FIRST-TIME HOMEBUYER APPLICATION

SALT LAKE CITY CORPORATION HOUSING AND NEIGHBORHOOD DEVELOPMENT 451 SOUTH STATE STREET, ROOM 425 PO BOX 145487 SALT LAKE CITY, UT 84111-5487 801-535-7228

PRIVACY ACT NOTICE...The information requested in this form is to be used by the Salt Lake City Corporation, Division of Housing And Neighborhood Development, in accounting for and monitoring its First-Time Homebuyer Program. It will not be disclosed or released outside of the Division, which is administering the program except as required and permitted by law. You do not have to give us this information, but if you do not provide the information necessary to evaluate credit worthiness, your application may be delayed or rejected. By signing this application you authorize Salt Lake City Corporation to obtain a credit report on all applicants or adult members of the household.

GENERAL INFORMATION...Applicants are required to provide their social security number. Answers to questions relating to marital status, race, age and sex are voluntary and are requested solely for the purpose of determining compliance with Federal Civil Rights Law and your response will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a non-discriminatory manner.

APPLICANT	CO-APPLICANT				
NAME:	NAME:				
SEX: MALE FEMALE	SEX: MALE FEMALE				
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.				
U.S. CITIZEN U.S. LEGAL RESIDENT	U.S. CITIZEN U.S. LEGAL RESIDENT				
DATE OF BIRTH:	DATE OF BIRTH:				
ADDRESS	ADDRESS				
STREET:	STREET:				
CITY: ZIP:	CITY: ZIP CODE:				
HOW LONG: MONTHS	HOW LONG: MONTHS YEARS				
EMAIL ADDRESS:	EMAIL ADDRESS:				
MONTHLY RENT:	MONTHLY RENT:				
MONTHLY UTILITY COST:	MONTHLY UTILITY COSTS:				
HOME PHONE #:	HOME PHONE #:				
DAY TIME PHONE #:	DAYTIME PHONE #:				
MARITAL STATUS	MARITAL STATUS				
☐ MARRIED ☐ SEPARATED	☐ MARRIED ☐ SEPARATED				
☐ UNMARRIED (INCLUDING SINGLE, DIVORCED, WIDOWED)	☐ UNMARRIED (INCLUDING SINGLE, DIVORCED, WIDOWED)				
# OF PEOPLE WILL BE LIVING AT HOME: # OF MALE: # OF FEMALE: AGES OF CHILDREN:	HISPANIC YES NO				
□ WHITE □ BLACK/AFRICAN AMERICAN □ ASIAN □ AMERICAN INDIAN/ALASKA NATIVE □ NATIVE- HAWAIIAN/OTHER PACIFIC ISLANDER □ AMERICAN INDIAN/ALASKA NATIVE & WHITE □ ASIAN & WHITE □ BLACK/AFRICAN AMERICAN & WHITE □ AMERICAN INDIAN/ALASKA NATIVE& BLACK/AFRICAN AMERICAN □ OTHER MULTI-RACIAL	□ WHITE □ BLACK/AFRICAN AMERICAN □ ASIAN □ AMERICAN INDIAN/ALASKA NATIVE □ NATIVE- HAWAIIAN/OTHER PACIFIC ISLANDER □ AMERICAN INDIAN/ALASKA NATIVE & WHITE □ ASIAN & WHITE □ BLACK/AFRICAN AMERICAN & WHITE □ AMERICAN INDIAN/ALASKA NATIVE& BLACK/AFRICAN AMERICAN □ OTHER MULTI-RACIAL				

