

# Application

## 2019 Fountain Avenue Neighborhood

### Homebuyer Program

**READ THIS ENTIRE FIRST PAGE THOROUGHLY BEFORE COMPLETING AN APPLICATION**

**Program Qualifications:**

Midtown Alliance of Neighbors is building 3 shotgun style houses on the north side of the 1400 block of Harrison Street—right across the street from the Health Park. Each home will be 3 bedroom, 2 bath with approximately 1,200 square foot of living space.

These homes are intended to be affordable for low- to moderate-income families. To make these homes affordable, we will subsidize the construction and/or loan costs with funds from several sources. Individuals and families with incomes as stated here may be able to qualify to purchase one of these homes.

<b>Two homes are reserved for families with incomes below this amount*—</b>					<b>One home is reserved for families with incomes below this amount*—</b>				
<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>	<b>5 person</b>	<b>1 person</b>	<b>2 person</b>	<b>3 person</b>	<b>4 person</b>	<b>5 person</b>
\$34,100	\$38,950	\$43,800	\$48,650	\$52,550	\$25,560	\$29,220	\$32,880	\$36,480	\$39,420
** Mortgages in the \$80,000-\$120,000 range, depending on income, assets, debts, and creditworthiness.					**Mortgages in the \$60,000 and up range, depending on income, assets, debts, and creditworthiness.				

**Application Submission:**

Please return this completed application to the Midtown Alliance of Neighbors office located at:

300 Fountain Ave  
Paducah, KY 42001

Office is located on the second floor of the Fountain Avenue Methodist Church. (Mail or use "Office" entrance on Monroe Street.)

Assistance in filling out this application is available 9-4:30 Monday through Friday or at other times by appointment. You may contact the Midtown Alliance of Neighbors by email or phone:

Email: [kymidtownalliance@gmail.com](mailto:kymidtownalliance@gmail.com)

Phone: Carrigan Mosher at (269) 861-5420 or Sharon Poat at (270) 556-0826

**Next Steps:**

All applicants will be contacted by Midtown Alliance of Neighbors' (MAN) staff. At an initial meeting, we will discuss the program and collect information verifying reported income, assets, and debts. After this information is processed and eligibility for the program is determined, applicants will seek a mortgage loan Pre-Approval letter from a lender. Once MAN has reviewed the applicants' letter, the applicant will be asked to complete an online Homebuyer Counseling program. Once the program has been completed, applicants will be added to the Approved Homebuyer List. The top 3 will be invited to sign agreements becoming Committed Buyers (moving down the wait list as needed.) Construction anticipated to begin by fall with completion by summer-fall 2020.

*(KEEP THIS PAGE FOR YOUR RECORDS. SUBMIT THE FOLLOWING APPLICATION.)*



# Application: 2019 Fountain Avenue Neighborhood Homebuyer Program

## I. Applicant Information

<b>Applicant:</b> (Please include name as it appears on legal documents)					
First Name	Middle Name	Last Name	Previous Names (if applicable)		
Current Address		Apt/Lot No.	City	State	Zip Code
Home Phone Number		Cell Phone Number		Email Address	
Birth Date		Social Security Number			
<b>Co-Applicant:</b> (Please include name as it appears on legal documents)					
First Name	Middle Name	Last Name	Previous Names (if applicable)		
Current Address		Apt/Lot No.	City	State	Zip Code
Home Phone Number		Cell Phone Number		Email Address	
Birth Date		Social Security Number			

List the names and ages of people who will live with you.

Name	Birth Date	Relationship to Applicant



Please explain any shared child custody arrangements in the space provided below:

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## II. Housing

What is your current housing situation?

\_\_\_\_\_ Renting-- Monthly Rent: \$\_\_\_\_\_ Average Utilities: \$\_\_\_\_\_

\_\_\_\_\_ Own home-- Monthly Mortgage: \$\_\_\_\_\_ Average Utilities: \$\_\_\_\_\_

\_\_\_\_\_ Other-- Please Explain: \_\_\_\_\_

Are you a resident of Kentucky  Yes  No

Do you own land/real estate?  Yes  No If yes, list complete address(es) in Assets section.

Have you owned a home in the last 3 years?  Yes  No

Have you ever filed bankruptcy?  Yes  No If yes, list date/discharge date \_\_\_\_\_

Ever been party to a foreclosure?  Yes  No If yes, list when \_\_\_\_\_

Do you know your credit score?  Yes  No If yes, what is it \_\_\_\_\_

## III. Income, Assets, and Debt

### A. Employment Income

You do not need to be employed to qualify for this Program. If you or anyone in your household is currently employed, please tell us about money received for work (full or part time, temporary, seasonal, or self-employment) including money from wages, salary, tips, or commissions. If you work for more than one employer, complete a box for each employer. If you need to list more than 4 employers, you may use an additional sheet of paper.

