

Eligibility Checklist

Application

- Completed and signed application
- Signed *Authorization of Release of Information* form for all adult household members (each member must sign a separate form)

Household Information

- Picture I.D.
- Name, Social Security number and date of birth of all household members

Verification of Income

- Verification of Income/Employment for all household members (paystubs for last 30 days, pension/award/benefits letter, alimony, child support)

Verification of Assets

- Verification of Assets for all household members (stocks, bonds, real estate, life insurance policies)
- Verification of Checking, Savings and Credit Union Accounts for all household members (last six months of checking account statements and most recent savings account statement showing current balance)

Verification of Debts

- Verification of debt (loans, credit card statements, childcare, child support)
- Bankruptcy Discharge letter (if bankruptcy filed)

Other

- Homeownership Education Certificate of Completion
- W-2 and Tax Returns (for the past 2 years)
- Good Faith Estimate/Loan Cost Summary
- Pre-Approval from Lender
- Credit Report (dated within 60 days)

Once you have collected all of the documentation listed, above along with your contract, please submit the information to Keara Mims, Realtor with Liz Moore and Associates. You will be instructed to contact Sid Alvarado at **727-2689** to schedule an appointment once the contract has been approved. Our office is located at 1 South Armistead Avenue, Hampton, VA 23669.

*****Please do not mail or drop off documents.** You must call for an appointment.



Client# _____
 Date _____

APPLICATION FOR ASSISTANCE UNDER THE CDBG AND HOME HOUSING PROGRAMS

The information collected below will be used to determine whether you qualify for assistance under Hampton's Housing Programs. This information will not be disclosed outside of this Department without your consent except to your employer for verification of income and employment and to financial institutions for verification of information, and as required and permitted by law. You do not have to provide the information, but if you do not, your application for assistance may be delayed or rejected.

Property to Be Rehabilitated or Purchased	City HAMPTON	State VA	Zip code
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APPLICANT INFORMATION

Applicant's Name (Last) (First) (Middle)			Home Phone	
Present Street Address	City	State VA	Zip Code	No. of Years ____ __ Own __ Rent
Former Street Address (if at current address for less than 2 yrs.)	City	State	Zip Code	No. of Years ____ __ Own __ Rent
Marital Status __ Married __ Unmarried (single, divorced, or widowed) __ Separated		No. of Dependents (Living in home)		Ages
Name and Address of Employer			Self-Employed? __ Yes __ No	
Business Phone No.	Position/Title	Type of Business	No. of Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if at position less than 2 yrs.)			No. of Yrs. on Job	Business Phone

CO-APPLICANT INFORMATION

Co-Applicant's Name (Last) (First) (Middle)			Home Phone	
Present Street Address	City	State	Zip Code	No. of Years ____ __ Own __ Rent
Former Street Address (if at current address less than 2 yrs.)	City	State	Zip Code	No. of Years ____ __ Own __ Rent
Marital Status __ Married __ Unmarried (single, divorced, or widowed) __ Separated		No. of Dependents (Living in home)		Ages
Name and Address of Employer			Self-Employed? __ Yes __ No	
Business Phone No.	Position/Title	Type of Business	No. of Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if at position less than 2 yrs.)			No. of Yrs. on Job	Business Phone

FOR OFFICIAL USE ONLY

Program Name/Type of Assistance (Loan or Grant): _____

Action Taken: __ Approved __ Rejected

Comments:

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, etc., Received Periodically				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Other				
			TOTAL	

ASSETS

Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Checking Account(s)				
Savings Account(s)				
Credit Union Account(s)				
Stocks				
Life Insurance				
Other (i.e., rental property)				
Home:				
Estimated Value				
Mortgage Balance				

FOR OFFICIAL USE ONLY: If total cash value of assets exceed \$5,000 - calculate imputed income using the current HUD passbook rate.
 Total assets _____ x _____ (rate) = _____. Include as income the greater of imputed income or actual income earned on asset.

LIABILITIES (List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.)

Type	Creditor's Name	Monthly Payments	Unpaid Balance	Due Date

Monthly Alimony _____ Monthly Child Support _____ Monthly Child Care _____

- If a "Yes" answer is given to any questions below, please explain on an attached sheet:
1. Do you have any outstanding unpaid judgments? Yes No Amount (if applicable) _____
 2. In the past 7 years, have you been declared bankrupt? Yes No
 3. Are you a party in a law suit? Yes No

MONTHLY HOUSING EXPENSE

Item	Monthly Payment	Unpaid Principal Balance	Balloon Payment	Balloon Amount	Date Due
			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
a. First Mortgage (P&I)			Describe any special circumstances relative to your housing or its financing		
b. Other Financing Secured by Property (P&I)					
c. Hazard and Flood Insurance					
d. Real Estate Taxes					
e. Other (please specify)					
f. TOTAL					

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give the relationship of each family member to the head.)

Member No.	Full Name	Relationship	Age	Social Security No.
1				
2				
3				
4				
5				
6				
7				

1. Does anyone live with you now who is not listed above? Yes No
 2. Does anyone plan to live with you in the future who is not listed above? Yes No
- (Please attach a separate sheet with an explanation if you answer "Yes" to either question above)

FOR HOMEBUYER ONLY: Agent Representation (If you are represented by a real estate agent as of the date of this application, please complete the information below. If you do not have an agent at this time, write "N/A". This will not make you ineligible to purchase.)

Agent Name _____ Company Name _____

The information provided below is true and complete to the best of my/our knowledge and belief. I/We certify that the address listed on this application is my/our primary place of residence. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date



Hampton Redevelopment and Housing Authority
Authorization for Release of Information

By signing this consent form, I authorize the Hampton Redevelopment and Housing Authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my eligibility to participate and receive financial assistance under the programs operated by the Authority. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected.

Applicant

Date