

# HOUSING DOWN PAYMENT ASSISTANCE REVOLVING LOAN FUND PROGRAM



## APPLICATION FORM

### Items to be included:

Each applicant will be required to review the **Administrative Guidelines for the Housing Assistance Program**, and acknowledge their consent to the terms and conditions outlined therein, subject to their approval as eligible applicants.

Each applicant will be required to complete the attached application form for the purpose of establishing their eligibility for the Housing Assistance Program.

Each applicant and all adult persons intending to reside in the residence will need to include the following documentation:

- Copies of the last three (3) years income tax returns.
- Income verification forms or pay stubs for the last month.
- Copy of the executed purchase agreement, when available.
- Alien registration receipt card, if applicable.

Date of application \_\_\_\_\_

**APPLICANT**

Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

Birth date \_\_\_\_\_

Marital Status:

Single             Married

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Rent       Own, Since Month/Year \_\_\_\_\_

If at present address less than two years provide previous address information:

Previous Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Employment Information:**

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Since Month/Year \_\_\_\_\_

Gross Monthly Income (Income Before Deductions) \_\_\_\_\_

If at present position for less than two years provide information on your previous employer:

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Since Month/Year \_\_\_\_\_

Gross Monthly Income (Income Before Deductions) \_\_\_\_\_

**CO-APPLICANT**

Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

Birth date \_\_\_\_\_

Marital Status:

Single             Married

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Rent         Own, Since Month/Year \_\_\_\_\_

If at present address less than two years provide previous address information:

Previous Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employment Information:

Present Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Since Month/Year \_\_\_\_\_

Gross Monthly Income (Income Before Deductions) \_\_\_\_\_

If at present position for less than two years provide information on your previous employer:

Previous Employer \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position \_\_\_\_\_ Since Month/Year \_\_\_\_\_

Gross Monthly Income (Income Before Deductions) \_\_\_\_\_

**OTHER SOURCES OF INCOME:**

Include overtime, bonuses, dividends, interest, ect.\*

Source \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Source \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Source \_\_\_\_\_ Monthly Amount \_\_\_\_\_

Source \_\_\_\_\_ Monthly Amount \_\_\_\_\_

\*Alimony, child support or separate maintenance income need not be disclosed.



**INDIVIDUALS TO OCCUPY RESIDENCE:**

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MISCELLANEOUS:**

	Borrower		Co-Borrower	
	Yes	No	Yes	No
Have you owned a home in the last five (5) years?	_____	_____	_____	_____
If yes, did you receive assistance from the Housing Assistance Program in the last five (5) years?	_____	_____	_____	_____
Are there any outstanding Judgments against you, or are you currently party to a pending lawsuit?	_____	_____	_____	_____

If yes, please describe the nature of the judgment, judgment amount, and the county in which the judgment was rendered against you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If yes, please describe the nature of the pending lawsuit, and the county in which the action is pending:

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**REQUESTED ASSISTANCE:**

Address of Residence to be purchased \_\_\_\_\_

Is the residence within the city limits of Algona \_\_\_\_\_

Purchase price of residence \$ \_\_\_\_\_

Down Payment Required by Financial Institution \$ \_\_\_\_\_

Requested amount of down payment assistance from the Housing Assistance Program \$ \_\_\_\_\_

Requested amount of closing cost assistance from the Housing Assistance Program \$ \_\_\_\_\_

Total Grant Money Requested \$ \_\_\_\_\_

If unimproved real estate is being purchased list:

Value of Real Estate        \$ \_\_\_\_\_

Value of Improvements     \$ \_\_\_\_\_

Total                                \$ \_\_\_\_\_

**Please attach supporting documentation of improvements.**

Applicant(s) Attorney \_\_\_\_\_

Attorney's Address \_\_\_\_\_

**Financial Institution You Are Receiving Purchase Loan From:**

\_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone : \_\_\_\_\_

**I/WE CERTIFY THAT THE INFORMATION GIVEN HEREIN FOR THE PURPOSE OF QUALIFYING FOR THE ALGONA HOUSING ASSISTANCE PROGRAM IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER STATE LAW. I/WE UNDERSTAND THAT FALSE STATEMENTS ARE GROUNDS FOR TERMINATION FOR FINANCIAL ASSISTANCE OR THE TRIGGERING OF REPAYMENT OF THE LOAN FUNDS RECEIVED. I/WE UNDERSTAND THAT THE CITY WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. I/WE ALSO UNDERSTAND THAT THE APPLICATION SHALL BE INCORPORATED INTO THE RELEVANT DOCUMENTS NECESSARY TO RECEIVE THE FINANCIAL ASSISTANCE, IF IT IS APPROVED.**

**I/WE AUTHORIZE THE CITY OF ALGONA TO RELEASE TO MY/OUR FINANCIAL INSTITUTION ANY AND ALL INFORMATION RELATED TO THIS APPLICATION. I/ WE AUTHORIZE OUR FINANCIAL INSTITUTION TO RELEASE TO THE CITY OF ALGONA ANY AND ALL INFORMATION RELATED TO MY/OUR LOAN APPLICATION WITH MY/OUR FINANCIAL INSTITUTION. I/WE AGREE TO THE TERMS OF THE PROGRAM AS DEFINED IN THE HOUSING DOWN PAYMENT ASSISTANCE ADMINISTRATIVE GUIDELINES.**

\_\_\_\_\_  
Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**For City Use Only**

**Date Received \_\_\_\_\_ Received By \_\_\_\_\_**

**Date Submitted to Housing Commission \_\_\_\_\_**

**Approved \_\_\_\_ Denied \_\_\_\_ Date of Notification \_\_\_\_\_**