

Town of Amherst
First Time Homebuyer Application for an Affordable Housing
Re-Sale: 77 Glendale Road Amherst MA

HOUSEHOLD INFORMATION

A. Name of Applicant: _____

Name of Co-Applicant: _____

Current Address: _____

Home Telephone: _____ **Work Telephone:** _____

Cell Phone: _____ **Work Telephone:** _____

Cell Phone: _____

E-mail address: _____ **E-mail address:** _____

B. Total number of persons in household: _____

Number of bedrooms needed for current household: _____

Please list each individual household member below:

Please circle:

Name _____	Age _____	Full-time student	<u>YES</u>	<u>NO</u>
Name _____	Age _____	Full-time student	<u>YES</u>	<u>NO</u>
Name _____	Age _____	Full-time student	<u>YES</u>	<u>NO</u>
Name _____	Age _____	Full-time student	<u>YES</u>	<u>NO</u>
Name _____	Age _____	Full-time student	<u>YES</u>	<u>NO</u>
Name _____	Age _____	Full-time student	<u>YES</u>	<u>NO</u>

C. Household income (include all sources i.e., wages, child support, disability, social security, pensions, transitional assistance, interest, dividends, other)

Household Member	Income Source	Monthly Amount (Gross)
Applicant:		
Co-applicant:		
Other:		
Other:		
Other:		

D. Assets: Please list account #, bank/company name and current balance for each asset:

Checking Account # _____	Bank _____	Balance _____
Checking Account # _____	Bank _____	Balance _____
Savings Account # _____	Bank _____	Balance _____
Savings Account # _____	Bank _____	Balance _____
CDs _____	Bank _____	Balance _____
Stocks/Bonds _____	Company _____	Balance _____
401k/IRA/Retirement Acct _____	Company _____	Balance _____
Other Assets _____	Company _____	Balance _____

For Government Reporting Purposes:

Applicant - Race/National Origin:

- () African American, not of Latino Origin () White, not of Latino Origin () Latino
 () Asian/Pacific Islander () Native American/Alaskan Native
 () Female Head of Household () Elderly (62+) () Disabled

Co-Applicant - Race/National Origin:

- () African American, not of Latino Origin () White, not of Latino Origin () Latino
 () Asian/Pacific Islander () Native American/Alaskan Native
 () Single Female Head of Household () Single Male Head of Household
 () Elderly (62+) () Disabled

1. *Is the applicant(s) a first time homebuyer?* Yes ___ No ___
 2. *Have you had a three-year lapse in homeownership?* Yes ___ No ___

If you answered "NO" to Question 2, answer the following questions:

3. *Is the applicant a displaced homemaker/ single parent?* Yes ___ No ___
 4. *Is the principal residence not on a permanent foundation?* Yes ___ No ___

DOCUMENTATION CHECKLIST

*The following documents are required for a complete application
Please attach copies of the appropriate documents as required*

Please complete for each applicant/co-applicant:

Applicant's Name:

Co-applicant's Name:

Salaried Applicants:

- Last three months' pay stubs (stub must identify borrower, gross earnings, and year-to-date earnings) (or 12 months of stubs if pay is inconsistent or seasonal)
- Three most recent Federal Tax Returns (Form 1040) with all schedules
- Three most recent W-2 Forms from all employers

Self-Employed Applicants:

- Three most recent Federal Tax Returns (Form 1040) with all schedules
- Three most recent Corporate Tax Returns with all schedules
- Year-to-date Profit and Loss Statement for Corporation/Partnership, if applicable

Non-Employment Income Sources:

- Social Security (retirement/disability/death benefits) (copy of current check or latest award letter or bank direct deposit or official SSI or SSA printout)
- Unemployment (signed statement from DET indicating amount of benefits and date benefits were received)
- Child Support (copies of checks or bank direct deposits or current court order or letter from attorney)
- Transitional Assistance (copy of current statement of benefits signed and dated by local office)
- Pension/Retirement (copy of current check or bank direct deposit or letter from source showing type, amount, frequency, and effective date of benefits)
- Worker's Compensation (copy of current check or award letter indicating effective dates of payment)
- Other (describe) _____
(copy of documentation)

Assets:

- Recent complete consecutive bank statements (all pages) for checking and savings account(s) for the last six months
- Proof of other assets (i.e. stocks, mutual funds, 401k, pensions, etc.) provide 2 most recent quarterly statements
- Documentation of partnership share of real estate or commercial assets

Other Documentation:

- Bank Pre-Approval Letter for a conforming loan

___ Evidence of savings for down payment and closing costs

___ **First Time Homebuyers Workshop Certificate**

After completing the application, the following documents are needed as they become available:

___ First Time Homebuyers Workshop Certificate

___ Fully executed Purchase & Sale Agreement (copy of original, no faxed copies)

___ Name and address of applicant's closing attorney and a copy of the inspection report

___ Bank Commitment Letter (copy of original only, faxed copy not acceptable)

___ Good Faith Estimate of Settlement Statement

___ HUD Settlement Statement (within 5 days following closing, copy of original only)

If you have questions regarding any of the above, please call Donna Cabana, Homeownership Coordinator at (413) 586-5855, extension 180 or dc@valleycdc.com.

I/We hereby certify that the above statements are true and any false statements or misrepresentations may result in the cancellation of this application. I/We understand that the information given in this application will be used only to determine eligibility for this program and will otherwise be treated as confidential. I/We state that the information in this application has been given freely and is true and current, to the best of my/our knowledge. I/We have received and read the Program Deed Rider with my/our attorney. This form also authorizes Valley Community Development to release information regarding this application to the applicant's lender, the Town of Amherst, MA, the MA Department of Housing and Community Development (DHCD) and the Department of Housing and Urban Development (HUD)

Signature

Date

Signature

Date

Providing false information could be grounds for disqualification.

Valley Community Development Corp. does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, familial status, children, ancestry, marital status, military status, sexual orientation or sexual preference.

Households/Persons with a disability – Be advised that applicants for this housing who are disabled may be entitled to special considerations in connection with their application, including assistance in completing this application, to meet the needs of a person with disabilities. If there are special considerations you feel would make it easier for you to apply or live here if approved, we would be glad to discuss the options with you and the MRC/Cedac Home Modification Loan Program



For office use only:

Date completed application received _____

Initials _____

Town of Amherst Affordable Housing Authorization Form

Applicant: _____ Date: _____

Co-Applicant: _____

Size of Family: _____

I/We hereby grant Valley Community Development Corporation's First Time Homebuyer Program authorization to share information that is relative to my(our) application, solely for the purpose of determining my(our) income and asset eligibility for the purchase of 77 Glendale Road Amherst. This may include, but is not limited to application materials, tax returns, income and asset verifications, appraisals and inspection reports.

Relevant information may be shared as necessary between:

Valley Community Development Corporation
30 Market Street
Northampton, MA 01060

and lenders, attorneys, and the Town of Amherst for the purpose of program monitoring.

Applicant # 1

Date:

Applicant # 2

Date:

**Valley CDC Affordable Housing Buyer Agreement and
Post-Purchase Counseling Acknowledgement Form**

Applicant(s): _____ Date: _____

Size of Family: _____

I/We hereby agree that we will attend Valley Community Development's Post Purchase Workshop, within the first year following our purchase of a home at 77 Glendale Rd Amherst MA. I/We understand this to be a requirement of the Commonwealth of Massachusetts, Department of Housing and Community Development.

Applicant # 1

Date:

Applicant # 2

Date: