

**Applicant Information**

Please submit an application that is both **complete** and **accurate**. Failure to provide complete and accurate information may result in delay and/or denial of assistance. Only complete applications will be accepted. Initial review will take ten (10) business days.

Applicant Name (Include Jr. or Sr. if applicable)
Mr. /Miss/ Ms. /Mrs.
Social Security Number (full)
- -
Date of Birth
Primary Phone
() -
Alternate Phone
() -
Email Address
Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Widowed
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<input type="checkbox"/> Single <input type="checkbox"/> Other: _____
Number of Dependents
0 1 2 3 4 5 6 7 8 Other:

Co-Applicant Name (Include Jr. or Sr. if applicable)
Mr. /Miss/ Ms. /Mrs.
Social Security Number (full)
- -
Date of Birth
Primary Phone
() -
Alternate Phone
() -
Email Address
Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Widowed
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced
<input type="checkbox"/> Single <input type="checkbox"/> Other: _____
Number of Dependents
0 1 2 3 4 5 6 7 8 Other:

Present Address			
Street Address			
City, State		Zip Code	
Own?	Y / N	Years Owned the Home	
Rent?	Y / N	Years Rented the Home	

Previous Address (if less than 2 years at present address)			
Street Address			
City, State		Zip Code	
Own?	Y / N	Years Owned the Home	
Rent?	Y / N	Years Rented the Home	



**General Information/ Declarations**

To be eligible for assistance, you must meet certain criteria. By answering these questions, you are declaring that you meet these criteria. In some cases, additional information/documentation may be required for eligibility determination.

	Applicant		Co-Applicant	
Are there any outstanding judgements against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you filed for bankruptcy within the last seven (7) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been declared bankrupt within the last seven (7) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a party to a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer, or title in lieu of foreclosure, or judgement? <i>If you previously owned a home, please submit proof of transfer of ownership with this application and any other documentation showing that you no longer have a vested interest in the property.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, or loan judgement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a cosigner or endorser on a current note/loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a permanent legal resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to occupy the property as your primary residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you owned a property in the last three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what type of property did you own?	<input type="checkbox"/> Principal Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property		<input type="checkbox"/> Principal Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property	
If so, how did you hold title to the home?	<input type="checkbox"/> Solely <input type="checkbox"/> Jointly with Spouse <input type="checkbox"/> Jointly with Another Person		<input type="checkbox"/> Solely <input type="checkbox"/> Jointly with Spouse <input type="checkbox"/> Jointly with Another Person	





City of Tyler

First Time Homebuyer's Program

900 W Gentry Parkway

Tyler, TX 75702

(903) 531-1303

Current Employment Information

Applicant Employment Status	
Employed	Y / N
Self-Employed	Y / N
Retired	Y / N
Unemployed	Y / N
Employer Business Name	
Type of Business	
Position/Title	
Gross Monthly Income	
\$	
Employer Street Address	
Employer City, State, Zip Code	
Employer Contact Info (phone, email, or fax)	
Time worked at present job	
If unemployed, please explain any sources of income received.	

Co-Applicant Employment Status	
Employed	Y / N
Self-Employed	Y / N
Retired	Y / N
Unemployed	Y / N
Employer Business Name	
Type of Business	
Position/Title	
Gross Monthly Income	
\$	
Employer Street Address	
Employer City, State, Zip Code	
Employer Contact Info (phone, email, or fax)	
Time worked at present job	
If unemployed, please explain any sources of income received.	



**Previous Employment Information**

If you have not been at your current position for at least two (2) years, please provide information about your previous employment. If you have had more than two (2) positions in the last two (2) years, please provide additional information as an attachment to your application.

Applicant	
Self-Employed	Y / N
Retired	Y / N
Employer Business Name	
Position/Title	
Gross Monthly Income	
\$	
Employer Contact (phone, email or fax)	
Employment Dates	

Co-Applicant	
Self-Employed	Y / N
Retired	Y / N
Employer Business Name	
Position/Title	
Gross Monthly Income	
\$	
Employer Contact (phone, email or fax)	
Employment Dates	

Debt

Landlord/Apartment Complex Name	
Monthly Rent	\$

Applicant or Co-Applicant	Creditor Name	Type of Note (Car payment, credit card, etc)	Monthly Payment	Original Balance	Present Balance
Ex: Applicant	Capital One	Car Payment	\$350.00	\$26,000.00	\$10,00.00



**Combined Annual Income**

List all income earned by each person aged 18 or older who is living in the household. This includes income from employment, child support, Social security, disability payment (SSI or SSDI), Worker's Compensation, retirement benefits, Veteran's benefits, rental property income, stock dividends, income from financial investments, alimony, and any income from other sources. **Failure to disclose any income or assets is a criminal offense under Section 1001 of Title 18 of the U.S. Code.**

If a household member aged 18 or older does not have any income, please skip the sections below and proceed to the next page in order for the individual to complete the required Certification of Zero Income form.

Gross Annual Income	Applicant	Co-Applicant	Other Household Members	Total
Annual Employment Pay	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Bonuses/Commissions	\$	\$	\$	\$
Part-time/Second Job	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Total	\$	\$	\$	\$

Does any member of the household have any of the following?			
Y / N	Checking Account	Y / N	Certificates of Deposit
Y / N	Savings	Y / N	Trusts
Y / N	Real Estate	Y / N	Retirement Accounts
Y / N	Stocks	Y / N	Bonds

Applicant or Co-Applicant	Banking Institution	Type of Account	Account Number	Current Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$





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Certification of Zero Income

Each adult household member must complete this form, if applicable.

