



PROVO REDEVELOPMENT AGENCY

COMMITTED TO HOME OWNERSHIP AND NEIGHBORHOOD REVITALIZATION

HOME PURCHASE PLUS PROGRAM

A loan program that provides up to \$10,000 based on need (determined by HUD formula) for down payment and/or closing cost assistance city wide.

- » Must be under HUD's income limits
- » Loans are 0% interest with deferred payments, for down-payment and/or closing cost assistance. No portion of the loan is forgivable
- » Applicant must be first-time home buyer
- » First mortgage may be acquired through buyer's lender of choice
- » A background check will be performed on all applicants
- » Applicants must attend a Pre Home-Ownership Counseling class. The class must be scheduled before the application can be turned in. The class can be scheduled by calling:
 - » Community Action at 801-691-5200 or online at www.communityactionuc.org
 - » NeighborWorks Provo at 801-375-5820
- » The certificate must be turned in to our office before the loan can be closed
- » Liquid assets cannot exceed \$15,000 up to time of closing

Incomplete applications will NOT be accepted. The following must be submitted to make a complete application:

- Completed and signed application
- 2013 Federal Tax Returns
- 2012 Federal Tax Returns
- 2011 Federal Tax Returns
- Pay stubs for the last three months for anyone in the household over 18 who has income
- Signed and notarized Affidavit of Seller
- Home-Ownership class scheduled Date: _____
- Original verification that all household members are US Citizens, plus Social Security Cards (we will copy in the office)
- Copies of last three month's bank statements

Applications may be submitted by bringing them to our office located at:

Provo City Redevelopment Agency
351 W Center St.
Provo, UT 84601

For questions, please **call 801 852 6160**



HOUSING ASSISTANCE PROGRAMS

LOAN APPLICATION

Information provided by applicant will be used to determine eligibility for Federal Programs.
Incomplete applications will NOT be processed.

Date of Application _____

APPLICANT INFORMATION

Applicant's Name Last _____ First _____ Middle _____

Home Phone _____

Present Street Address _____

City _____ State _____ Zip Code _____

Number of Years _____ Month Payment \$ _____ Own Rent

Former Street Address (If at current address for less than 2 years) _____

City _____ State _____ Zip Code _____

Number of Years _____ Month Payment \$ _____ Own Rent

Marital Status: Married Separated Unmarried (single, divorced or widowed) No. of Dependents _____ Age _____
(Living in home)

Name and Address of Employer _____

City _____ State _____ Zip Code _____

Social Security Number _____ Self Employed? Yes No

Business Phone No. _____ Position/Title _____

Type of Business _____ No. of Years on Job _____ Years in this line of work _____

Name and Address of Previous Employer (if at position less than 2 years) _____

No. of Years on Job _____ Business Phone _____

Email address _____

CO-APPLICANT INFORMATION

Applicant's Name Last _____ First _____ Middle _____

Home Phone _____

Present Street Address _____

City _____ State _____ Zip Code _____

Number of Years _____ Month Payment \$ _____ Own Rent

Former Street Address (If at current address for less than 2 years) _____

City _____ State _____ Zip Code _____

Number of Years _____ Month Payment \$ _____ Own Rent

Marital Status: Married Separated No. of Dependents _____ Age _____
 Unmarried (single, divorced or widowed) (Living in home)

Name and Address of Employer _____

City _____ State _____ Zip Code _____

Social Security Number _____ Self Employed? Yes No

Business Phone No. _____ Position/Title _____

Type of Business _____ No. of Years on Job _____ Years in this line of work _____

Name and Address of Previous Employer (if at position less than 2 years) _____

No. of Years on Job _____ Business Phone _____

Email address _____

HOME OWNERSHIP ASSISTANCE PROGRAMS

Amount of Assistance Requested \$ _____

Property Address to be Purchased _____

Number of Bedrooms: _____ Purchase Price: \$ _____ Have you qualified for first mortgage? _____

Type of Mortgage: FHA VA Conventional Contract

Are you receiving any gift funds: Yes, No If yes how much _____, from whom _____

Mortgage Company _____

Loan Officer's Name _____ Phone _____

Cell _____ Fax _____ Email _____

Buyer's Real Estate Agent _____ Company _____

Phone _____ Cell _____ Fax _____

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Total
Salary: Hourly \$ _____				
Monthly \$ _____	_____	_____	_____	_____
Overtime Pay	_____	_____	_____	_____
Commissions	_____	_____	_____	_____
Social Security, Pensions, Retirement Funds, etc.	_____	_____	_____	_____
Unemployment Benefits	_____	_____	_____	_____
Alimony,	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

