

Housing Programs Information Sheet

Please Note: This is not an application for a loan. The information provided will be used to determine eligibility for financing through the City of Wilmington Community Development & Housing programs. It is important you provide complete and accurate information. Each person who will be on the loan needs to submit a separate information sheet.

Which program are you applying for? HOP (Home Ownership Pool) HOP 2Gether
 Housing Counseling Down Payment Assistance
 Owner-Occupied Rehabilitation Rental Rehabilitation
 CPLP (Community Partners Loan Pool)

Will you be applying for the above program with a co-applicant? Yes No

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Street Address: _____ City: _____ State: _____ Zip: _____

How long at this address? _____ Mailing address different than home address: No Yes (provide address)

Mailing Address: _____ (City/State/Zip Code) _____

Social Security Number _____ - _____ - _____ Date of Birth ____/____/____

To which gender do you identify as: Female Male Prefer not to identify Other: _____

Marital Status: Married Unmarried Separated Number of Years Completed in School: _____

Are you currently serving on active duty in the U.S. Armed Forces? Yes No

Home Phone: () _____ Work Phone: () _____ Email Address: _____

Preferred method of contact: Mail Email Phone: _____

If phone, may we leave messages of a sensitive nature on this number? Yes No

If not, please provide alternate contact person: _____ phone number: _____

Next of Kin (First & Last Name): _____ Relationship: _____

Next of Kin Address: _____ Phone: () _____

Household Income Information

Of People in Household (including yourself): _____

Please list the names, ages, income and sources of income (if applicable) of all people living in the household:
(Examples of Sources of Income: Social Security, SSI, AFDC, Disability, Child Support, Pension, Retirement, etc.)

Household Member (First and Last Name)	Date of Birth	Gross Income Amount	Pay Frequency (Monthly, biweekly, etc.)	Source of Income
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> None <input type="checkbox"/> Child Support
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> None <input type="checkbox"/> Child Support
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> None <input type="checkbox"/> Child Support
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> None <input type="checkbox"/> Child Support
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> None <input type="checkbox"/> Child Support
		\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Annual	<input type="checkbox"/> None <input type="checkbox"/> Child Support

Child Support:

Are you currently receiving child support for any household member? Yes No

If so, Is it court ordered? Yes No

Have you received child support every month for the last 12 months? Yes No

We require a 2 year work history, please insert extra page if needed.

Employment Information

Employer Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Gross Income: \$ _____ Annual Monthly Weekly Bi-Weekly Hourly

Verification Contact Person: _____ Title: _____

Contact #: _____ Contact Email: _____

Employment Information

Employer Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Dates of Employment: From ____ / ____ / ____ to ____ / ____ / ____

Gross Income: \$ _____ Annual Monthly Weekly Bi-Weekly Hourly

Verification Contact Person: _____ Title: _____

Contact #: _____ Contact Email: _____

ASSETS

Real Estate Owned:

Address: _____ Value: \$ _____

Address: _____ Value: \$ _____

Vehicles Owned:

Vehicle Year: _____ Make: _____ Model: _____

Mileage: _____ Value: \$ _____ Color: _____

Vehicle Year: _____ Make: _____ Model: _____

Mileage: _____ Value: \$ _____ Color: _____

Banking Information:

Checking:

Name of Bank: _____ Account Balance: _____

Name of Bank: _____ Account Balance: _____

Savings:

Name of Bank: _____ Account Balance: _____

Name of Bank: _____ Account Balance: _____

401K(Retirement):

Company Name: _____ Account Balance: _____

Investments:

Company Name: _____ Stock Value: _____

Life Insurance:

Name of Bank: _____ Cash Value: _____

Total Account Balances:

Checking \$ _____ Savings \$ _____ Retirement \$ _____ Other Account (s) \$ _____

Additional Assets: Land Home Other: _____ Value: \$ _____

LIABILITIES/DEBT

Please list all creditors with whom you have applied for and received credit – Use additional sheet if necessary
(Please provide projected payment for student loan debt if in deferment)

Credit Card/Loans:

Company _____ Monthly Payment \$ _____ Balance \$ _____
Company _____ Monthly Payment \$ _____ Balance \$ _____
Company _____ Monthly Payment \$ _____ Balance \$ _____
Company _____ Monthly Payment \$ _____ Balance \$ _____
Company _____ Monthly Payment \$ _____ Balance \$ _____
Company _____ Monthly Payment \$ _____ Balance \$ _____

Student Loans status: Deferment Default Regular Payment Income Driven repayment

Student Loans: _____ Monthly Payment \$ _____ Balance \$ _____

Do you have any non-Medical collections? Yes No

Collections: _____ Monthly Payment \$ _____ Balance \$ _____

Collections: _____ Monthly Payment \$ _____ Balance \$ _____

Do you have any Judgements or tax liens? Yes No

Judgments: _____ Monthly Payment \$ _____ Balance \$ _____

Tax Liens: _____ Monthly Payment \$ _____ Balance \$ _____

Court Order Child Support:

Do you pay child support? Yes No Monthly Payment \$ _____

Is it court ordered? Yes No

Demographic Information

The following questions are voluntary and for statistical purposes only and have no bearing on the approval of financial assistance.

Please check the box that applies to your head of household:

Race:

White Black
 Asian or Pacific Islander
 American Indian
 Other: _____
 Do not wish to disclose

Ethnicity:

Hispanic
 Non-Hispanic

Please check the box that best describes your household:

Single, Non-Elderly (one person household in which the person is not elderly)
 Elderly, (one or two person household in which one person is at least 62 years of age)
 Disabled
 Single Parent
 Two Parent
 Other:
Sex of head of household: Male Female
 Other

Do you currently live in a rural area? Yes No

If you are applying to purchase a home, are you a first-time homebuyer? Yes No

How were you referred to the program?

City Wilmington Outreach/Website
 Another person (word of Mouth)
 HUD Outreach
 Lender - Name: _____ Company: _____
 Real Estate Agent- Name: _____ Company: _____
 Other: _____
 Home Buyer Education: _____ Date: _____

DECLARATION & AGREEMENT

U.S.C., SECTION 1001, TITLE 18 PROVIDES: among other things that whoever knowingly and willfully makes or uses a document in writing containing any false, fictitious or fraudulent statement or entry in any manner within the jurisdiction of any department or agency in the United States shall be fined not more than \$10,000, or imprisoned for not more than five years, or both.

In addition, per the City of Wilmington’s financial practices, any fraudulent, fictitious or false statement on this application may result in the calling in of any note, deferred grant or other financial help in full.

By signing below, I certify the following:

- 1) I understand that this is not an application for a loan;
- 2) The information provided is truthful and correct to the best of my knowledge;
- 3) I further understand that failure to provide complete and accurate information or follow the recommended steps may delay approval of my request;
- 4) I understand that, should I participate in any program that I have applied for through the City of Wilmington, photos of my participation in the program including workshops, classes and subsequent properties that have been purchased or rehabilitated using funds provided by City of Wilmington may be used for future marketing purposes.

Signature _____ Date _____

Power of Attorney and/or Authorized Legal Representative: _____ Date: _____

(Please attach a true copy of the authorizing document for authority to act as agent)

Please return all required documents to:

By Mail
 City of Wilmington
 Community Services
 PO Box 1810
 Wilmington, NC 28402
 Attn: Home Ownership Pool

In Person
 City of Wilmington
 Community Services
 305 Chestnut St; 2nd Floor
 Wilmington, NC 28401
 Attn: Home Ownership Pool

The City of Wilmington does not discriminate on the basis of race, sex, color, age, national origin, religion or disability in its employment opportunities, programs, services or activities.