Applicant Name	
Applicant Address	

1. I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment including commissions, tips, bonuses, fees, etc.,
- Income from operation of a business,
- Rental income from real or personal property,
- Interest or dividends from assets,
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits,
- Unemployment or disability payments,
- Public assistance payments,
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household,
- Sales from self-employment resources such as Avon, Mary Kay, etc.,
- Any other sources not named above

2. I currently do not have income of any kind and there is no imminent change expected in my financial status during the next twelve (12) months.

3. Please explain the source of funds you will be using to make the mortgage payments:

Under penalty of perjury, I certify that the information in this certification is true and accurate to the best of my knowledge. I understand that that providing false representation herein constitutes an act of fraud. Further, I understand that false, misleading, or incomplete information may result in the termination of federal assistance.

Signature of Household Member

Date



Revised:/ 10/26/2021

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City of Tyler
First Time Homebuyer's Program

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Household Composition

List everyone who is living in the home, including both the applicant and co-applicant.

Legal Name	Sex	Date of Birth	Age	Social Security Number	Relationship to Applicant(s)
		/ /		- -	
		/ /		- -	
		/ /		- -	
		/ /		- -	
		/ /		- -	
		/ /		- -	
		/ /		- -	
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		/ /		- -	
		/ /		- -	
		/ /		- -	

Referral

How did you hear about our program?

Race *(Please select the most appropriate racial category for the Applicant)*

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native and African American/Black |
| <input type="checkbox"/> American Indian/Native Alaskan | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> American Indian/Alaska Native and White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> African American/Black and White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and Asian | <input type="checkbox"/> Asian and African American/Black |
| <input type="checkbox"/> Native Hawaiian/and African American/Black | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and White | <input type="checkbox"/> More than 2 races |
| <input type="checkbox"/> Native Hawaiian/Pacific Islander and American Indian/Alaska Native | |

Other Demographics *(Please select those that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Elderly (62+) | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Veteran |





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Authorization to Release Information

The undersigned applicants have applied for a loan from the City of Tyler. As part of the application process, the City of Tyler and the guaranty Insurer, if any, may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

The undersigned applicants authorize any pertinent third parties to provide to the City of Tyler any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, money market and similar account balances, credit history, credit reports, and copies of income tax returns.

The City of Tyler may address any questions concerning documentation to the applicable third party.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant's eligibility in a Homebuyers Assistance Program and the amount of assistance necessary using HOME and/or Community Development Block Grant (CDBG) funds. This information will be used to establish the level of benefit on the HOME/CDBG Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to the 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.

Applicant's Name (*Print*)

Co-Applicant's Name (*Print*)

Applicant's Signature

Co-Applicant's Signature

Date

Date





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Statement/Explanation of Supporting Documentation

Section 1010 of Title 18, U.S.C., Department of Housing and Urban Development and Federal Housing Administration Transactions, provides:

"Whomever, for the purpose of influencing in any way the action of such Department – makes, passes, utters, or publishes any statement, knowing that same to be false – shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

Other Federal statutes provide severe penalties for any fraud or intentional misrepresentation made for the purpose of influencing the issuance of any guaranty or making of any loan.

Please use the lines below to explain any potential discrepancies in your application versus what we may find in our verification process.

Example: You are receiving child support for a child who will be turning 18 in two (2) weeks. Your bank statements will show that you have been receiving child support, but that will not be a factor in your income for the loan because you will no longer be eligible in two (2) weeks.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Adult Household Member

Date





Applicant Certification

The undersigned certify the following:

I am applying for First Time Homebuyer's Assistance from the City of Tyler. In applying for this assistance, I have completed this application which contains various pieces of information concerning the purpose of the loan, employment and income information, and information related to the assets and liabilities of the household. I certify that all of the information is true and complete. I make no misrepresentations in the application or other documents, nor did I omit any pertinent information. I understand that the information provided is collected to determine if I am eligible to receive Homebuyer's Program assistance. I certify that all the information provided here in is true and correct. I understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I authorize the City of Tyler to verify all information provided on this application.

The undersigned fully understand that this is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan as applicable under the provisions of United States Code, Section 1001, which provides that "...whoever in any matter within the jurisdiction of any department or agency of the Government of the United States, knowingly and willfully falsifies... or makes any fictitious or fraudulent statements or representation, or makes or uses a false writing or document knowing the same to contain false, fictitious, or fraudulent statement or entry, shall be fined under this title, imprisoned not more than five years..."

The undersigned also certify that in accordance with 24 CFR 92.2 that the household meets first time homebuyer status due to the following reason:

Applicant (check all that apply)
<input type="checkbox"/> I have not owned a house in the last three years
<input type="checkbox"/> I am a displaced homemaker
<input type="checkbox"/> I am a single parent who has only owned with a former spouse while married
<input type="checkbox"/> I own a home that is substandard and uninhabitable

Co-Applicant (check all that apply)
<input type="checkbox"/> I have not owned a house in the last three years
<input type="checkbox"/> I am a displaced homemaker
<input type="checkbox"/> I am a single parent who has only owned with a former spouse while married
<input type="checkbox"/> I own a home that is substandard and uninhabitable

Applicant's Signature

Co-Applicant's Signature

Date

Date

