

## Newtown Community Development Corporation Community Land Trust (CLT) Program Application

Date \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Preference:**

1. Are you presently enrolled in Newtown's Homebuyer Program? [ ] Yes [ ] No
2. Are you presently enrolled in Newtown's IDA Program? [ ] Yes [ ] No
3. Are you a participant in Tempe's Family Self-Sufficiency Program [ ] Yes [ ] No
4. Are you currently a participant in Tempe's Section 8 program? [ ] Yes [ ] No
5. Are you presently a Tempe resident? [ ] Yes [ ] No If yes, How long? \_\_\_\_\_
6. Are you currently at risk of being displaced from your home? [ ] Yes [ ] No  
If yes, when will you have to move? \_\_\_\_\_  
Reason for displacement? \_\_\_\_\_
7. Does anyone in your household have special needs or serious medical problems aggravated by your current housing? [ ] Yes [ ] No  
If so, please explain: \_\_\_\_\_
8. Please fill in information about each household member, including yourself:

Name	Relationship to You	Age
	Self	

\* Use other side if additional space is required.

I / We certify that all of the information furnished in this application is true and complete to the best of my /our knowledge and belief.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

Date Received _____
Time Received _____
Applicant _____
Staff _____



**Newtown CDC  
Homebuyer Assistance Program  
Demographic Information**



Head of Household's Name: \_\_\_\_\_ Date \_\_\_\_\_

**Head of Household's Personal Information\***

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

The following information is requested by HUD in order to monitor the organization's compliance with equal credit opportunity, fair housing and disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an organization cannot discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish this information, please provide both ethnicity and race. For race, you may check fore than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this organization is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box to the right.  *I do not wish to furnish this information.*

**Race**

- American Indian or Alaskan Native
- American Indian or Alaskan Native & White
- Asian
- Asian and White
- Black or African American
- Black or African American & White
- Native Hawaiian or Other Pacific Islander
- Native Hawaiian or Other Pacific Islander & Black
- White
- Other Multiple Race

**Ethnicity**       Hispanic or Latino       Not Hispanic or Latino

**Gender**       Female       Male

**Highest Level of Education Achieved**

- K-11 Grade: \_\_\_\_\_
- Vocational School
- AA Degree
- Some Graduate School
- High School Diploma/GED
- Some College
- BA/BS Degree
- Graduate Degree (MA/MS+)

**Marital Status**

- Single (never married)
- Separated
- Married
- Divorced
- Widowed

**Employment**

- Full Time
- Homemaker
- Part time
- Retired
- Student
- Unemployed

**First Time Homebuyer Status**

First Time Homebuyer       First Generation Homebuyer (parents or grandparents were not homeowners)

**\*Newtown does not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.**



## Homebuyer Assistance Program Participation Agreement and Program Authorization

I would like to participate in Newtown's Homeownership Program to help me achieve homeownership. When I purchase a home, I authorize Newtown to obtain a copy of the HUD-1 Settlement Statement from the lender who made me a loan or the title company that closed the loan. I agree to pay Newtown an IDA administration fee of \$335 to be paid as follows: \$35 application fee paid at enrollment, \$300 to be collected at closing when I purchase a home and use the IDA matching funds. *The \$300 fee will not be collected if I do not purchase a home.* Newtown will send an invoice to my title company/escrow agent to be collected and paid as part of my closing costs.

I understand that my housing counselor may discuss information about my credit history, financial situation, employment and other information with me, and with representatives of financial institutions or other agencies, as necessary to assist me in achieving homeownership. I understand that information about my personal circumstances will be treated as totally confidential and that NO information about me will be discussed with anyone that is not directly involved in my efforts to achieve homeownership.

I hereby authorize my housing counselor to discuss any information related to my personal circumstances that may be necessary in my attempts to achieve homeownership and to release and/or obtain credit, financial, employment, and other information to and/or from other agencies or financial institutions when disclosing this information is essential in helping me achieve homeownership. I hereby authorize Newtown to verify my/our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to determine my/our eligibility. I further authorize Newtown to order a consumer credit report and verify other credit information, including past and present landlord references, for purposes of providing credit counseling, in the course of housing counseling, to help me obtain homeownership. I agree that a photocopy of this form will serve as authorization.

