FIRST-TIME HOMEBUYER & SHARED EQUITY PROGRAM APPLICATION

Please provide River City Housing with the following application forms as well as any additional documentation that may be requested for enrollment into the program. **You must provide a completed application to be considered by the program. Incomplete applications will not be processed. Please submit this signed and dated verification form as page 1 of your application**.

APPLICATION FORMS (*Buyer completes these forms*):

- ☐ First-time Homebuyer Verification & Third Party Release
- ☐ Application Information Page
- ☐ HUD Direct Benefit Form

FIRST-TIME HOMEBUYER VERIFICATION

I, _____, attest that I meet the requirements of being a first-time homebuyer as defined by HUD guidelines because I have not owned and/or sold a home within the last 3 years.

Printed name:_____ **Signature:**_____

Date: MM/ DD/ YYYY _____ **Realtor Name:**_____

Realtor email:_____ **Realtor phone#:**_____

THIRD PARTY RELEASE

Release of Information: Buyer acknowledges and gives permission for River City Housing to obtain all verification and required documentation from Louisville Metro Government Down Payment Assistance Program and/or Section 8 Programs and your lender for any additional required documents as necessary.

Printed Name:_____

Signature:_____ **Date:**_____

NOTE: Penalty for false or fraudulent statement, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, fictitious or fraudulent statements or representations, 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 more than 5 years or both."

Pre-Program Program Application

Applicant

First Name	Last Name	Email

Home Phone	Mobile Phone	Work Phone	Preferred Phone
			☐ Home ☐ Mobile ☐ Work

Mailing Address		Date moved to address
City	State	Postal Code

Date of Birth	Primary Language	Marital Status
		☐ Single ☐ Married/Domestic Partnership ☐ Separated ☐ Divorced ☐ Widowed
Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond

Educational Attainment	Employment Status
☐ Less than HS Diploma ☐ High school diploma or equivalent ☐ Some post-secondary education ☐ Certification from a vocational or technical training program ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's or other graduate degree	☐ Self-employed ☐ Work full-time for employer ☐ Work part-time for employer ☐ Homemaker ☐ Full-time student ☐ Permanently unable to work ☐ Unemployed and seeking work

Co-Applicant

First Name	Last Name	Social Security

Date of Birth	Phone	Email

Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond

Educational Attainment	Employment Status
☐ Less than HS Diploma ☐ High school diploma or equivalent ☐ Some post-secondary education ☐ Certification from a vocational or technical training program ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's or other graduate degree	☐ Self-employed ☐ Work full-time for employer ☐ Work part-time for employer ☐ Homemaker ☐ Full-time student ☐ Permanently unable to work ☐ Unemployed and seeking work

Additional Household Member #1

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
☐ Yes ☐ No	☐ Yes ☐ No	

Additional Household Member #2

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
☐ Yes ☐ No	☐ Yes ☐ No	

Additional Household Member #3

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
☐ Yes ☐ No	☐ Yes ☐ No	

Additional Household Member #4

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
☐ Yes ☐ No	☐ Yes ☐ No	

Additional Household Member #5

First Name	Last Name	Date of Birth
Gender	Race	Ethnicity
☐ Male ☐ Female ☐ Transgender ☐ Other	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Pacific Islander ☐ White ☐ American Indian AND White ☐ Asian AND White ☐ Black or African American AND White ☐ American Indian AND Black ☐ Other multiple race ☐ Chose Not to Respond	☐ Latin ☐ Not Latin ☐ Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
☐ Yes ☐ No	☐ Yes ☐ No	

Financial History

How many times have you been late with your bill payments in the last year?
☐ Never ☐ Once ☐ 2-3 times ☐ 4 or more times
How much do you typically pay on your monthly credit card bill?
☐ No credit cards ☐ The full balance ☐ Less than the full balance, more than the minimum required ☐ The minimum required ☐ Less than the minimum required
If you have been involved in the foreclosure process, what was the date of your first notice of foreclosure?
☐ MM/ DD / YYYY ☐ Does not apply
If you've declared bankruptcy in the past 7 years,what was the date of your bankruptcy discharge?
☐ MM/ DD / YYYY ☐ Does not apply

Assets

Please list the current the value of all household Assets. Please enter numbers without dollar signs.

Checking accounts:
Savings accounts:
Retirement accounts:
Investments:
Real Estate:
CDs (Certificate of Deposit):
Other:

Debts

Please list all household Debts. Please enter numbers without dollar signs.

Credit cards:	Monthly Payment
Education loans:	Monthly Payment
Auto loans:	Monthly Payment
Lines of Credit:	Monthly Payment
Mortgages:	Monthly Payment
Other:	Monthly Payment

Employment / Income Source Information

Include each income source any household member receives. Sources of income include earned income from employment as well as benefits, social security and child support.