APPLICANT'S EMPLOYER			CO-APPLICANT'S EMPLOYER				
NAME OF EMPLOYER:			NAME OF I	EMPLOYER:			
ADDRESS: CITY/STATE: ZIP CODE: TELEPHONE: POSITION: YEARS ON JOB:			ADDRESS:				
			CITY/STAT	E:			
			ZIP CODE:				
			TELEPHON	/E:			
			POSITION:				
			YEARS ON	JOB:			
MONTHLY SALARY BEFORE TAXES:			MONTHLY	SALARY BEFORE	TAXES:		
APPLICANT'S NEAREST RELATIVE NOT LIVING WITH YOU			CO-APPLICANT'S NEAREST RELATIVE NOT LIVING WITH YOU				
NAME:			NAME:				
RELATIONSHIP:			RELATION	SHIP:			
ADDRESS:			ADDRESS:				
CITY/STATE/ZIP CODE:			CITY/STAT	E/ZIP CODE:			
DAY TIME PHONE NUMBER:			DAY TIME PHONE NUMBER:				
APPLICANTS OTHER INCOME SOURCE	AMOU! PER MO!	NT				AMOUNT PER MONTH	
APPLICANT BANK ACCOUNTS			CO-APPLICANT BANK ACCOUNTS				
☐ CHECKING ☐ SAVINGS ACCOUNT #			☐ CHECKING ☐ SAVINGS ACCOUNT #				
BANK OR BRANCH NAME:			BANK OR BRANCH NAME				
ADDRESS:			ADDRESS:				
DEBTS - LIST ALL FIXED OBLIGATIONS, A GOVERNMENT AGENCIES. (IF MORE SPA							
NAME	ACCOUNT #		RIGINAL MOUNT	PRESENT BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE	
IVAIME							
IVANIE							
AUTO LIENS	YEAR		MAKE	PRESENT BALANCE	MONTHLY PAYMENT	AMOUNT PAST DUE	

APPLICANT

CO-APPLICANT

HAVE YOU ANY OUTSTANDING JUDGMENTS?	☐ YES	\square NO	☐ YES	\square NO	
IN THE LAST SEVEN YEARS HAVE YOU DECLARED BANKRUPTCY?	☐ YES ☐ NO DISCHARGE DATE:		☐ YES DISCHARG	☐ YES ☐ NO DISCHARGE DATE:	
IF YES GIVE THE FOLLOWING DATES.	FILING DA	ATE:	FILING D	FILING DATE:	
HAVE YOU EVER OWNED YOUR OWN HOME?	☐ YES	□NO	☐ YES	□NO	
IF SO WHEN?:					
ADDRESS:					
CITY/STATE:					
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OF DEED IN LIEU THEREOF?	☐ YES	□NO	☐ YES	□NO	
ARE YOU A CO-MAKER OR ENDORSER ON ANY NOTES?	☐ YES	□NO	☐ YES	□NO	
ARE YOU OBLIGATED TO PAY ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE? If yes HOW MUCH? p/m	☐ YES \$	\[\Bullet N	YES \	□NO	
DO YOU CURRENTLY OWN ANY REAL ESTATE:	☐ YES	\square NO	☐ YES	\square NO	
IF SO WHERE?:					
HAVE YOU OBTAINED CREDIT UNDER ANOTHER NAME:	☐ YES	□NO	☐ YES	□NO	
IF YES, GIVE NAME	NAME:		NAME:		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN ON THE BACK.	☐ YES	□NO	☐ YES	□NO	
LANGUAGE MOST OFTEN SPOKEN AT HOME					
DISCLOSURE: ARE YOU, RELATED TO (BY BLOOD, MARRIAGE, ACT O EMPLOYEE OF THE CITY OF SALT LAKE.	OF LAW, OR BU	SINESS RELATIO	NSHIP) ANY PERSON	N WHO IS AN	
□ NO □ YES, IF YES, FILL IN THE FOLLO	OWING				
NAME:					
EMPLOYED BY:					
JOB TITLE:					
I/WE CERTIFY THAT ALL STATEMENTS MADE ON THIS APPL KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY W FOR DISQUALIFICATION.					
Please do not forget to include credit report fee and copies of	f paychecks a	und/ or other inc	ome		
SIGNATURE OF APPLICANT Date	SIGN	ATURE OF CO-A	PPLICANT	Date	

THIS APPLICATION WITH THE CREDIT REPORT FEE MUST BE RECEIVED BY THE DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT IN ROOM 425.

THE APPLICATION WINDOW MAY CLOSE WITHOUT NOTICE.