



City of Westland

Application for Homebuyer Assistance

Please complete this application as accurately as possible. Documentation verifying all sources of income, benefits, and assets must be submitted with this application. If you are unsure of which documents to submit, please contact the application processor. If you wish to provide additional information of explanation, you may use the back of this form. All responses must be provided by the loan applicant(s). Please type or print legibly.

Date: January 25, 2010

Applicant Name(s): John Doe

Current Street Address, City, State, Zip Code: 1234 Main Street, City, MI 00000

Phone Number (Home, Work & Cell) 555-555-5555

Are you a first-time homebuyer? (circle one) YES NO

ALL INFORMATION IS REQUIRED FOR EACH FAMILY MEMBER. IF THE AMOUNT IS ZERO (0), YOU MUST WRITE A ZERO (0). YOUR FORM WILL BE RETURNED FOR ANY MISSING INFORMATION.

STARTING WITH THE HEAD OF HOUSEHOLD, LIST ALL PERSONS RESIDING IN THE HOUSEHOLD.

Family Members	Date of Birth	Relationship to Head of Household
John Doe	1/2/80	HEAD
Jane Doe	2/3/79	SPOUSE
Baby Doe	6/7/00	SON

Annual Wages/Salaries

Family Members	Gross Base Employment	Average Overtime
John Doe	20,000	0
Jane Doe	25,000	10 hrs
Baby Doe	0	0

Annual Benefits/Pensions

Family Members	Unemployment	Social Security	Insurance Policy	Disability
John Doe	0	0	0	0
Jane Doe	0	0	0	0
Baby Doe	0	0	0	0

Annual Public Assistance/Other

Family Members	Public Aid	Alimony	Child Support	Annuities	Other
John Doe	0	0	200	0	0
Jane Doe	0	0	0	0	0
Baby Doe	0	0	0	0	0

Assets

Type of Assets	Current Cash Value	Annual Income
Checking Account	343.00	0
Savings Account	1,000	0
Money Market Account	0	0
Stocks/Bonds 401K	2,000	0
Life Insurance Policy	0	0
Additional Property	0	0
Owned Business(es)	0	0
Other Financial Assets	0	0

Household Information:
 This information is for record keeping purposes only and will not be used to approve or deny assistance.
 Head of Household: **(circle one)**

Single, Non-Elderly
 Elderly
 Related/Single Parent
 Related/Two Parents
 Other

Race/Ethnicity: Hispanic () Yes (X) No

(Circle One)

White
 Black/African American
 Black/African American & White
 Asian
 Asian & White
 Asian/Pacific Islander

American Indian/Alaskan Native
 American Indian/Alaskan Native & White
 Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & Black/African American
 Other Multi-Racial

A signature and date are required in order for this application and statement of income to be considered valid. The application(s) certifies that all of the information in this application and all the information furnished in support of this application, is given for the purpose of obtaining a loan and is true and complete to the best of the Applicant's knowledge and belief. Verification of any of the information contained in this application may be obtained from any source named herein. PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements, representations, or makes or uses any false writing or document knowing the same or contain any false, factious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both."

Signature of Applicant X <i>John Doe</i>	Date 1/25/2010
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Signature of Co-Applicant X <i>Jane Doe</i>	Date 1/25/2010
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For Office Use Only

Verified Annual Household Income Amount: \$ _____	Approval for Assistance: YES NO
Reviewed By: _____	Date: _____
Lender Company Name: _____	Contact Person: _____
Telephone Number: _____	FAX Number: _____
Purchase Property Address, City, State, Zip Code: _____	