Income Source #1

Wage Earner	Income Type		Gross Annual Income
☐ Applicant ☐ Co-Applicant ☐ Other Household Member	☐ Full-time Employment ☐ Part-time Employment ☐ Self-Employment ☐ Spousal Support ☐ Child Support	☐ Investment income ☐ Pension ☐ Social Security ☐ SSI / SSDI ☐ Other	
Date of Hire	Occupation Description		

Income Source #2

Wage Earner	Income Type		Gross Annual Income
☐ Applicant ☐ Co-Applicant ☐ Other Household Member	☐ Full-time Employment ☐ Part-time Employment ☐ Self-Employment ☐ Spousal Support ☐ Child Support	☐ Investment income ☐ Pension ☐ Social Security ☐ SSI / SSDI ☐ Other	
Date of Hire	Occupation Description		

Income Source #3

Wage Earner	**Income Type**		**Gross Annual Income**
☐ Applicant ☐ Co-Applicant ☐ Other Household Member	☐ Full-time Employment ☐ Part-time Employment ☐ Self-Employment ☐ Spousal Support ☐ Child Support	☐ Investment income ☐ Pension ☐ Social Security ☐ SSI / SSDI ☐ Other	
Date of Hire	Occupation Description		

Income Source #4

Wage Earner	Income Type		Gross Annual Income
☐ Applicant ☐ Co-Applicant ☐ Other Household Member	☐ Full-time Employment ☐ Part-time Employment ☐ Self-Employment ☐ Spousal Support ☐ Child Support	☐ Investment income ☐ Pension ☐ Social Security ☐ SSI / SSDI ☐ Other	
Date of Hire	Occupation Description		

Income Source #5

Wage Earner	Income Type		Gross Annual Income
☐ Applicant ☐ Co-Applicant ☐ Other Household Member	☐ Full-time Employment ☐ Part-time Employment ☐ Self-Employment ☐ Spousal Support ☐ Child Support	☐ Investment income ☐ Pension ☐ Social Security ☐ SSI / SSDI ☐ Other	
Date of Hire	Occupation Description		

Current Living Situation

What best describes your current living situation	How many bedrooms are in your current home?
☐ Rent ☐ Own ☐ Live with Parents / Relatives / Friends ☐ Lease Purchase ☐ Work Housing ☐ Other	☐ Studio ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
Current Monthly Rent	Monthly Utilities (gas, water, electricity, etc)
Please describe any special needs or accomadations that are required. For Example, "one-level only" or at least one ADA-Accessible bathroom required"	Have you ever lived or do you currently in any of the neighborhoods listed below? ☐ Yes ☐ No Please indicate which neighborhood(s) you live or lived in.
	○ Smoketown ○ Shelby Park ○ Park Springs ○ St. Dennis

Homeownership Goals

Will you be a first-time homebuyer?	What is your primary reason for wanting to purchase a home?
☐ Yes ☐ No	☐ Desire to own a home of my own ☐ Desire for larger home ☐ Change in family situation ☐ Affordability of homes ☐ Desire for a home in a better area ☐ Desire to be closer to job/school/transit ☐ Financial security ☐ Provides stability for children ☐ High rental costs in relation to income ☐ Other
Which of the following are barriers to buying a home?	In how many months do you expect to be financially ready to purchase a home?
☐ Residency ☐ Insufficient income ☐ Over income ☐ Too many assets ☐ Poor credit history ☐ Insufficient savings for down payment ☐ Debt ☐ Lack of references ☐ Pending divorce ☐ Pets ☐Own existing home ☐ None	☐ Less than 1 month ☐ 2-4 months ☐ 5-7 months ☐ 7-9 months ☐ 10 or more months
How much do you currently have saved specifically for buying a home (down payment, closing costs, etc)?	In which areas are you interested in purchasing? Please list the neighborhood(s) below.
What is most important to you about the neighborhood in which you purchase a home? Choose your top 3.	How many bedrooms would you like in your new home?
☐ Schools ☐ Safety/crime ☐ Proximity to work/school ☐ Proximity to amenities ☐ Proximity to family/friends ☐ Strong housing market ☐ Part of the shared equity program	☐ Studio ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

HUD Direct Benefit Form
FOR FEDERAL REPORTING PURPOSES ONLY

The following information is required for reporting purposes to the U. S. Department of Housing and Urban Development and will not be used in the determination of eligibility.

Number of bedrooms: ☐ Household Monthly Gross Income: ☐

HEAD OF HOUSEHOLD INFORMATION:
Please check all that apply

Single/ Non-Elderly	☐	Elderly	☐
Related/ Single	☐	Parent Related/ Parent	☐
Handicap	☐	Other ☐	☐
Female Head of Household	☐		

Race/ Ethnicity:

White	☐	Black/African American	☐
Hispanic	☐	Black/ African American & White	☐
Asian	☐	American Indian/ Alaska Native	☐
Asian & White	☐	American Indian/ Alaskan Native & White	☐
Native Hawaiian/ Pacific Islander	☐	Other/ Multiracial ☐	

Please list all household members including live in aides and those that may reside at home part time.

Number of Household Members ☐

Other members of Household: Relation to Head	Age	Social Security #
Name: ☐	☐	☐
Name: ☐	☐	☐
Name: ☐	☐	☐
Name: ☐	☐	☐
Name: ☐	☐	☐