

Please keep this page for your records.



## APPLICATION PROCESS FOR FIRST TIME HOME BUYER PROGRAM

The application must include everyone who will be in the household, and must be completed by all household members age 18 or older.

All supporting documents must be submitted with the application or it may delay your application.

Applications and supporting documents may be submitted one of four ways. The preferred methods are by hand delivery or mail.

1. Hand deliver to the Housing Services Office (address below)
2. Mail to the Housing Services Office (address below)
3. Fax to 319-286-5870
4. Email to [j.barten@cedar-rapids.org](mailto:j.barten@cedar-rapids.org)

First Time Home Buyer Program  
City of Cedar Rapids – Housing Services  
1211 Sixth Street SW  
Cedar Rapids, IA 52404  
(319) 286-5874

Applications will be reviewed in the order they are received. You will be contacted when the processing of your file has begun.

Notification of prequalification or denial will be by email unless otherwise specified on the application.

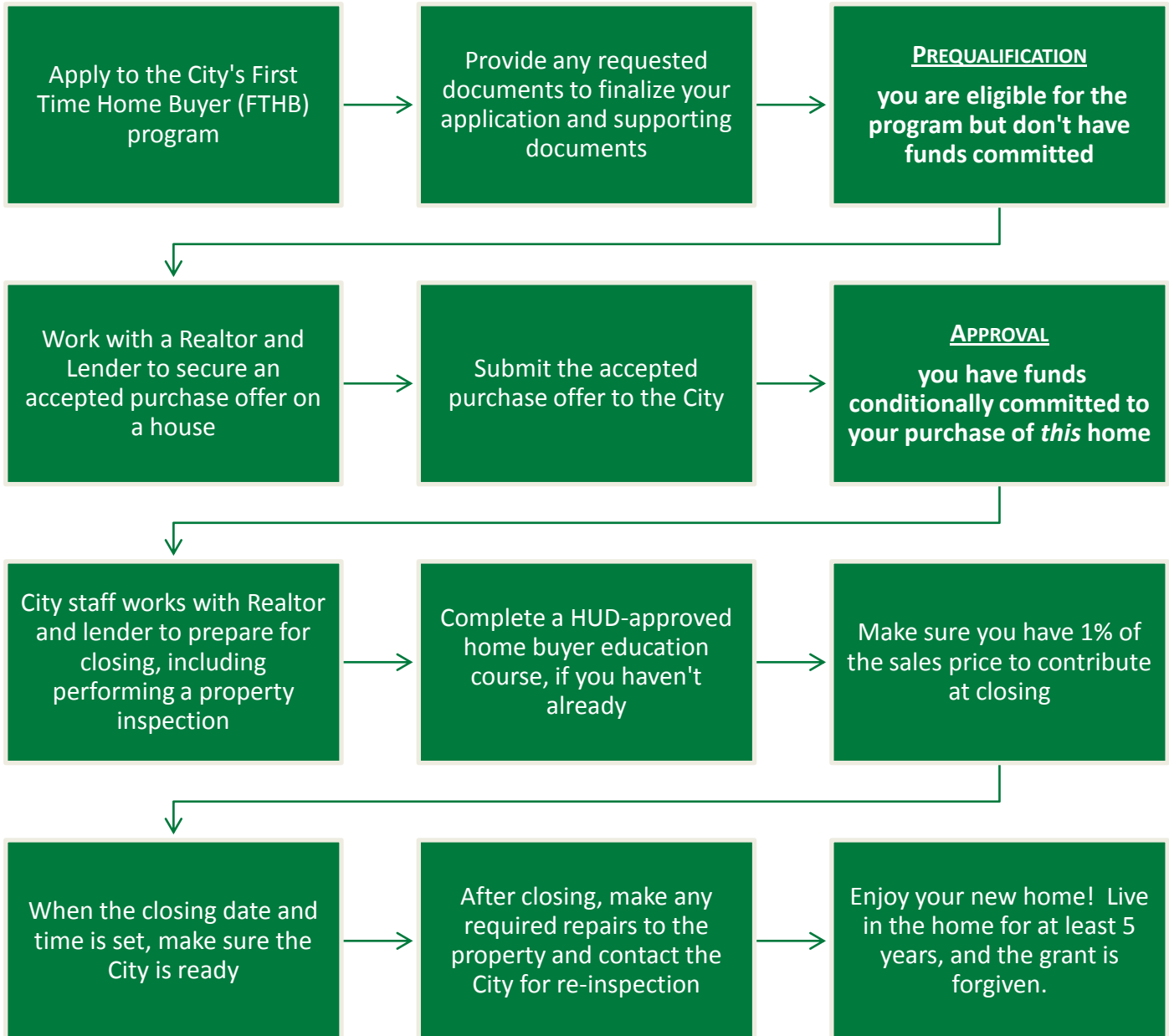
Once pre-qualified, applicants may begin or continue their search for a home to purchase.

