



PROGRAM APPLICATION
Attn: Holly Miller, Community Development
Coordinator - HOME
175 South Main Street, Suite 207, Akron, Ohio
44308
(330) 643-8013
 Application must be completed in full and legible

PART 1 - APPLICANT INFORMATION

Name: _____
 (First) (Middle) (Last)

Address (include city and zip code) _____

Daytime Phone #: _____ Evening Phone #: _____
 Social Security Number: _____ Date of Birth: _____

Are you female male? Are you Hispanic/Latino? Yes No

Are you (Please check only one of the following):

- White Black/African American American Indian/Alaskan Native Asian Other Multi-Racial
- Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan Native/White
- American Indian/Alaskan Native/Black/African American Black/African American/White

List ALL sources of employment income for the past two (2) Years (Use back of page if more space is needed)

| | Name, Address, Contact and Phone and Fax Number of Employer | Total Gross Monthly Pay (Before Taxes) |
|-----------|---|--|
| Currently | | |
| 2007 | | |
| 2006 | | |

List all other sources of income for the past two (2) years

| | Yes | No | Total Amount per Month | | |
|-------------------------------|--------------------------|--------------------------|--|------|------|
| | | | Currently | 2007 | 2006 |
| Child Support | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Alimony | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Pension | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Social Security or SSI | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Disability Benefits | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Do you have any other income? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please attach a separate sheet listing other income. | | |

Payroll stubs, and verification for all of the items that you listed above for the last three (3) months must be attached.
 Federal Tax Returns – A copy of your signed and dated returns for the past three (3) years must be attached.
 You must submit COPIES of your documents, NOT the original documents.
Your application will not be processed unless you include these items.

PART 2 - CO-APPLICANT INFORMATION

Check here if there is no co-applicant & skip to Part 3.

Name: _____
 (First) (Middle) (Last)

Address (include city and zip code) _____

Daytime Phone #: _____ Evening Phone #: _____

Social Security Number: _____ Date of Birth: _____

Are you female male? Are you Hispanic/Latino? Yes No

Are you (Please check only one of the following):

- White Black/African American American Indian/Alaskan Native Asian Other Multi-Racial
 Native Hawaiian/Other Pacific Islander Asian/White American/Indian/Alaskan Native/White
 American Indian/Alaskan Native/Black/African American Black/African American/White

List ALL sources of employment income for the past two (2) Years (Use back of page if more space is needed)

| | Name, Address , Contact and Phone and Fax Number of Employer | Total Gross Monthly Pay (Before Taxes) |
|-----------|--|--|
| Currently | | |
| 2007 | | |
| 2006 | | |

List all other sources of income for the past two(2) years

| | Yes | No | Total Amount per Month | | |
|-------------------------------|--------------------------|--------------------------|--|------|------|
| | | | Currently | 2007 | 2006 |
| Child Support | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Alimony | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Pension | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Social Security or SSI | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Disability Benefits | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Do you have any other income? | <input type="checkbox"/> | <input type="checkbox"/> | If yes, please attach a separate sheet listing other income. | | |

Payroll stubs, and verification for all of the items that you listed above for the last three (3) months must be attached.
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 You must submit COPIES of your documents, NOT the original documents.
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PART 3 – HOUSEHOLD COMPOSITION:

Not including yourself and/or the co-applicant list every person currently living in the house or at any time during the past three years.

| Name | Relationship | Date of Birth | Social Security Number |
|-------------|---------------------|----------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PART 4 – ASSETS

Excluding IRA Accounts

(List all current accounts as well as any during the past two (2) years)

| Name and Contact Number of Financial Institution | Checking or Savings Account | Balance |
|---|------------------------------------|----------------|
| | | |
| | | |
| | | |

Stocks, Bonds, Certificates of Deposit, Securities, Etc.

(List all current accounts as well as any during the past two (2) years)

| Description (Name of stock, money market account, government bond, etc) | Approximate Value |
|--|--------------------------|
| | |
| | |
| | |
| | |

Other Real Estate Owned or Co-Owned

(List all current real estate as well as any owned during the past two (2) years)

| Description (Rental Property, vacation home etc.) | Address | Value |
|--|----------------|--------------|
| | | |
| | | |
| | | |

PART 5 – LIABILITIES

You must answer all of the questions. If something does not apply to you, answer N/A.

Current Monthly Payments

| | Monthly Payment | Balance |
|--|------------------------|----------------|
| Rent Payment | | |
| Homeowner's Insurance | | N/A |
| Credit Card(s) Payments | | |
| Child Support | | |
| Alimony | | |
| Medical/Dental Expenses | | |
| Automotive Loan(s) | | |
| Other Loans | | |
| Payments on Other Mortgage or Real Estate | | |
| Utilities – Gas | | N/A |
| Utilities – Electric | | N/A |
| Utilities – Water and Sewer | | N/A |
| Utilities – Telephone | | N/A |
| Utilities – Cable | | N/A |
| Cell Phone(s) | | N/A |
| Auto Insurance | | N/A |
| Health Insurance | | N/A |
| Other Monthly Expenses | | N/A |
| <i>Total Monthly Payments</i> | | |

PART – 6 AUTHORIZATION TO RELEASE INFORMATION

PERMISSION TO CHECK CREDIT, AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

The applicant(s) give permission to the County of Summit to check their credit, and/or verify other information used to determine eligibility and as outlined and initialed below. He/she/they understands/understand that this information is used to determine if he/she/they qualify for the County of Summit First-Time Homebuyer Program.

PRIVACY ACT NOTICE STATEMENT: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant’s eligibility to participate in the HOME-funded County of Summit First-Time Homebuyer Program. This information will be used to establish eligibility for the County of Summit First-Time Homebuyer Program; to protect the Government’s financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquires may be made about items listed below for the applicant, co-applicant and/or other members of the household age 18 and over.

| | | |
|--------------------------------|-----------------------------|-------------------------------------|
| Alimony or Separation Payments | Full-Time Student Status | Pension and Annuities |
| Assets (all sources) | Handicap Assistance Expense | Social Security Benefits |
| Assets on Deposit | Income (all sources) | Tax Returns (Federal, State, Local) |
| Bank Accounts | Income from Business | Unemployment Benefits |
| Child Care Expense | Income from Business | VA Benefits |
| Child Support Payments | Full-Time Student Status | Other: (List Below) |
| Employment | Medical Expenses | |

I/We authorize and release the County of Summit and/or HUD to obtain information, about me/us and my/our household, that is pertinent to my/our eligibility for participation in the County of Summit First-Time Homebuyer Program, and to verify the information that I/we provided.

I/We further authorize the County of Summit to obtain a copy of my/our credit report and loan application from _____ (lending institution). This information must be mailed to:

County of Summit
 Department of Community and Economic Development
 175 South Main St., Room 207
 Akron, OH 44308

Attn: First Home, First Loan Program

I acknowledge that:

1. A photocopy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

 Signature of Applicant, Printed Name and Date

 Signature of Co-Applicant, Printed Name and Date

 Signature of Other Adult Member of the Household, Printed Name and Date

 Signature of Other Adult Member of the Household, Printed Name and Date

