

# CITY OF TUSCALOOSA

## HOMEBUYER/DOWNPAYMENT ASSISTANCE FOR DISASTER RECOVERY APPLICATION



The information collected below will be used to determine whether you qualify as a borrower/grantee under Tuscaloosa's Homebuyer/Downpayment Assistance Program. It will not be disclosed outside of the Office of Resilience & Innovation without your consent except to your employer for verification of information, and as required and permitted by law. You do not have to provide the information, but if you do not provide the information, your application for a loan/grant may be delayed or rejected.

### **Applicant/Borrower(1)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

RACE \_\_\_\_\_ U.S. CITIZEN Yes \_\_\_\_\_ No \_\_\_\_\_

### **Applicant Borrower (2)**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

RACE \_\_\_\_\_ U.S. CITIZEN Yes \_\_\_\_\_ No \_\_\_\_\_

Current Street Address \_\_\_\_\_ How long? \_\_\_\_\_ Renter \_\_\_ Boarder \_\_\_

Mortgagor \_\_\_ Owner \_\_\_

Address of property to be purchased: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Former Street Address \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Other Phone #s \_\_\_\_\_

Marital Status

Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Date Divorce Final. \_\_\_ Widow(er) \_\_\_ Separated \_\_\_

Number of Dependents: \_\_\_ Ages: \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_, \_\_\_

### **Employment Data**

Applicant/Borrower

Employer Name: \_\_\_\_\_ Self Employed? \_\_\_\_\_

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

Phone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_ Job Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Years on job: \_\_\_\_\_ Phone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Applicant/Borrower

Employer Name: \_\_\_\_\_ Self Employed? \_\_\_\_\_

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

Phone: \_\_\_\_\_ Business Type: \_\_\_\_\_

Years in Current Position: \_\_\_\_\_ Job Position: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Years on job: \_\_\_\_\_ Phone: \_\_\_\_\_ Business Type: \_\_\_\_\_

## Other Funding Sources

(For all, please provide documentation.)

SBA (Small Business Administration)

Have you received disaster recovery assistance from the SBA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the amount of the loan? \_\_\_\_\_

If no: Did you decline a SBA loan? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the amount of the loan? \_\_\_\_\_

Why was the loan not accepted? \_\_\_\_\_

## FEMA (Federal Emergency Management Agency)

Have you received disaster recovery assistance from FEMA? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the amount funding? \_\_\_\_\_

If no: Did you decline FEMA funding? Yes \_\_\_\_\_ No \_\_\_\_\_

What was the amount of funding? \_\_\_\_\_

Why was funding not accepted? \_\_\_\_\_

## INSURANCE

Have you received disaster recovery assistance from insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the amount? \_\_\_\_\_

## OTHER

Have you received disaster recovery assistance from any other agency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain agency and funding received: \_\_\_\_\_

\_\_\_\_\_

GROSS ANNUAL INCOME (Yearly, before any deductions)				
Source	Applicant	Co-Applicant	18 or older	Total
WAGES				
SS/SSD/SSI				
AFDC				
CHILD SUPPORT				
ALIMONY				
UNEMPLOYMENT				
BUSINESS/RENTAL				
COMMISSION				
WORKMAN'S COMPENSATION				
SEVERANCE PAY				
VETERAN'S BENEFITS				
RETIREMENT				
BONUSES				
TIPS				
ADD'L SOURCES				
GRAND TOTAL				

LIABILITIES (List all un-paid debts including but not defined to car loans, credit cards, real estate loans, co-signed loans, etc.)				
CREDITOR'S NAME	MONTHLY PAYMENT	BALANCE DUE	DUE DATE	PAYMENTS IN ARREARS
GRAND TOTAL				

If the answer to any of the following questions is "yes", please provide supporting explanations on an additional piece of paper.

Do you pay alimony? \_\_\_ Yes \_\_\_ No

If yes, how much? \$ \_\_\_\_\_

Do you pay child support? \_\_\_ Yes \_\_\_ No

If yes, how much? \$ \_\_\_\_\_

Do you pay day-care expenses? \_\_\_ Yes \_\_\_ No

If yes, how much? \$ \_\_\_\_\_

Do you have un-paid judgments, wage garnishments?

\_\_\_ Yes \_\_\_ No

Have you been in bankruptcy within the past 7 years?

\_\_\_ Yes \_\_\_ No

Are you a party in a lawsuit?

\_\_\_ Yes \_\_\_ No

HOUSEHOLD COMPOSITION (List the heads-of - household first and everyone who will reside in the household. Give the relationship of each member to the head of household.)			
HEAD OF HOUSEHOLD	AGE	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD

To the best of my/our knowledge, I/We have provided the above information as true and to the best of my/our ability. I/We consent to the disclosure of such information for purposes of income and date verification related to my/our application for assistance. I/We understand that my/our willful misstatement of relative facts will result in my/our disqualification for the program and the assistance requested.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date