

COMMERCE CITY HOUSING AUTHORITY
7887 E. 60TH AVENUE, COMMERCE CITY, CO, 80022
HOME BUYER PROGRAM LOAN APPLICATION

Applicant Personal Information				Co-Applicant Personal Information			
<input type="checkbox"/> Mr.		<input type="checkbox"/> Mrs.		<input type="checkbox"/> Ms.			
Last Name:		Suffix (Jr. Sr.):		Last Name:		Suffix (Jr. Sr.):	
First Name:		Middle Initial:		First Name:		Middle Initial:	
Present Street Address:				Present Street Address:			
City:		State:		City:		State:	
		Zip:				Zip:	
I have resided at this address since:				I have resided at this address since:			
Landlord / Mgmt. Agent Name & Phone Number:				Landlord / Mgmt. Agent Name & Phone Number:			
Date of Birth:		SSN:		Date of Birth:		SSN:	
Number of Adults in Household:		Number of Dependents:		Number of Adults in Household:		Number of Dependents:	
Home Phone:		Work Phone:		Home Phone:		Work Phone:	
Cell Phone:		FAX:		Cell Phone:		FAX:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced				Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced			
<input type="checkbox"/> Separated → No. of months:				<input type="checkbox"/> Separated → No. of months:			
Previous addresses:				Previous addresses:			
Applicant Current Employment				Co-Applicant Current Employment			
Employer Name:		<input type="checkbox"/> Self-Employed		Employer Name:		<input type="checkbox"/> Self-Employed	
Start Date:		Hours per week:		Start Date:		Hours per week:	
		Wage / Salary:				Wage / Salary:	
Employer Street Address:				Employer Street Address:			
City:		State:		City:		State:	
		Zip:				Zip:	
Type of Business:		Position / Title:		Type of Business:		Position / Title:	
Personnel / Hiring Manager Name & Phone:				Personnel / Hiring Manager Name & Phone:			
If Employed in Current Position for Less Than Two Years, Complete the Following							
(Also additional current employment information if more than 1 current employment income source)							
App/ Co-App	Employer Name	City	State	Position / Title	From	To	
Gross Monthly Income			Monthly Housing Expenses				
Item	Applicant	Co-Applicant	Rent	Current	Projected		
Base Income							
Overtime			Renter's Insurance				
Bonuses			First Mortgage (P&I)				
Commissions			2 nd Mortgage (P&I)				
Child Support			Other Financing				
Guard / Reserve			MIP				
VA Comp			Real Estate Taxes				
Social Security			Homeowners / Condo Ins.				
Other			HOA Fee				
Total Income			Total Housing Exp.				

Statement of Liabilities And Monthly Obligations (including monthly child support / alimony payments if applicable)					
A=App C=CoApp	Creditor's Name	Account Number	Monthly Pmt.	Unpaid Balance	
	Child support / alimony				
Statement of Assets					
App=A CoApp = C	Indicate Type: Savings, Checking, IRA, 401k, stocks, bonds, certificates, savings bonds, mutual funds, etc.	Name of financial or depository institution where funds are held	Account Number	Current Balance or Value	
Program Eligibility Criteria		Applicant		Co-Applicant	
Are you a U.S. citizen or legal resident?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, verification is required)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a displaced homemaker whose name does not appear on any deed to any property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you owned a home or been in title on any property within the last thirty-six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had a bankruptcy within the last twenty-four months?		<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, date discharged:		<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, date discharged:	
Are you delinquent on any debt right now (including state or federal student loans)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any outstanding collection accounts, unsatisfied judgments, or charged off accounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you completed a CHFA approved homebuyer workshop within the last six months?		<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, completion certificate is required)		<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 (if yes, verification is required)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intent to occupy the property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Authorization to Release Information					
Each of the undersigned hereby authorizes the Commerce City Housing Authority (CCHA), to obtain information from third parties relative to Applicant's and Co-applicant's eligibility and continued participation in the Homebuyer Program. Such third party information may include, but is not limited to: credit bureau reports, landlord residency and repayment verification, and employment verification. This information will be used to establish eligibility for, and level of benefit from, the HOME 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; and to civil, criminal, or regulatory investigators and prosecutors. HUD and CCHA are authorized to ask for this information by the National Affordable Housing Act of 1990.					
Agreement					
Each of the undersigned specifically represents, agrees, and acknowledges to the Commerce City Housing Authority (CCHA) that: the information provided in this application is true and correct as of the date set forth opposite my signature(s) and that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability (including monetary damages), to any person / entity who may suffer any loss due to reliance upon any misrepresentation that I have made on this application; and may also result in criminal penalties including, but not limited to: fine, imprisonment, or both under the provisions of Title 18, United States Code, Sec. 1001, et seq. I / We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et. Seq.					
Applicant's Signature		Date	Co-Applicant's Signature		Date
FOR STATISTICAL DATA Are you employed in Commerce City at least 20 hours per week?		date of hire: <input type="checkbox"/> Yes <input type="checkbox"/> No		date of hire: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you resided in Commerce City for the last twelve consecutive months?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	