**CITY OF PATERSON CREDIT APPLICATION**

Department of Community Development-Division of Housing

125 Ellison Street – 2nd floor Paterson, New Jersey 07505

**First Time Home Buyers Grant Program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Last Name First Initial | | Spouse | | Social Security # | |
| Present Address | Years there | | Telephone | Social Security # | |
| Address of Property to be Purchase | | | Birth Date(s) | # of Person in Household | |
| Employer (yours) | | | Years there | Position | |
| Business Address | | | Telephone # | Annual Salary  $ | |
| Employer (Spouse) | | | Years there | Position | |
| Business Address | | | Telephone # | Annual Salary | |
| Name Address of Previous Employer | | | | | Years there |
| Other Income: $\_\_\_\_\_\_\_\_\_\_ Per\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $\_\_\_\_\_\_\_\_\_\_ Per\_\_\_\_\_\_\_\_\_\_ Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

**Outstanding Debts (Include: Mortgage, Installments Loans, Charge Accounts, etc.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| To Whom Indebted Name and Address | Account # | Type of Debt | Original Amount | Present Balance | Monthly Payment | Amount Past Due |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Checking Account # Bank & Branch

Savings Account # Bank & Branch

Other Savings (Describe)

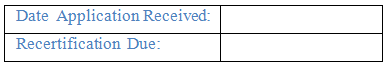
Additional Properties :

Are there any unsatisfied judgments? If YES, to whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Against You? [ ] YES [ ] NO

|  |  |
| --- | --- |
| **Marital Status:**  ( ) Unmarried (Includes Single, Divorced, Widowed) (circle one)  ( ) Married ( ) Separated | **Check Applicable Box:**  ( ) American Indian or Alaska Native  ( ) Asian or Pacific Islander ( ) Black, not Hispanic  ( ) Hispanic ( ) White, not of Hispanic ( ) Other |

The Information concerning minority group categories, sex, marital status and age is required for statistical purposes so the department may determine the degree to which its programs are being utilized by minority families and for other evaluation studies.

**City of Paterson Occupant Information**

**Eligibility Form**

**HOUSEHOLD COMPOSITION:** List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Member No. | Full Name | Relationship | Birth Date | Age | Sex | Social Security No. | Full Time Student [Y/N] |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |

**CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT:** HEAD OF HOUSING:

[] I am employed at this time

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Wage: $\_\_\_\_\_\_\_\_\_\_ Per: (Circle one) Hour Week Month Year

Hours Worked Per Week: \_\_\_\_\_\_ Tips or Commissions Per Week: $\_\_\_\_\_\_\_ Annual Bonus: $\_\_\_\_\_\_\_\_

Do you have more than one job? [ ] Yes [ ] No

CO-APPLICANT OR ADULT MEMBER: [ ] I am not employed at this time.

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_ Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Wage: $\_\_\_\_\_\_\_\_\_\_ Per: (Circle one) Hour Week Month Year

Hours Worked Per Week: \_\_\_\_\_\_ Tips or Commissions Per Week: $\_\_\_\_\_\_\_ Annual Bonus: $\_\_\_\_\_\_\_\_

Do you have more than one job? [ ] Yes [ ] No





ASSETS: Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposits, IRA’s, retirement and pension funds, 401K’s, 403B’s, luxury personal property (gems, jewelry, art, coin collections, etc…), etc. You must also include cash value of whole or university life insurance policies as well as the value of any assets disposed of in the past twenty-four (24) months for less than fair market value.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assets | Cash Value | Income From Assets | Name of Financial Institute | Account Number |
| Checking Account |  |  |  |  |
| Savings Account |  |  |  |  |
| Certificate of Deposit |  |  |  |  |
| Mutual Fund/Stock/  Bond |  |  |  |  |
| 401K, IRA/Other  Retirement Accounts |  |  |  |  |
| Real Estate |  |  |  |  |
| Life Insurance |  |  |  |  |
| Saving Bonds |  |  |  |  |
| Other |  |  |  |  |
| TOTAL: |  |  |  |  |

**[ ] I/We have no assets at this time**

Have you disposed of any assets at less than fair market value within the last 24 months? [ ] Yes [ ] No

**I/We certify that this unit I/We occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/managers to verify all information provided on this application and to contact sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statement s made in this application is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or the omission of financial information to gain benefit will be punishable under the federal law.**

**ALL ADULT HOUSEHOLDS MEMBERS MUST SIGN BELOW:**

Head of Household Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Co-Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Adult Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement misrepresentations to any Department or Agency of the United States as to any matter with its jurisdiction.



**ANNUAL INCOME:** For each type of income that your households received, give the source of income and the amount of income that can be anticipated form that source during the next twelve (12) months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Applicant | Co-Applicant | Other Adults | Total |
| Gross Salary |  |  |  |  |
| Overt Time |  |  |  |  |
| Commissions |  |  |  |  |
| Unemployment Benefits |  |  |  |  |
| Worker’s Compensation/Disability |  |  |  |  |
| Social Security/SSI/SSA |  |  |  |  |
| Pension Retirement Funds: (401K, Annuity, Stocks, etc.) |  |  |  |  |
| Alimony/Child Support |  |  |  |  |
| TANF Payments |  |  |  |  |
| Income from Business |  |  |  |  |
| Gifts |  |  |  |  |
| TOTAL: |  |  |  |  |

Does any member of the household, who is not currently working, expect to work for any period during the next twelve (12) months? [ ] Yes [ ] No

**EMERGENCY CONTACT:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**NOTICE TO ALL APPLICANTS:**  *RIGHT TO FINANCIAL PRIVACY ACT*

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the Department of Housing & Urban Development has a right of access to financial record held by a financial institution in connection with the consideration or administration of assistance to Government agency or Department without your consent except as required or permitted by law.

**EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT YOU WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. YOU ARE AUTHORIZED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO INQUIRE ABOUT MY CREDIT EXPERIENCE.**

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

DATE APPLICANT’S SIGNATURE

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

 DATE CO-APPLICANT SIGNATURE