

JACKSON COUNTY NSP Program Application

Part II. Household Information

How many people live permanently in your household? _____

List all household members, their monthly gross income and source of income including Social Security, Wages, Pensions, AFDC, Child Support or Alimony, SSI, General Assistance (TANF), Self-employment, Farm income, and Rental income.

For self employed persons, farm and rental property income, use the appropriate line for "adjusted gross income" from the 1040 IRS Income Tax Return.

| Name | Birth Date | Monthly Gross Income | Source of Income |
|-------|------------|----------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you made all of your monthly payments (housing payments or rent payments, utilities, loans, credit cards) in a timely manner? Yes No If the answer is "No", please explain:

From your last property tax statement if you currently own a home:

- What is the estimated Market Value of your home? _____
- What are your yearly property taxes? _____
- Are your property taxes current? _____

What year was your home built (approximately): _____

Is your home insured? Yes No
 If so, with which insurance company? _____

Have you ever received a federal, state or local agency loan or grant for y our home: Yes No

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Part III. Bank Accounts

Please list the name and address of your bank, savings and loan, or credit union:

Bank: _____ Address: _____

Checking Account and/or Savings Account _____

Check here if you have other bank accounts of any kind.

Part IV. Assets

Please list the name and value of your assets including, but not limited to, stocks, bonds, equity in property other than your home, cash value of insurance or proceeds from inheritance, capital gains, insurance settlements, court judgments, and other claims.

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

Part V. Credit History

Please answer all questions. If the answer to any of them is "yes", please attach a written explanation.

Are there any outstanding financial judgments or liens against you? Yes No

Have you declared Bankruptcy within the last 36 months? Yes No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure? Yes No

Are you a co-signor on any note or loan? Yes No

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Part VI. Debts

Please list all current financial obligations, child support or alimony, installment accounts, charge accounts, debts to banks, finance companies, and government agencies.

| Creditor | Creditor City/State | When Account Opened | Max Amount Owed | Current Balance | Monthly Payment |
|----------------------------|------------------------|---------------------------|-----------------------|--------------------|--------------------|
| Mortgage Company: _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Part VII. Certification

I certify by signing this that the information stated above is true and correct to the best of my knowledge. I realize that giving false information will result in disqualification for assistance from the Jackson County NSP Housing Rehabilitation Assistance Program. I further authorize Jackson County or its NSP program agent to make inquiries as necessary to verify the accuracy of statements made and to determine my creditworthiness.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

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I/we currently: Rent our home: Yes _____ No _____

Own our home: Yes _____ No _____

If yes:

- Own my/our home free and clear
- Am buying my/our house from a bank or mortgage company
(name of lender) _____
- Describe any other form of ownership such as Life Estate or Contract
for Deed: _____

My/Our residence is: Single family house
 2 to 4 unit property
 Manufactured home
 Other: _____

Date that my/our house was built: _____

My/our current housing expense is: \$ _____ mortgage payment
principal and interest
\$ _____ annual property taxes
\$ _____ annual homeowner's insurance
\$ _____ average monthly utilities

My/our total monthly debt for loans, credit cards and other obligations is \$ _____.

I/we believe I/we could afford to pay about \$ _____ a month in a mortgage payment.

The kind of houses we would like to purchase is: _____

Have you ever had a home loan from a local, state or federal agency program: _____

If yes, please state which program and when the assistance was provided: _____

Directions to home: _____

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FAMILY COMPOSITION: Note that age and gender is requested solely for purposes of determining compliance with Federal civil rights law and your response will not affect consideration of your application and this information is being given by you voluntarily.

| Family Member No. | Name of Family Members | Relation to Head of Household | Date of Birth | Age | Gender | Social Security No. |
|-------------------|------------------------|-------------------------------|---------------|-----|--------|---------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

INCOME

| Family Member No. | Source, Rate and Type of Income | Estimated Past 12 Months | Income Next 12 Months | Occupation |
|-------------------|---------------------------------|--------------------------|-----------------------|------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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SOURCES OF INCOME OF HOUSEHOLD MEMBERS:

Check the box next to all the sources of income of household members

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Security or SSI | <input type="checkbox"/> Pension | <input type="checkbox"/> Wages |
| <input type="checkbox"/> AFDC | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Self-employment |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Farm Income |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Interest from Savings | <input type="checkbox"/> Other (explain) |

The applicant(s) certifies that all information in this application and information furnished supporting this application (if given for the purpose of obtaining rehabilitation assistance), is true and complete to the best of the applicant(s)' knowledge and belief. The applicant(s) has (have) received a copy of the EPA pamphlet entitled: "Protect your Family From Lead in Your Home" and agrees to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by Jackson County pursuant to this application.

The proposed property is or will be occupied by a child with an Elevated Blood Lead Level (EBL): Yes No

I am related to the City Mayor or a Member of the City Council or County Commission: Yes No

The proposed property is and/or will be my Primary Residence for (at least) the required period of affordability as specified in the NSP loan documents: Yes No

Signature

Date

Signature

Date

For Office Use Only

| Eligibility Determination | | | | Comments |
|---------------------------|--|-----|----|----------|
| I. | Income | Yes | No | _____ |
| II. | Single Family Property | Yes | No | _____ |
| III. | Owner/Occupant | Yes | No | _____ |
| IV. | Housing Inspection | Yes | No | _____ |
| V. | Other based on Local Program: (such as target area or designated development area) | Yes | No | _____ |

Other Comments: _____

Interviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Action Taken on Application: _____



**Georgia Department of Community Affairs
Community HOME Investment Program**

Certification as to Conflict of Interest

Name of Applicant/Co-Applicant: _____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

JACKSON COUNTY

(Name of State Recipient or Sub-recipient)

or of

Home Development Resources, Inc.

(Name of administrator, if applicable)

whom are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Certifying Officer

Date

Signature of Administrator

Date



**Georgia Department of Community Affairs
NSP Program**

Certification to Use Unit as Principal Residence

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' Neighborhood Stabilization Program (NSP) is approved, that I (or we) will occupy the property for which we are receiving the NSP funding as my (or our) principal residence throughout the required affordability period which has been defined as ___ number of years.

Applicant Signature

Date

Applicant Printed Name

Co-Applicant Signature

Date

Co-Applicant Printed Name

Georgia Department of Community Affairs
Community HOME Investment Program
DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (Attach proof of age);
or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under 101(a) or 1010(a) (20) of the INA 3/; or
 - Permanent residence under 249 of INA 4/; or
 - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA/5; or
 - Parole status under 212(d) (5) of the INA /6; or
 - Threat to life or freedom under 243(h) of the INA /7; or
 - Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date