**It is only after our office receives a signed purchase contract on an approved property that funds will be committed from this grant to an applicant. Funds should not be assumed to be available until you have been notified you are approved.**

Grant funds will be disbursed at the real estate closing.



# FTHB APPROVAL PROCESS



Community Development Department – Housing Services

1211 Sixth Street SW • Cedar Rapids, Iowa 52404 • (319) 286-5872 • FAX (319) 286-5870 • [www.cedar-rapids.org](http://www.cedar-rapids.org)



**FIRST TIME HOME BUYER – DOWN PAYMENT AND CLOSING COST ASSISTANCE**



**CONFIDENTIAL FINANCIAL APPLICATION FY2011**

Remit to: Housing Services, 1211 6<sup>th</sup> Street SW, Cedar Rapids, IA 52404

**APPLICANT INFORMATION (HEAD OF HOUSEHOLD)**

Applicant Name		Email		
Current Address		City	State	Zip
Home Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>		
*Please check the box of the preferred contact number				

**CO-APPLICANT INFORMATION**

Applicant Name		Email		
Current Address		City	State	Zip
Home Phone <input type="checkbox"/>	Work Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>		
*Please check the box of the preferred contact number				

**HOUSEHOLD COMPOSITION – Include *everyone* who will live in the home**

MEMBER NAME *					
RELATIONSHIP TO HEAD OF HOUSEHOLD (SEE CODE BELOW)	HEAD				
AGE					
SOCIAL SECURITY #					
DATE OF BIRTH					
GENDER (F OR M)					
MARITAL STATUS (SEE CODE BELOW)					
RACE (SEE CODE BELOW)					
ETHNICITY (SEE CODE BELOW)					

\*If additional space is needed, please continue on a separate page and attach.

Relationship to Head of Household:	Marital Status:	Race:	Ethnicity:
H Husband	M Married	1 American Indian or Alaska Native	1 Hispanic/Latino
W Wife	S Single	2 Asian	2 Other (Non-Hispanic/Latino)
SO Significant other	SP Separated	3 Black or African American	3 Chose not to respond
D Daughter	D Divorced	4 Native Hawaiian or Other Pacific Islander	
S Son	W Widowed	5 White	
ON Other Non-Relative		6 Other	
OR Other Relative		7 Chose not to respond	

## INCOME AND ASSET INSTRUCTIONS

1. Income and asset Information must be included for each household member age 18 or older.
2. The Sources of Income and Assets tables must be completed for all items marked yes.
3. Use a separate line for each source.
4. Failure to complete the income and asset information and sources in their entirety will delay the application process.

## HOUSEHOLD INCOME

DO YOU RECEIVE OR EXPECT TO RECEIVE:		YES	NO	MONTHLY AMOUNT
1	Wages, Salaries (includes overtime, tips, bonuses, commissions, self-employment)	<input type="checkbox"/>	<input type="checkbox"/>	
2	Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Regular Pay for a Member of the Armed Forces	<input type="checkbox"/>	<input type="checkbox"/>	
4	Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI, or SSI)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
6	Unemployment Benefits or Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	
7	Child Support Case Number(s):	<input type="checkbox"/>	<input type="checkbox"/>	
8	Alimony	<input type="checkbox"/>	<input type="checkbox"/>	
9	Social Security Payments	<input type="checkbox"/>	<input type="checkbox"/>	
10	Pensions (PERA, Railroad, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
11	Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
12	Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
13	Annuities or Life Insurance Dividends	<input type="checkbox"/>	<input type="checkbox"/>	
14	Lump Sum Payments (inheritance, insurance settlements, lottery winnings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
15	Net Income from Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	
16	Regular Cash Contributions or Gifts from Individuals Not Living in the Household	<input type="checkbox"/>	<input type="checkbox"/>	
17	Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	

