

To be completed by Lender/signed by grantee

CALL RELAY UTAH BY DIALING 711, AND OR/ SPANISH RELAY UTAH: 1-888-346-3162 FOR ASSISTANCE



Uintah Basin Association of Governments
--Homebuyers Assistance --
Application

Applicant must complete all sections for application to be considered complete.

Applicant Name(s): _____

Present Address: _____ City _____ State _____

Home Phone: _____ Work Phone: _____

Total Annual Household Income: _____

Number of persons in household: _____

% of area median income: _____

The next questions are for Survey Purposes Only, and do NOT effect an Applicant's Eligibility

Head of Household is: Male/Female (circle one)

Ethnic Origin: _____ Hispanic or Latino _____ Not Hispanic or Latino Date of Birth: _____

Race: American Indian or Alaska Native _____ Asian _____ Black or African America _____ Native Hawaiian or Other Pacific Islander _____ White

Is any member of the household disabled? _____

Citizenship Status: _____

The following questions pertain to the proposed purchase property.

Address: _____

Home is a: Detached Single Family _____

Condominium _____

Other (specify) _____

Number of Bedrooms _____

Purchase Price: _____

Amount Requested for Down Payment/Closing Costs: \$ _____

Lender: _____

Name

Loan Officer

Telephone

Title Company: _____

Name

Escrow Agent

Telephone #

Address

Fax #

Check List – have you provided the following:

If Applicable:

Copy of Real Estate Purchase Agreement _____

Copy of Previous Year’s Tax Return _____

Down Payment Affidavit _____

In order to process this application, the Social Security #'s for **ALL** persons living in the household must be provided:

NAME	SOCIAL SECURITY #
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



I hereby apply for Uintah Basin Association of Governments – Down Payment Assistance – Loan/Grant. I agree to comply with all terms and conditions of the Uintah Basin Association of Governments – Down Payment Assistance. I have never participated in the down payment assistance program I understand that failure to comply with any condition, or the submission of false or misleading information may result in rejection of this application. I also understand that I am not hereby committed to buy the above mentioned property.

Signed: _____ Date: _____

Signed: _____ Date: _____

AFFIDAVIT OF NON – EMPLOYED STATUS

Date: _____ **Address #:** _____

Applicant Name: _____ **SS#:** _____

In connection with your review of my application for single-family housing assistance, I confirm that: (mark one box and fill in the blanks)

[]

- I am not now employed in any capacity.
- **That I have no intention of becoming employed in the next 12 months.**
Reason: (i.e. student, retired, etc..) _____
- That I am not under any affirmative obligation to obtain employment.
- That I do not receive unemployment compensation or other benefits as a result of my non-employed status.

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- I am not now employed in any capacity.
- **That I do intend to become employed in the next 12 months.**
- That based upon my education background, prior employment experience, and career training, I anticipate earning \$ _____ over the next twelve months. I anticipate starting employment as a _____ on _____ earning _____ dollars per hour, working _____ hours per week. In support of this estimate, I have submitted:
 - Previous year's tax return
 - Previous job and salary history
 - Other supporting documentation (describe) _____

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for qualification in said affordable-housing programs and that any misrepresentation herein will be considered a material breach of the agreements made and subject me to penalties, including possible recapture of financial assistance.

Under penalties of perjury, I certify the above representation to be true as of the date shown above.

Resident Signature

Date