It is further understood that in consideration of services provided by Newtown to help me achieve homeownership, I agree to hold harmless Newtown and its agents and/or employees from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions in regards to said services.

I understand participation in Newtown's homeownership program does not guarantee approval for a mortgage loan and/or the receipt of subsidy financing.

**I understand that I am under no obligation to utilize any products or services provided by Newtown or by any businesses or professionals affiliated with Newtown in order to participate in the Homebuyer Assistance Program.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Co-Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Newtown CDC Staff

\_\_\_\_\_  
Date



511 W. University Dr. #4 • Tempe, AZ 85281 • Tel: 480.517.1589 • Fax: 480.517.1490

Info@newtowncdc.org • www.newtowncdc.org



**Newtown CDC  
Homebuyer Assistance Program  
Application**



Applicant's Full Legal Name \_\_\_\_\_ Applicant's Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Co-applicants Full Legal Name \_\_\_\_\_ Co-applicant's Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone [ ] Work [ ] Cell \_\_\_\_\_

E-MAIL Address \_\_\_\_\_

**Have you owned a home in the last 3 years?** [ ] Yes [ ] No If yes, date sold? \_\_\_\_\_

**HOUSEHOLD INFORMATION:** List all household members living with you on a full-time basis, start with yourself:

	Last Name	First Name	MI	Relationship	Birth Date	Age	Sex	Social Security Number
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Do you anticipate any changes in your household composition within the next 12 months? Yes/No \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

**EMPLOYMENT AND INCOME INFORMATION:**

**APPLICANT'S EMPLOYER:** \_\_\_\_\_

Job Title \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly (26 pays/yr)  Semi-monthly (24 pays/yr)  Monthly

How many hours/week do you work (average)? \_\_\_\_\_ How long have you been employed at this job? \_\_\_\_\_

**CO- APPLICANT'S EMPLOYER:** \_\_\_\_\_

Job Title \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

How often are you paid?  Weekly  Bi-weekly (26 pays/yr)  Semi-monthly (24 pays/yr)  Monthly

How many hours/week do you work (average)? \_\_\_\_\_ How long have you been employed at this job? \_\_\_\_\_

(Note to Applicant & Co-Applicant: Attach employment information for any additional full-time, part-time or self-employment)

**PLEASE LIST ALL OTHER MONTHLY INCOME YOUR HOUSEHOLD RECEIVES, OR WILL BE RECEIVING IN THE NEXT 12 MONTHS. Give the Monthly Gross Amount of the income:**

Other Employment Income: \$ \_\_\_\_\_ Applicant \_\_\_\_\_ Co-applicant  
 Child Support: \$ \_\_\_\_\_ Applicant \_\_\_\_\_ Co-applicant  
 Disability: \$ \_\_\_\_\_ Applicant \_\_\_\_\_ Co-applicant  
 Unemployment: \$ \_\_\_\_\_ Applicant \_\_\_\_\_ Co-applicant  
 Other: \$ \_\_\_\_\_ Applicant \_\_\_\_\_ Co-applicant

**Have you sold, given away or quit claimed any property or assets in the past two years? Yes/No \_\_\_\_\_**

If yes, describe: \_\_\_\_\_

**Debt Information** (who do you owe money to – include car payments, credit cards, student loans, back taxes and other similar debts. Don't include monthly expenses like insurance, utilities, rent, etc. – attach additional list if necessary):

Company	Minimum Monthly Payment	Balance

How much do you currently have saved for a down payment? \_\_\_\_\_

Current Rent: \$ \_\_\_\_\_ Maximum house payment you want to pay: \$ \_\_\_\_\_

**Please answer all of the following questions to help us assess your mortgage readiness. (Please note, less than perfect credit and/or bankruptcy WILL NOT disqualify you from the program):**

1. Are there any outstanding judgments/liens or taxes against you? [ ]Yes [ ]No
2. Are there any unpaid debts in any other residence in or out of Arizona? [ ]Yes [ ]No
3. Have you had any property foreclosed upon in the last 3 years? [ ]Yes [ ]No
4. Are you party to a lawsuit? [ ]Yes [ ]No
5. Are you a co-signer / endorser of a loan or note? [ ]Yes [ ]No
6. Do you currently have accounts in collection? [ ]Yes [ ]No
7. Do you currently have past due accounts (including rent, utilities, telephone)? [ ]Yes [ ]No
8. Do you have any outstanding medical bills? [ ]Yes [ ]No
9. Are you obligated to pay alimony, child support, or separation maintenance? [ ]Yes [ ]No