CREDITOR INFORMATION (Will be verified by a credit report)

Name of Creditor	Original Balance	Current Balance	Due Date	Monthly Payment	Past Due Amount
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
Total Monthly Payments	\$ _____	\$ _____	_____	\$ _____	\$ _____

STATEMENT OF THE FAMILY'S CURRENT COMBINED FINANCIAL CONDITION

ASSETS

(Monetary Assets)

- 1. Cash** _____
 - On Hand _____
 - Checking _____
 - Savings _____
 - Total Cash _____

- 2. Money loaned to others** _____
(repayment expected)

- 3. Investments** _____
 - Savings Bonds _____
 - Stocks & Bonds _____
 - Mutual Funds _____
 - Cash Value of _____
 - Life Insurance _____
 - Cash Value of _____
 - Annuities _____
 - Total Investments** _____

- 4. Accumulation in Company** _____
Profit-Sharing Plan _____

TOTAL MONETARY ASSETS _____

Fixed Assets

- 5. Home and Property** _____

- 6. Other Real Estate** _____
Investments _____

- 7. Automobiles** _____

- 8. Ownership Interests** _____
in Small Businesses _____

9. Personal Property

(Estimated value of furniture, appliances, clothing, etc.)

TOTAL FIXED ASSETS _____

TOTAL ASSETS OF FAMILY _____

LIABILITIES

10. Unpaid Bills

- Taxes Due _____
- Insurance _____
- Rent _____
- Utilities _____
- Chrg Accts _____
- Total Unpaid Bills _____

11. Installment Loans (Balance Due)

- Auto _____
- Other _____

12. Loans (Balance due)

- Bank _____
- Education _____
- Total _____

13. Mortgages (Balance due)

- Home _____
- Other _____
- Total _____

TOTAL LIABILITIES _____

STAFF USE ONLY:

TOTAL ASSETS _____
minus _____

TOTAL LIABILITIES _____
Equals _____

NET WORTH OF FAMILY _____

INFORMATION REQUIRED BY HUD

HOUSEHOLD COMPOSITION

Household Composition (List the head of your household and all members who live in your home. Give the relationship of each member to the head.

Family Member #	Full Name	Relationship	Age	Sex	Ethnic Origin (see codes below)
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____

(List additional members on a separate page)

1. Have any of your children been tested for lead paint poisoning? Yes No
2. Does anyone live with you now who is not listed above? Yes No
3. Does anyone plan to live with you in the future who is not listed above? Yes No
4. Have you, your spouse, or co-applicant owned residential property within the past 3-years? Yes No
5. Have you, your spouse or co-applicant ever declared bankruptcy? Yes No If yes, Date Filed _____
Please explain if you answered "Yes " to any question above. _____
6. _____
7. Are you, your spouse or co-applicant related to an employee of the Provo City Economic or Redevelopment Agency, or any appointed or elected Provo City Official? Yes No
8. Have you ever received any type of Federal assistance? If yes, please explain: _____

Is this property a single-family home _____ If yes, do you plan to make it a legal accessory apartment _____ single-family home with legal-accessory apartment _____

RACE AND ETHNICITY CATEGORY CODES:

1. White - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
2. Black/African American- A person having origins in any of the black racial groups of Africa.
3. Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Lorea, Malaysia, Pakistan, the Philipine Islands, Thailand, and Vietnam.
4. American Indian/Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America) and who 4maintains a tribal affiliation or community attachment.
5. Native Hawaiian/Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. American Indian/Alaskan Native and White - A person having these multiple racial origins as defined above.
7. Asian/White - A person having these multiple racial origins as defined above.
8. Black/African American and White - A person having these multiple racial origins as defined above.
9. American Indian/Alaskan Native &Black/African American - A person having these multiple racial origins as defined above.

10. Other Multi-Racial - Category used for reporting individual responses that are not included in any of the categories listed above.

White, Black, Asian, Pacific Islander, American Indian, or multi-race may also be counted as being Hispanic. Select from the number code above for your household members race & ethnicity information. The race and ethnicity categories are compiled by the U.S. Department of Housing and Urban Development and are required fields.

Hispanic/Latino For each occupied unit, indicate if the head of household is Hispanic/Latino by selecting Yes or No A person of Hispanic/Latino ethnicity is defined as someone of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture, regardless of race.

