



HOMEOWNERSHIP ASSISTANCE PROGRAM

Application Checklist

REMINDER: To qualify for mortgage loan and grant assistance programs, you will need to verify your income as well as all members of your household.

Attach this checklist with ALL of the following applicable information when returning your application:

- 1. **Homebuyer Information Worksheet pages** - completed and SIGNED
- 2. **Borrower signature authorization form** - completed and SIGNED
- 3. **Authorization to Release Information form** – signed at bottom only
- 4. **Proof of INCOME:** (... all members in the household must be verified)
 - PAY RECEIPTS from current job(s) or letter from employer regarding pay (**at least 3-4 recent pay periods**)
 - RETIREMENT, DISABILITY INCOME receipts
 - SOCIAL SECURITY (copy of SS award letter)
 - AFDC, WORKMAN'S COMP, UNEMPLOYMENT, etc.
RECEIPTS indicating income from all government assistance (must be dated within the past 6 months)
 - BONDS, STOCKS, ANNUITIES, and other investments' FORMS
 - ALIMONY, CHILD SUPPORT CHECKS (most recent)
- 5. **Copy of most recent TAX RETURN** (must include copy of W-2s, also),
i.e. 1040 tax forms – please sign
- 6. Copies of **SAVINGS & CHECKING account statements** for **past 3 months**
- 7. If applicable, **copy of Divorce Decree(s)**
- 8. If applicable, **copy of Bankruptcy papers (judgement filed)**

******INCOMPLETE APPLICATION PACKAGE CANNOT BE PROCESSED!******

**Applications received without the necessary documentation attached
will not be considered and will be returned**

Please return all of the above by mail, fax, or in person to:

Eastern Eight CDC
214 E. Watauga Avenue, Johnson City, TN 37601
Ph. (423) 232-5097 Fax (423) 926-0034



HOMEBUYER INFORMATION WORKSHEET

Please complete and return to:
Eastern Eight Community Development Corporation
214 E. Watauga Avenue, Johnson City, TN 37601
Phone: 423-232-5097 Fax: 423-926-0034

I wish to obtain a home in _____ County

PLEASE PRINT LEGIBLY!

Head of Household Information:

Name: _____ Age: _____ Social Security Number _____
 Address: _____ Disabled _____ Date of Birth _____
 _____ Sex _____ Race _____ Marital Status _____ Veteran _____
 Home Phone: _____ Work: _____ Cell: _____ Email: _____
 Wage Income: Hourly \$ _____ Monthly \$ _____ Annual \$ _____
 Employer _____ # of Hours per week _____ How long with job? _____
Non-Wage Income: Monthly Food Stamps Received: _____
 AFDC _____ SS/SSI _____ Child Support/Alimony _____ received per Month
 Foster Care _____ State Public Assistance _____ Other Income _____

Spouse or Co-Applicant:

_____ Age: _____ Social Security Number: _____
 Address: _____ Disabled _____ Date of Birth _____
 _____ Sex _____ Race _____ Marital Status _____ Veteran _____
 Home Phone: _____ Work: _____ Cell: _____ Email: _____
 Wage Income: Hourly \$ _____ Monthly \$ _____ Annual \$ _____
 Employer _____ # of Hours per week _____ How long with job? _____
Non-Wage Income: Monthly Food Stamps Received: _____
 AFDC _____ SS/SSI _____ Child Support/Alimony _____ received per Month
 Foster Care _____ State Public Assistance _____ Other Income _____

Other Household Members:

Other Adults: _____ Age: _____ Income: _____ Full-time student _____ Disabled _____
 Children: _____ Age: _____ Full-time Student: _____
 Children: _____ Age: _____ Full-time Student: _____
 Children: _____ Age: _____ Full-time Student: _____
 Children: _____ Age: _____ Full-time Student: _____

ASSETS:

Checking Account Balance: _____ Savings Account Balance: _____
 Stocks, Bonds, CDs: _____ Real Estate owned: Value _____

DEBTS: **DO NOT LIST YOUR MONTHLY HOUSING RENT OR UTILITIES**

Name of Lender	Current Balance	Monthly Payment	# of Payments Left	Other

Alimony/Child Support/Separate Maintenance being paid out: \$ _____ per _____

CREDIT HISTORY: (Please note any late payments or collection accounts, bankruptcies or judgments. Please include dates if possible). _____

CHILD CARE: _____ (hours per week) for school age children (under 11)

\$ _____ weekly for _____ weeks (school)

\$ _____ weekly for _____ weeks (summer)

CURRENT HOUSING INFORMATION

Have you ever owned a home before? _____ If yes, from _____ to _____

Current living Conditions: Renting() How much rent per month? _____ Living with relatives()

Do you currently hold a Section 8 rental voucher? _____ If yes, which Housing Authority? _____

Size of current housing voucher (i.e. 1 BD, 2 BD, 3 BD, etc.) _____

Do you currently reside in Public Housing? _____ If yes, which Housing Authority? _____

Are current living Conditions Adequate? _____ If no, Please explain: _____

Do you have property available through friends or family? _____ If yes, where? _____

Are you or your spouse related to any individual who is employed by the organization(s) administering this grant/housing program? _____

PARTICIAN'T'S CERTIFICATION

Please read each item below carefully before you sign.