## SOURCES OF INCOME

NUMBER FROM ABOVE	FAMILY MEMBER	SOURCE OF INCOME (NAME OF EMPLOYER, SSDI, ETC.)
1	Head	ABC Company

## HOUSEHOLD ASSETS

DO YOU HAVE MONEY HELD IN:		YES	NO	AMOUNT
1	Checking Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
2	Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
3	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	
4	Capital Investments	<input type="checkbox"/>	<input type="checkbox"/>	
5	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
6	Trusts	<input type="checkbox"/>	<input type="checkbox"/>	
7	Securities	<input type="checkbox"/>	<input type="checkbox"/>	
8	IRA/KEOGH Accounts	<input type="checkbox"/>	<input type="checkbox"/>	
9	Certificates of Deposit	<input type="checkbox"/>	<input type="checkbox"/>	
10	Pension/Retirement Funds	<input type="checkbox"/>	<input type="checkbox"/>	
11	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	
12	Treasury Bills (savings bonds etc)	<input type="checkbox"/>	<input type="checkbox"/>	
13	Safety Deposit Box	<input type="checkbox"/>	<input type="checkbox"/>	
14	Insurance Settlement	<input type="checkbox"/>	<input type="checkbox"/>	
15	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Are any assets held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, list person's name, asset(s) held jointly, and the relationship to the applicant:			
17	Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	
18	Do you currently own a home or purchasing a home on contract?	<input type="checkbox"/>	<input type="checkbox"/>	
	Are property taxes current?	<input type="checkbox"/>	<input type="checkbox"/>	
	Family Member:			
	Address, City, State, Zip:			
	Mortgage Institution :			
19	Mortgage Balance :			
	Have you sold or disposed of any asset for less than fair market value in the last two years?	<input type="checkbox"/>	<input type="checkbox"/>	
	Family Member:			
	Asset Estimated Value:			
	Date Sold or Disposed of:			
	Amount Received:			

## SOURCES OF ASSETS

NUMBER FROM ABOVE	FAMILY MEMBER	SOURCE OF ASSET (NAME OF BANK, COMPANY, ETC.)
1	Head	ABC Bank

## **FIRST TIME HOME BUYER CRITERIA**

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Do you meet one of the criteria of being a First Time Home Buyer as follows?

- I have not owned a home during the three years prior to applying for this program.
- I am a displaced homemaker who, while a homemaker, owned a home with my spouse or resided in a home owned by my spouse. Note: A displaced homemaker is defined as an adult who has not worked in the labor force for several years, has worked in the home to care for the home and family during that time and is currently unemployed or underemployed and is having difficulty finding or upgrading employment.
- I am a single parent who, while married, owned a home with my spouse or resided in a home owned by my spouse. Note: A single parent is an individual who is unmarried or legally separated from a spouse and has one or more minor children for whom the individual has custody or joint custody, or is pregnant.

### **ITEMS TO INCLUDE WITH APPLICATION – for all household members 18 and over**

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- Copies of documentation for all income and assets (see page 6). *Documents will not be returned.*
- Copy of valid driver's license/passport or identification card
- Copy of Social Security Card (or proof of immigration status if not U.S. Citizen)
- List of addresses of residences for the past 3 years, including names and addresses of landlords
- Copy of tax returns for the past three years, including tax forms and all W-2's
  
- Pre-Approval Letter from Lender (if available)
- Signed Purchase Agreement/Contract for the property you are purchasing, including any addendums and/or amendments (if available)
- Property information and disclosures (if available)

**ACKNOWLEDGEMENT, CONSENT, AND RELEASE**

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I am aware that I may have to pay for any house repairs required by this program and complete those repairs within six months of my possession date. I am also aware that any financial assistance received through the City of Cedar Rapids and/or cooperating entities will be placed as a five-year forgivable lien against my property.

I authorize Housing Services to verify any of the enclosed information, to check my employment, income, and asset history, and to exchange this information with my Lender, Realtor, Attorney or others as may be required.

I understand that Housing Services will retain this application whether or not it is approved.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

United States Code Title 18, Section 1001, provides: "Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

By signing this form, I acknowledge and agree to the above and that this application is true, correct, and complete.

_____ Print Applicant Name	_____ Applicant Signature	_____ Date
_____ Print Co-Applicant Name	_____ Co-Applicant Signature	_____ Date
_____ Print Other Household Adult Name	_____ Other Household Adult Signature	_____ Date
_____ Print Other Household Adult Name	_____ Other Household Adult Signature	_____ Date

## CHECKLIST FOR DOCUMENTS THAT MUST BE SUBMITTED WITH APPLICATION

**\*ALL SOURCE DOCUMENTS MUST BE NO OLDER THAN 30 DAYS PRIOR TO APPLICATION SUBMISSION.**

<b>MISCELLANEOUS DOCUMENTS (PROVIDE COPIES FOR ALL DOCUMENTS)</b>		
1	Copies of last three years of tax returns including W-2's and profit and loss if self-employed. You can get free transcript of your tax return and/or wage information from the IRS office in the APAC building in downtown Cedar Rapids.	
2	Copies of valid driver's license/passport or identification card and Social Security Card (proof of immigration status if not U.S. Citizen)	
3	List of addresses of residences for the past 3 years, including names and addresses of landlords	
<b>INCOME VERIFICATIONS (PROVIDE COPIES FOR ALL DOCUMENTS)</b>		
1	Wages, Salaries (includes overtime, tips, bonuses, commissions, self-employment)	Three <u>months</u> of consecutive pay stubs showing gross year to date pay received or if self employed a current year Profit and Loss
2 16	Does any member work for someone who pays them cash? - Regular Cash Contributions or Gifts from Individuals Not Living in the Household	Signed statement from person paying stating how much is paid and how often
3	Regular Pay for a Member of the Armed Forces	Three months consecutive pay stubs showing gross year to date pay received
4 5 9 10 11 12 14	Welfare or Disability Benefits (AFDC, TANF, FIP, SSDI, or SSI) -- Worker's Compensation -- Social Security Payments -- Pensions (PERA, Railroad, etc) -- Death Benefits -- Retirement Benefits -- Lump Sum Payments (inheritance, insurance settlements, lottery winnings, etc)	Current award letter (dated within the past 30 days)
6	Unemployment Benefits or Severance Pay	Current printout from Iowa Workforce Development for unemployment or severance pay award letter
7	Child Support	Child support case number for each child
8	Alimony	Copy of legal award, or if no court order, signed statement from person paying stating how much is paid and how often
13	Annuities or Life Insurance Dividends	Current statement showing amount year to date received
15	Net Income from Rental Property	Copy of lease showing current rent amount
17	Other (list)	Current documentation stating how much is paid and how often
<b>ASSET VERIFICATIONS (PROVIDE COPIES FOR ALL DOCUMENTS)</b>		
1 2	Checking Accounts - Savings Accounts	Three <u>months</u> of consecutive current statements – must show bank name, account number, and account owner
3 4 5 6 7 8 9 10 11 14	Stocks -- Capital Investments -- Bonds -- Trusts -- Securities -- IRA/KEOGH Accounts -- Certificates of Deposit -- Pension/Retirement Funds -- Mutual Funds -- Insurance Settlement	Current statement/account balance (dated within the past 30 days)
12	Treasury Bills (savings bonds etc)	Calculator print out from Treasury Direct.Com showing current value of treasury bills
13	Safety Deposit Box	Signed statement showing item and value
15	Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items held for investment purposes?	Current appraisal showing value
16	Are any assets held jointly with another person?	Find asset in asset list and submit required documents
17	Other (list):	Documentation showing current value
18	Do you currently own a home or a contract for deed?	Current statement from mortgage institution showing principal balance (official payout not needed)
19	Have you sold or disposed of any asset for less than fair market value in the last two years?	Documentation showing estimated value and amount received