes) \$ \_\_\_\_\_ P/T OR F/T \_\_\_\_\_  
Are you paid weekly, bi-weekly, or monthly? \_\_\_\_\_  
Do you work over-time? \_\_\_\_\_ If yes, how many hours a week? \_\_\_\_\_  
Previous employer if less than 24 months \_\_\_\_\_ How long? \_\_\_\_\_

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**Part 2B: CO-BORROWER'S EMPLOYMENT HISTORY**

Employer \_\_\_\_\_ How long? Yrs. \_\_\_\_\_ Mths. \_\_\_\_\_  
Hourly Wage \$ \_\_\_\_\_ Monthly Income (before taxes) \$ \_\_\_\_\_ P/T OR F/T \_\_\_\_\_  
Are you paid weekly, bi-weekly, or monthly? \_\_\_\_\_  
Do you work overtime? \_\_\_\_\_ If yes, how many hours a week? \_\_\_\_\_  
Previous employer if less than 24 months \_\_\_\_\_ How long? \_\_\_\_\_

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**PART 3A: BORROWER'S SOURCE OF INCOME (SSI, CHILD SUPPORT, VA BENEFITS, PENSIONS, RENTS, ROYALTIES, UNEMPLOYMENT COMPENSATION, ALIMONY, DISABILITY)**

Sources of Income	Monthly Amount	Yearly Amount
<b>TOTAL</b>	_____	_____

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**PART 3B: CO-BORROWER'S SOURCES OF INCOME (SSI, CHILD SUPPORT, VA BENEFITS, PENSIONS, RENTS, ROYALTIES, UNEMPLOYMENT COMPENSATION, ALLIMONY, DISABILITY)**

Sources of Income	Monthly Amount	Yearly Amount
<b>TOTAL</b>	_____	_____

**PART 4A: BORROWER'S DEPENDENT(S) INFORMATION**

DEPENDENT'S NAME	SOCIAL SECURITY #	BIRTHDATE

**PART 4B: CO-BORROWER'S DEPENDENT(S) INFORMATION**

DEPENDENT'S NAME	SOCIAL SECURITY #	BIRTHDATE

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**PART 5A: ASSET (MONEY) INFORMATION**

DESCRIPTION	NAME OF BANK/CREDIT UNION	ADDRESS	ACCOUNT NUMBER	CASH OR MARKET VALUE
Cash				
Certificate of Deposit (CD)				
Savings Acct				
Checking Acct				
Retirement Acct				
Bonds				
Mutual Fund				
Life Insurance				
Real Estate Property				
Other (Specify)				
<b>TOTAL</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	

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**PART 6: HOUSING PREFERENCE**

How much money do you have for a down payment on a house? \_\_\_\_\_  
Have you owned a home within the last three years? \_\_\_\_\_ If yes, where \_\_\_\_\_  
Do you own a residential lot? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**PART 7: CERTIFICATION**  
**SECTION A:**

The undersigned has certified that all of the information is true and complete.

\_\_\_\_\_  
**BORROWER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CO-BORROWER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

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**SECTION B:**

In order to determine my eligibility for assistance I/We authorize the City of Port Arthur-Housing Assistance Division to order a consumer credit and release my credit report, application and any other information necessary to financial lending institutions.

\_\_\_\_\_  
**BORROWER'S SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY #**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CO-BORROWER'S SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY #**

\_\_\_\_\_  
**DATE**

Please list person(s) who will attend Homebuyer's Course:

\_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Program**\_\_\_\_\_

**Program Year**\_\_\_\_\_

**Ethnic Data**

**Property Location**

**Median Family Income**

**Black**\_\_\_\_\_

**In Target Area**\_\_\_\_\_

**Extremely Low**\_\_\_\_\_

**White**\_\_\_\_\_

**Outside Target Area**\_\_\_\_\_

**Very Low**\_\_\_\_\_

**Spanish**\_\_\_\_\_

**Moderate**\_\_\_\_\_

**Vietnamese**\_\_\_\_\_

**Pacific Islander**\_\_\_\_\_

**Other**\_\_\_\_\_

**Reviewer's/Interviewer's Name:**\_\_\_\_\_ **Date:**\_\_\_\_\_

## FAMILY HISTORY

**Please list all members of the applicant and co-applicant's immediate family, including stepchildren. Please provide Social Security numbers and mailing address of each.**

Name	Address	City, State, Zip Code	Social Security #

## Request for Verification of Other Income

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**Part I--- Request**

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**To:**

**From:**

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**Lender's Signature**

**Title**

**Date**

**Lender's Number**

I have applied for a loan through \_\_\_\_\_.  
My signature below authorizes verification of the information requested.

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**Name of Applicant**

**Address**

**City, State**

**Zip**

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**Signature of Applicant**

**Social Security Number**

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**Part II--- Verification of Other Income**

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**Income Source**

**Monthly Amount**

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**Special Terms or Conditions**

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**Authorized Signature**

**Title**

**Date**



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REQUEST FOR VERIFICATION OF SOCIAL SECURITY BENEFIT

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Part I- REQUEST

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**TO: Social Security Administration  
8208 9<sup>th</sup> Avenue  
Port Arthur, TX 77642**

**FROM: City of Port Arthur  
Housing & Neighborhood Revitalization  
P.O. Box 1089  
Port Arthur, Texas 77641-1089**

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<b>Signature of Lender</b>	<b>Title</b>	<b>Date</b>	<b>Lender's Phone Number</b>
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**I have applied for a loan and stated that I am now receiving Social Security Benefits. My signature below authorizes verification of the information.**

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<b>Name of Applicant One</b>	<b>Case Number</b>
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**Signature of Applicant One**

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<b>Name of Applicant Two</b>	<b>Case Number</b>
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**Signature of Applicant Two**

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**PART II- VERIFICATION OF SOCIAL SECURITY BENEFITS**

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**Please forward verification of Social Security Benefits to above address of fax to (409) 983-8120.**

**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.