FAMILY SIZE AND INCOME REQUIREMENTS

To qualify for any program using Federal Funds, we are required to determine income eligibility based upon the number of persons who will occupy the household and total household income. Please circle the total number of persons who will be occupying residence, then circle the range that most accurately reflects the total household income of all persons 18 years of age and older:

Household size	Income 30%	Very Low 50%	Low/Moderate 80%	Ineligible Home
1	\$0-\$13,450	\$13,451-\$22,350	\$22,351-\$35,750	\$35,751 or above
2	\$0-\$15,350	\$15,351-\$25,550	\$25,551-\$40,850	\$40,851 or above
3	\$0-\$17,250	\$17,250-\$28,750	\$28,751-\$45,950	\$45,951 or above
4	\$0-\$19,150	\$19,151-\$31,900	\$31,901-\$51,050	\$51,051 or above
5	\$0-\$20,700	\$20,701-\$34,500	\$34,501-\$55,150	\$56,151 or above
6	\$0-\$22,250	\$22,251-\$37,050	\$37,051-\$59,250	\$59,251 or above
7	\$0-\$23,750	\$23,751-\$39,600	\$39,601-\$63,350	\$63,351 or above
8	\$0-\$25,300	\$25,301-\$42,150	\$42,151-\$67,400	\$67,401 or above

CERTIFICATION:

All information given on this application will be kept in confidence and used only for application of the Provo City Redevelopment Agency program for which you have applied.

I/We verify that the information given on this form is accurate and complete to the best of our information, and I/We authorize you to obtain such information as you may require to verify the information contained herein.

I/We affirm that each answer is true and correct and is made for the purpose of obtaining assistance under the Provo City Redevelopment Agency and you are entitled to rely thereon, whether or not you obtain further and/or additional information.

I/We further affirm that I/We are aware that, if such a loan is approved by the Provo City Redevelopment Agency, I/We will work with the staff to comply with all of the policies and procedures as outlined by the Provo City Redevelopment Agency, and that I/We will willingly secure the loan in the amount necessary with a duly executed Trust Deed and Trust Deed Note. Also, if such loan is approved, I/We will be notified by the Provo City Redevelopment Agency. After such notification, I/We will have two weeks to respond. If I/We do not respond within that time limit, re-application and re-approval will be necessary.

I/We have also read and understand the HOME Ownership Assistance Program Guidelines and this application and I/We agree to abide by the guidelines of the Provo City HOME Ownership Assistance Program. I/We will not hold Provo City legally liable for any actions of the city staff or the contractor.

DISCLAIMER:

The undersigned hereby acknowledges that any discussions with or any information given by a Provo City employee regarding application for the Provo City HOME Ownership Assistance Program, prior to receipt of a formal commitment letter from the Provo City Redevelopment Agency committing a specific amount of funds to the project, is only for program information and may not be considered a binding commitment on the part of the Provo City Redevelopment Agency to provide funds or technical assistance to the project.

The undersigned also acknowledges that any costs incurred prior to receipt of a formal commitment letter from the Provo City Redevelopment Agency committing a specific amount of funds to the project is at the risk and expense of the applicant.

Signature _____ **Date** _____

Signature _____ **Date** _____

Witnessed _____ **Date** _____

AFFIDAVIT OF SELLER

State of Utah)
 : SS.
County of Utah)

AFFIANT, being first duly sworn, states and represents that:

1. Affiant is the owner, or an interested holder in a partnership, or an officer and shareholder of a corporation, which owns property located at _____, _____, Utah, _____. Street Address City Zip Code
2. Affiant has entered into an agreement to sell the property.
3. Affiant's purchaser has made application to the Provo City Redevelopment Agency (Provo RDA) to obtain a loan of \$_____ to apply toward the purchase of the property.
4. Affiant is hereby notified, that _____ will be unable to acquire the Applicant's Name(s) property in the event the negotiations fail to result in an amicable agreement; and the estimated Fair Market Value of the property is \$_____ according to the certified appraisal.
5. Affiant, or the partnership or corporation which Affiant represents or owns has owned the property for a period of _____ years.
6. Affiant represents that: Other than the Affiant and Affiant's immediate family, no persons have resided at the property during the previous month, OR, If any person other than the Affiant and Affiant's immediate family has been a tenant residing at the property during the last six or more months, the tenancy of any such person in the property has not been terminated as a result of the planned sale to the Affiant's purchaser.
7. The above mentioned property is not part of an intended, planned or designated project area where all or substantially all of the property within the area is to be acquired within specific time limits.

AFFIANT - SIGNATURE _____ **Date** _____

AFFIANT - PRINT NAME _____

ADDRESS - PRINT _____

SUBSCRIBED and sworn to before me on the _____ day of _____, 20____.

_____ Notary Public Residing At _____