

Home Purchase Information

Address of Home to Be Purchased	
Municipal Tax Block and Lot	Block: Lot:
Does the home have multiple dwellings (i.e., multi-family)?	<input type="checkbox"/> Yes, How many units? _____ <input type="checkbox"/> No, single family
Do you intend to occupy the property as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had an ownership interest in a property in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase Price	\$
Number of Bedrooms	
Annual Property Taxes	\$
Monthly Condominium Association Dues	\$
Estimate of Closing Costs	\$
Amount Available for Down Payment	\$

Home Loan Information

Mortgage Applied for:	<input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> Other _____
Loan Originator Company/Bank Name	
Loan Originator/Bank Representative Name	
Loan Originator Company/Bank Address	
Loan Originator Company/Bank Phone Number	
Loan Originator Company/Bank Rep Email Address	
Date mortgage application was submitted	
Estimated closing date	

Household

Please list ***all individuals*** that will be part of the household living in your new home

						Check <u>All</u> of the boxes that apply for each household member				
	Name	Relationship to Applicant	Birthdate	Last 4 of Social Security #	Sex	Head of Household	This member is a child under age 18	This member is a fulltime student age 18 and over	This member is 62 years of age or older	This member is a person (of any age) with disabilities
1							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Household Income

For each income source listed below, you will be required to provide source documentation for the purpose of verification.

Income Description	Head of Household (Applicant)	Household Member 2	Household Member 3	Household Member 4	Household Member 5	Household Member 6	Household Member 7	Household Member 8
Salary	\$	\$	\$	\$	\$	\$	\$	\$
Social Security	\$	\$	\$	\$	\$	\$	\$	\$
Pension	\$	\$	\$	\$	\$	\$	\$	\$
Welfare	\$	\$	\$	\$	\$	\$	\$	\$
Disability	\$	\$	\$	\$	\$	\$	\$	\$
Workers' Comp	\$	\$	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$	\$	\$
Child Support	\$	\$	\$	\$	\$	\$	\$	\$
Interest Income	\$	\$	\$	\$	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$	\$	\$
Other:	\$	\$	\$	\$	\$	\$	\$	\$
Total Household Annual Income								

Does anyone in the household receive or expect to receive:

Supplemental Security Income (SSI)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household receive or expect to receive Veterans Benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household receive or expect to receive a pension or annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household receive regular contributions (cash, food, clothing, utility payments, etc.) from an individual not living in the unit or from agencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household receive any income from rental housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the household own any stocks, bonds or trust accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Accounts

Please list all checking and savings accounts including CDs, Money Market Funds, Mutual Funds, stocks and bonds, and other assets held by financial institutions for all members of the Household:

Name and Address of Financial Institution	Account Number	Current Value

Monthly Expenses

Use the table below to describe your current monthly expenses.

Expense	Description	Monthly Payment
Rent/Lease		
Credit Card		
Credit Card		
Credit Card		
Auto Loan		
Auto Loan		
Alimony/Child Support		
Student Loan		
Tuition		
Other		
Other		

Required Documents

In order for your application to be considered complete, you must include copies of the following documents. Additional documentation may be requested after reviewing your application and source documents.

- Copies of photo ID's for all adults in the household
- Copies of social security cards for all members of the household
- Five (5) consecutive pay stubs for each source of income, for each working member of the household
- Two (2) most recent income tax returns with W-2s and all schedules
- Where applicable, most recent award letter for Social Security, Alimony/Child Support
- Where applicable, most recent award letter for SSI or SSD
- Checking and Savings Account statements for three (3) consecutive months
- Certificate of Completion from a certified First Time Home Buyer Counseling Program
- Sales Contract for purchase of property
- Loan Estimate (if available)

Certification of Accuracy

I certify that the information provided in this application is true, correct and complete and may be investigated for accuracy. I agree that a Consumer Credit Report may be requested from one or more consumer credit agencies or bureaus and may be used in connection with this application. My signature on this application or its submission in no way constitutes a commitment from the City of Trenton's First Time Home Buyer Program.

Applicant:

Date

Co-Applicant:

Date

Please call (609) 989-3521 or email gadouglas@trentonnj.org to schedule an appointment with CDBG program staff to review the completed application and required documentation.

Any questions concerning this application or the program can be directed to Ms. Gabriel Douglas gadouglas@trentonnj.org or by calling (609)989-3521. Email will likely result in a quicker response time to any questions.