

City of Thomasville 2016 Community HOME Investment Program Application

I. Applicant and Household Information

| | |
|-----------------------------|---------------------------|
| Applicant Name _____ | Co-Applicant _____ |
| Social Security # _____ | Social Security # _____ |
| Date of Birth _____ | Date of Birth _____ |
| Home Address _____ | Address 2 _____ |
| City/State/ZIP _____ | |
| Best Daytime Phone _____ | Other Phone # _____ |
| | Email Address _____ |

List everyone else who permanently lives in your household.

| Name | Relationship | SS # | Gender | Date of Birth |
|------|--------------|------|--------|---------------|
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Provide a copy of each household member's Driver's License or Photo ID (or SS card for minors). Note that age and gender are requested solely for purposes of determining compliance with Federal civil rights law and your response will not affect consideration of your application.

Person to contact if we cannot reach you:

Name _____
 Address _____
 Phone(s) _____

Relationship (select one) Relative Neighbor Friend Other

II. Income

List all income for ALL household members age 18 & over, including benefits received for dependents. Include **GROSS MONTHLY INCOME** from the following types: Employment, Tips, Self-Employment, Pension or Retirement, Social Security, SSI, Disability, VA Benefits, Child Support, Alimony, Rental Income, and any other regular income. Do not include food stamps or student loans/scholarships.

| Name of Family Member | Job Title/Position or Type of Income | Employer & Contact Phone # or Source of Income | Total MONTHLY Income |
|---|--------------------------------------|--|----------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL HOUSEHOLD GROSS MONTHLY INCOME | | | \$ |

All household members must provide verification of all income using the appropriate verification form(s). See the CHIP Grant Consultant for the proper forms to be used in your situation. Applications are not considered complete until all required verification forms have been received. Qualified applicants must have total household income of no more than 80% Area Median Income adjusted for family size.

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III. Assets

List the name and value of your assets including, but not limited to: cash or savings accounts; stocks & bonds; equity in property; cash value of insurance; or proceeds from inheritance, capital gains, insurance settlements, court judgments, or other claims. Retirement benefit accounts (401K, IRA, etc) are not included.

| Asset Description | Cash or Market Value |
|-------------------|----------------------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |

IV. Acknowledgement of Notices

| | |
|-----------------------|---|
| Initial Below: | As an applicant for and potential recipient of assistance from the City of Thomasville CHIP Grant, I/we understand and agree to the following: |
| | Verifications: I/we understand and agree that the City of Thomasville may verify all information contained in this application. |
| | <p>Federal Equal Credit Opportunity and Fair Housing Act: I understand that the Federal Equal Credit Opportunity Act and the Fair Housing Act prohibit creditors or sellers from discriminating on the basis of race, color, national origin, religion, sex, familial status, or those with disabilities; on whether all or part of the applicant’s income is derived from any public assistance program; or if the applicant has in good faith exercised any right under the Consumer Credit Protection Act Title VIII of the Civil Rights Act of 1968.</p>  |
| | Homebuyer Education: I/we understand that I must attend homebuyer education workshops and receive pre-purchase housing counseling. I must register with and pay the approved housing counseling agency \$100.00 for this service. The housing counseling agency will assist the home buyer in finding the best mortgage option for them. |
| | First Mortgage Required: I/we understand that I must obtain a first mortgage loan to purchase the house at the stated sales price from the City of Thomasville CHIP program. I must provide a minimum of \$1,000 cash funds towards the purchase of the house in addition to the first mortgage. |
| | Location and House Plan: I/we understand that the houses for sale under this program are limited to inventory on hand. In the event that a qualified applicant secures a first mortgage commitment prior to construction of a house, the buyer may have the opportunity to choose a lot, a house plan, and/or finish selections provided by the builder. |

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|--|--|
| | <p>CHIP Deferred Payment Loan: I/we understand that if I/we qualify and purchase a house constructed through the CHIP program, I/we will sign loan documents and a five-year deferred payment (forgiven) second mortgage Deed to Secure Debt at the time of closing on my/our first mortgage loan. I/we understand that if I/we move out, sell, or lease the property to someone else before the affordability period is completed, I/we must repay any loan balance due. I/we agree that I/we will maintain valid insurance coverage and pay all property taxes for the required affordability period.</p> |
| | <p>Photo/Publicity Release: I/we understand and agree that if approved for assistance, photographs will be taken of my/our home, and that such photos may be used in reports published by the City of Thomasville or the Georgia Department of Community Affairs.</p> |
| | <p>Privacy Notice: I/we understand the information collected in this application will be used to determine eligibility. The Grant Administrator, the City of Thomasville Planning Department and/or the Georgia Department of Community Affairs will not disclose any information in this application without my/our consent except as allowed or required by law.</p> |

V. Certification

I/we certify that by signing below the information stated above is true and correct to the best of my/our knowledge. I/we understand that any willful mis-statement of material facts or the giving of false information will result in disqualification for assistance.

I/we certify that I/we will be the owner(s) and occupants(s) of the property to be purchased.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

Deliver the Application and Supporting Documents to:

Planning Department
 City of Thomasville
 420 W Jackson St, Unit 6
 Thomasville GA 31792
 229-227-6982

Or Mail to:

Charlotte Christian
 CHIP Grant Consultant
 715 Ellenburg Rd
 Quitman GA 31643
 229-292-0823

For more information, email Charlotte Christian, Grants Consultant at Charlotte.Christian@thomasville.org.