If yes, how much per month \$ \_\_\_\_\_

10. Have you declared bankruptcy? [ ]Yes [ ]No

If yes, Type \_\_\_\_\_ Date filed \_\_\_\_\_ Discharged \_\_\_\_\_

**I/We certify the above information is full, true and complete to the best of my/our knowledge. I/We understand that failure to accurately report ALL income and/or assets can result in a denial of homeownership assistance.**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

# Credit Report Authorization & Privacy Disclosure Form

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I authorize Newtown CDC to obtain and review a consumer credit report through a credit-reporting agency chosen by Newtown. I understand and agree that Newtown intends to use the consumer credit report for the purpose of evaluating my financial readiness to purchase a home. I will allow Newtown homeownership partners to share my credit report among partners to further the goal of obtaining a home through Newtown's Homeownership Program.

In addition, in connection with determining my ability to obtain a loan, I

- authorize
- do not authorize

Newtown to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible.

My signature below authorizes the release of financial information to the credit reporting agency or any mortgage lender, which I have supplied to Newtown in connection with its provision of homebuyer counseling.

Authorization is further granted to the credit reporting agency to use a photocopy reproduction of this form if required to obtain any information necessary to complete my consumer credit report.

I understand that I may revoke my consent to these disclosures by notifying Newtown in writing.

**Applicant:**

**Co-Applicant**

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

-- --

\_\_\_\_\_  
Social Security Number

-- --

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
How Long?

\_\_\_\_\_  
Previous Address (if less than 2 years at current address)

\_\_\_\_\_  
City / State / Zip Code

\_\_\_\_\_  
How Long?

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**Newtown CDC  
Homebuyer Assistance Program  
Declaration of Income**



Print Full Name: \_\_\_\_\_

Newtown's funding sources require you to report all income and assets, (including property), currently being received, or that you know you will be receiving within the next 12 months, by all person, related or unrelated, who are living in, or temporarily absent from, your household. (Exception: If you are currently living at home with parents, their income information does not need to be included.)

Do you or other household members have, or anticipate having, any of the following:

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Employment: ___Full Time ___Part-Time; (this includes temporary service)                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed, includes odd jobs and babysitting  |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment benefits   |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability compensation (Workman's Comp, State, etc.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | T.A.N.F. (Temporary Assistance for Needy Families)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Food Stamps   |
| <input type="checkbox"/> | <input type="checkbox"/> | D.E.S. Child Support Payments (pass-thru)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support, Alimony, Spousal Maintenance   |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster Child Support or Adoption Support Payments   |
| <input type="checkbox"/> | <input type="checkbox"/> | General Assistance (G.A.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security (SSI or SSDI)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Benefits, Disability or Pensions  |
| <input type="checkbox"/> | <input type="checkbox"/> | Pensions, Retirement Benefits or Annuities  |
| <input type="checkbox"/> | <input type="checkbox"/> | Checking Accounts (bank, credit union or other financial institutions)                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings Accounts (bank, credit union or other financial institutions)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Assets: 401K, IRA, mutual funds, stocks, bonds, certificates of deposit (C.D.'s), notes, trusts, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Pay and/or Allowances  |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Settlements or Death Benefits   |
| <input type="checkbox"/> | <input type="checkbox"/> | College Grants, Scholarships, Stipends or Work Study  |
| <input type="checkbox"/> | <input type="checkbox"/> | Government Funded Programs (WIN, CETA, VISTA, etc.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Real Estate or Income from Property and/or Business   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you disposed of (sold) any assets in the last two years?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any other income or assets not listed above? If yes, explain below:                             |

\_\_\_\_\_  
\_\_\_\_\_

**I/We certify the above information is full, true and complete to the best of my/our knowledge. I/We understand that failure to accurately report ALL income and/or assets can result in a denial of homeownership assistance.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household, 18 years or older

\_\_\_\_\_  
Date

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdictions.**