1. I understand that this is **NOT** a loan application for a mortgage loan and the information provided does not guarantee housing from Eastern Eight CDC.
2. I authorize Eastern Eight CDC, USDA Rural Development and the Federation of Appalachian Housing Enterprises (FAHE) to share any or all information contained in our loan files. I understand this authorization is necessary to allow all agencies to process my application for leveraged loan assistance.
3. I authorize Eastern Eight CDC and its agents to contact any agency, office, group or organization to obtain any information or materials, including a credit report, to verify such data as may be necessary for my participation in any housing program relating to Eastern Eight CDC for a period of 24 months from the date on this form.
4. This neither implies nor guarantees loan or construction confirmation nor access to any other services provided by Eastern Eight CDC.
5. I understand that in compliance with the Federal Fair Housing Laws, Eastern Eight CDC agrees not to discriminate against me in the provision of services, or in any other manner, on the grounds of race, color, creed, religion, sex and national origin.
6. To the best of my knowledge, I certify that the information in this application for federal assistance through the HOME program is true and correct. I will comply with the HOME program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Signature _____ **Date** _____ **Signature** _____ **Date** _____

PLEASE NOTE THAT BOTH APPLICANTS MUST SIGN THE ATTACHED FORMS (FORM RD 3550-1 AND BORROWERS SIGNATURE AUTHORIZATION). YOUR APPLICATION CAN NOT BE PROCESSED WITHOUT THESE TWO FORMS.

FOR OFFICIAL USE ONLY:	
Interviewer: _____	# in household: _____
Date received: _____	Applicable LMI: _____
Referred by: _____	Special program: _____
Gross Monthly Income \$ _____	Housing Ratio (29%) \$ _____
	Debt Ratio (41%) \$ _____

BORROWER SIGNATURE AUTHORIZATION

PART I - General Information

1. Borrower(s)

2. Lender Name and Address

**Eastern Eight Community
Development Corporation
214 E. Watauga Avenue
Johnson City, TN 37601
423-232-5097 Office
423-926-0034 Fax**

3. Date

4. Loan Number

PART II - Borrower Authorization

I hereby authorize the Lender to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize the Lender to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Lender obtains is only to be used in the processing of my application for a mortgage loan.

A photographic or carbon copy of this authorization (being a valid copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

I/We certify that any photocopies and fax transmission copies provided to lender are true, complete and correct copies made from the originals.

Borrower Signature

Birth Date

Date

Co-Borrower Signature

Birth Date

Date

Your Current Address:

NOTICE TO BORROWERS: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.

**United States Department of Agriculture
Rural Development
Rural Housing Service**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Account or Other Identifying Number

Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of the process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references.
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

Signature (*Applicant or Adult Household Member*)

Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.), or by other laws administered by RHS, RBS, RUS or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, State, local, or tribal, or other public authority responsible for enforcing, investigating, or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
2. A Record from this system of records may be disclosed to a Member of Congress or to a congressional staff member in response to an inquiry of the congressional office made at the written request of the constituent about whom the record is maintained.
3. Rural Development will provide information from this system to the U.S. Department of the Treasury and to other Federal agencies maintaining debt servicing centers, in connection with overdue debts, in order to participate in the Treasury Offset Program as required by the Debt Collection Improvement Act, Pub. L. 104-134, Section 31001.
4. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to the Cranston-Gonzales National Affordable Housing Act of 1990 (42 U.S.C. 12701 et seq.), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).
5. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when Rural Development determines such referral is appropriate for servicing or collecting the borrower's account or as provided for in contracts with servicing or collection agencies.
6. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provided; however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.
7. Referral of names, home addresses, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents and private or commercial credit sources, when Rural Development determines such referral is appropriate to encourage the borrower to refinance the Rural Development indebtedness as required by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471), or to assist the borrower in the sale of the property.
8. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service (IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations at 26 C.F.R. 301.6402-6T, Offset of Past Due Legally Enforceable Debt Against Overpayment, and under the authority contained in 31 U.S.C. 3720A.
9. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by Rural Development in order to collect debts under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.
10. Referral of names, home addresses, and financial information to lending institutions when Rural Development determines the individual may be financially capable of qualifying for credit with or without a guarantee.
11. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as Rural Development for the purpose of the collection of the debt. These loans can be under the direct and guaranteed loan programs.
12. Referral to private attorneys under contract with either Rural Development or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts in connection with Rural Development.
13. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof; or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION - CONTINUED

14. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.
15. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, State Wage Information Collection Agencies, and other Federal, State, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual and/or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
16. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when Rural Development determines such referral is appropriate for developing packaging and marketing strategies involving the sale of Rural Development loan assets.
17. Rural Development, in accordance with 31 U.S.C. 3711(e)(5), will provide to consumer reporting agencies or commercial reporting agencies information from this system indicating that an individual is responsible for a claim that is current.
18. Referral of names, home and work addresses, home telephone numbers, social security numbers, and financial information to escrow agents (which also could include attorneys and title companies) selected by the applicant or borrower for the purpose of closing the loan.
19. Disclosures pursuant to 5 U.S.C. 552a(b)(12): Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681a(f) or the Federal Claims Collection Act (31 U.S.C. 3701(a)(3)).

INDIVIDUAL INCOME CALCULATION

Use one sheet for each family member, including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name _____ Age _____ Sex _____
 Last 4 digits Social Security # _____ Do you receive Food Stamps? Yes ___ No ___

1. DO YOU WORK? LIST ALL EMPLOYERS AND WAGES BELOW. Attach 60 days recent pay stubs:

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

2. DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, AFDC, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statement or copies of 2 recent checks and check stubs.

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

3. ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY? Attach copies of TN Child Support Enforcement System printout, bank statements.

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

4. DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR CAR OR HOUSE)? Attach copies of IRS 1099 forms, bank statements, deeds.

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

5. IF YOU RECEIVE NO INCOME, FILL IN THE BOX BELOW:

NAME	ARE YOU A MINOR?	IF OVER 18, HOW LONG UNEMPLOYED?

I certify that the information about me in this application for grant assistance through the HTF program is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all HTF rules and regulations. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony.

Signature: _____ Date: _____

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