1. (Attach or be prepared to provide 2 most recent pay stubs)

Name of employed person	Employer	Job Title	Start/End Date
Employer's Address	City	State	Zip Code
			Employer's Phone Number ( ) -
Wage	Average monthly earning (before tax)	Is this job temporary?	Anticipated end date
\$ _____ per hour	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____



## Employment Income Continued

2. (Attach or be prepared to provide 2 most recent pay stubs)

Name of employed person	Employer	Job Title	Start/End Date
Employer's Address	City	State	Zip Code
			Employer's Phone Number ( ) -
Wage	Average monthly earning (before tax)	Is this job temporary?	Anticipated end date
\$ _____ per hour	\$ _____	___ Yes ___ No	_____

3. (Attach or be prepared to provide 2 most recent pay stubs)

Name of employed person	Employer	Job Title	Start/End Date
Employer's Address	City	State	Zip Code
			Employer's Phone Number ( ) -
Wage	Average monthly earning (before tax)	Is this job temporary?	Anticipated end date
\$ _____ per hour	\$ _____	___ Yes ___ No	_____

4. (Attach or be prepared to provide 2 most recent pay stubs)

Name of employed person	Employer	Job Title	Start/End Date
Employer's Address	City	State	Zip Code
			Employer's Phone Number ( ) -
Wage	Average monthly earning (before tax)	Is this job temporary?	Anticipated end date
\$ _____ per hour	\$ _____	___ Yes ___ No	_____

## B. Other Income

If you or anyone in your household is receiving money from a source other than employment, please put an X next to each type of income.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Food Stamps/WIC        | <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Retirement/Pension   |
| <input type="checkbox"/> Military Allotment     | <input type="checkbox"/> Social Security       | <input type="checkbox"/> Veterans Benefits    |
| <input type="checkbox"/> Child Support          | <input type="checkbox"/> SSI                   | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Alimony                | <input type="checkbox"/> Disability Benefits   | <input type="checkbox"/> Tribal Money         |
| <input type="checkbox"/> Other, please explain: | _____  |   |
|   | _____  |   |

### For each X placed above, complete the following information.

If you predict an income source to end, please list the date under the last column. Please attach or be prepared to provide current award letters or other documentation from a third party attesting to the income listed.

Person Receiving Income	Type of Income	Amount	Frequency (Monthly/Weekly)	Expected to end?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				



## C. Assets

Please list your household assets. An asset is defined as cash, money in the bank, or anything that can be converted into cash. An asset does not include personal property such as jewelry, furniture, electronics, etc. Put an X next to all that apply.

Bank Account (Checking/Debit)     Real Estate     Stocks/Bonds  
 Bank Account (Savings)     Vehicle (Car, Truck, ATV, Boat)     Mutual Funds  
 Other Savings     401K  
 Other, please explain: \_\_\_\_\_

### For each X placed above, complete the following information.

Additional paper may be used if needed. Please attach or be prepared to provide current letters, statements, or other documentation from a third party attesting to the assets listed.

Owner	Type of Asset	Value	Location of Asset
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			



## D. Expenses

Please list your household expenses. You do not need to include rent or other housing expenses unless they are not listed above. Please put an X next to all expenses you pay.

Alimony       Credit Card Payment       Phone Bill       Auto Payment  
 Child Support       Television/Internet Bill       Child Care       Loan Payment  
 Insurance       Utility Bill (gas/electric)       Medical Bills  
 Other, please explain: \_\_\_\_\_

### For each X above, complete the following information.

An additional sheet of paper may be used if needed. Please attach or be prepared to provide current letters, statements, or other documentation from a third party attesting to the expenses listed.

Name on Account	Type of Expense	Paid to Whom (Name and full address)	Amount Paid	How often paid
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				



## E. Debts

Please list any debts you have. Put an X next to all that apply.

Credit Card     
  Retail Credit cards (Sears, Lowes, etc.)     
  Medical Debt  
 Student Loans     
  Vehicle Loan (Car, Truck, ATV, Boat)     
  Utility Company  
 Other, please explain: \_\_\_\_\_

### For each X above, complete the following information.

An additional sheet of paper may be used if needed. . Please attach or be prepared to provide current letters, statements, or other documentation from a third party attesting to the debts listed.

Name on account	Type of Debt	Company (Name and full address)	Unpaid Balance
1.			
2.			
3.			
4.			
5.			
6.			

### Please list below, any debt account in bad standing:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



## IV. Certifications

I/We, the Applicant(s), understand that willful false statements or misrepresentation concerning income or asset information relating to financial condition is reason for exclusion from this program. I/we further understand that any willful misstatement of information will be grounds for either termination of the application process or, if awarded funding assistance, the total amount of the funding assistance received shall become immediately due and payable by the Applicant(s).

I/we certify that the application information provided in this application is true and complete as of the date set forth beside my/our signature on this application.

I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided will be held by the Midtown Alliance of Neighbors be accessible by agencies providing funding upon their request.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

**If this application was completed by someone other than the applicant/co-applicant, please supply the following information:**

This information was taken by:

In person interview       Telephone       Internet

Other, please explain: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

Organization/Relationship: \_\_\_\_\_

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