

**2008 HOME PROJECT  
CITY OF HERNANDO  
HOMEBUYER ASSISTANCE APPLICATION CHECKLIST**

Return this completed application to the attention of:

Shelly Johnstone, Assistant Director Planning

City of Hernando

475 West Commerce Street

Hernando Mississippi 38632 (662) 429 - 9092

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

**CHECKLIST**

PLEASE CHECK THE FOLLOWING ITEMS TO MAKE SURE YOU HAVE INCLUDED THEM WITH YOUR APPLICATION:

- \_\_\_\_\_ VERIFICATION OF INCOME (Employer, SS, SSI, etc.)
- \_\_\_\_\_ W-2 FORM(S) AND MOST CURRENT TAX RETURN
- \_\_\_\_\_ COPY OF LAST 4 PAY STUBS/PROOF OF INCOME
- \_\_\_\_\_ PROOF OF RENT: CONTRACT/CANCELLED CHECKS
- \_\_\_\_\_ PROOF OF RESIDENCY
- \_\_\_\_\_ COPY OF DRIVER LICENSE OR PICTURE ID
- \_\_\_\_\_ BANK ACCOUNT STATEMENTS LAST 6 MONTHS

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**FOR OFFICE USE ONLY**

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- ♦ Income/Family Size \_\_\_\_\_
- Number in Household \_\_\_\_\_
- Number of Elderly \_\_\_\_\_
- Number of Handicapped \_\_\_\_\_
- Female Head of Household \_\_\_\_\_
- Persons 18 or Younger \_\_\_\_\_

Total \_\_\_\_\_

**HOME PROGRAM  
HOMEOWNER APPLICATION/FAMILY SURVEY**

Date: \_\_\_\_\_

**A. PERSONAL INFORMATION**

Head of Household: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Marital Status:       Single       Married       Divorced       Widow

Name of Spouse: \_\_\_\_\_

Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Children/Household Members	Age	Sex	Social Security #
<small>(List only if living with you)</small>			


Are either you or a family member handicapped or disabled?       YES       NO

If YES, what is the nature of the condition? \_\_\_\_\_

\_\_\_\_\_

Are either you or your spouse related to any individual who is employed by, or board member of: City of Hernando?       YES       NO

If YES, what is the relationship? \_\_\_\_\_

\_\_\_\_\_

The City of Hernando. does not discriminate against any person because of race, color, religion, sex, age, familial status, national origin, or handicap.

## Summary of Household

1. Size of Household: \_\_\_\_\_
2. Number of Elderly Household Members: \_\_\_\_\_
3. Number of Handicapped or Disabled: \_\_\_\_\_
4. Female Headed Household: \_\_\_\_\_
5. Number of Persons 18 years or younger: \_\_\_\_\_

## B. HOUSING STATUS:

1.  Single Family House  Duplex  Triplex  Apartment
2. Number of Bedrooms \_\_\_\_\_
3. Date first moved into unit \_\_\_\_\_
4. Do you own this property?  YES  NO
5. If yes what was the date of purchase? \_\_\_\_\_
6. Have you purchased a home within the past five years?  YES  NO

## C. FAMILY INCOME CALCULATION

1. Number in Household \_\_\_\_\_
2. Income Limits for \_\_\_\_\_ County dated \_\_\_\_\_  
LMI Maximum \_\_\_\_\_ VLI Maximum \_\_\_\_\_
3. Payment Frequency  
 Hourly (hourly rate x number of hours per week)  
 Weekly (weekly salary x 4.3 weeks per month)  
 Bi-monthly (24 times a year)  
 Every two weeks (26 times a year)  
 Monthly
4. Show income calculations to convert to annual gross income.

Example: Mr. Jones is paid \$5.00 /hour and works 32 hours/week.  
 $\$5.00 \times 32 = \$160 \times 52 \text{ weeks} = \$8,320 \text{ annual income.}$

## 5. ASSETS

FAMILY MEMBER	ASSET DESCRIPTION	CURRENT MARKET VALUE	INCOME FROM ASSETS
Total Net Family Assets		a.	
Total Actual Asset Income			b.
If line (a) is greater than \$5,000, multiply line (a) by ____ (passbook rate) and enter result here; otherwise, leave blank.			c.

## 6. SUMMARY OF INCOME DATA

FAMILY MEMBER	WAGES/SALARIES	BENEFITS/PENSIONS	PUBLIC ASSISTANCE	OTHER INCOME	TOTALS
Totals					

Asset Income - Enter greater of lines 5(b) or 5(c) above \$ \_\_\_\_\_

Total anticipated Income \$ \_\_\_\_\_

**Annual Income** - Anticipated Income plus Asset Income \$ \_\_\_\_\_

**D. INCOME LEVEL**

- Above 80% of median
- 80% of median
- 60% of median
- 50% of median
- Below 50% of area median

**E. VERIFICATION**

Income verified by \_\_\_\_\_ using:

- Check Stub
- Employer Verification
- Benefit Verification
- Copy of Benefit Check

**F. CERTIFICATION**

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. I hereby authorize the Granting Agency and representatives of the agency to check credit history, verify employment and income through credit bureaus and other sources.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

# HOME Program Eligibility Release Form

Name: City of Hernando  
 Address: 475 West Commerce, Hernando MS 38632  
 Ph: 662-429-9092

Purpose: Your signature on this HOME Program Eligibility Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME Homeowner Rehabilitation Program**
- HOME Rental Rehabilitation Program**
- HOME Homeowner Homebuyer Assistance Program**
- HOME Rental New Construction Program**

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Head of Household - Signature, Printed Name, and Date:**  
**Family Member HEAD**

X

**Other Adult Member of the Household - Signature, Printed Name, and Date:**  
**Family Member #3**

X

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

**Information Covered:** Inquiries may be made about items initiated by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Federal Preferences		
Other Preferences _____		
Other (list) _____ _____		
Dependent Deduction <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Handicap/Disabled Family Member <input type="checkbox"/> Minor Children		

**Authorization:** I authorize the above-named HOME Grantee and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

**Other Adult Family Member of the Household - Signature, Printed Name, and Date:**  
**Family member #2**

X

**Other Adult Member of the Household - Signature, Printed Name, and Date:**  
**Family member #4**

X

## VERIFICATION OF ASSETS ON DEPOSIT

	Checking Amount #	Average Monthly Balance for Last 6 Months	Current Interest Rate	
<b>AUTHORIZATION:</b> Federal Regulations require us to verify income from Assets of all members of the household applying for participation in the HOME Program, which we operate, and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.	Savings Account #	Current Balance	Current Interest Rate	
	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate
IRA, Keogh, Retirement Accounts				
Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed	Account #	Amount	Withdrawal Penalty	Current Interest Rate
	Money Market Funds	Amount (Average 6 month Balance)	Interest Rate	
<b>RELEASE:</b> I hereby authorize the release of the requested information  _____ (Signature of Applicant)	Signature of _____ or Authorized Representative _____  Title: _____  Date: _____  Telephone: _____			
<b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.				

