

# First Time Homebuyer Application Checklist

All forms and documents listed on this page should be completed and returned to the Planning and Codes Administration Department at City Hall. If you have any questions about the First Time Homebuyer Program, please call Jennifer Thompson at (816) 969-1606.

## ✓ **Completed Application Form**

All information must be filled out completely. Please type or write legibly in blue or black ink.

## ✓ **Certification of First Time Homebuyer (must be notarized)**

This form certifies that you have not owned property in the past three (3) years or that you are a single parent or a Displaced Homemaker as defined by HUD for the First Time Homebuyer Program.

## ✓ **Income Eligibility Form A and Documentation of Income**

**The ultimate income eligibility determination is based on the anticipated total household gross income to be earned during a 12-month period immediately following the date of application.** For the purpose of estimating total household gross income to be earned, documentation of current and immediate past income of all adults in the household is required to be submitted with the application including, but not limited to: copies of IRS tax forms submitted in the previous three (3) years, pay stubs from the most recent three (3) consecutive months, a copy of Verification of Employment from each employer, award letters for social security, supplemental security income (SSI), aid to families with dependent children (AFDC), pension, unemployment insurance, disability or workmen's compensation, and any other income. The total income (gross income before deductions and withholding taxes) must include income to be received by all persons living in the household ages 18 and above. Indicate any anticipated change of income status and provide documentation (i.e. divorce, death, etc.).

## ✓ **Applicant Confidential Information Form**

HUD Regulations require reporting of demographic information regarding recipients of Federal Programs. This information will not be used to determine eligibility or priority.

## ✓ **Pre-approval Letter from Lender**

A current approval letter is required from a lender who has entered a Memo of Understanding with the City of Lee's Summit. If your lender has not completed the Memo of Understanding, have them contact Jennifer Thompson at (816) 969-1600 for the appropriate paperwork.

## ✓ **Lee's Summit Residency Documentation**

Attach documentation as proof that the Applicant has been a Lee's Summit resident for no less than one year prior to the date of the application (documentation of residency, including, but not limited to, a rental agreement and water bills.)

**This checklist is for applicant's information only. Do not submit this sheet with your application.**



### First Time Homebuyer Mortgage Assistance Program Application

|                                 |
|---------------------------------|
| <u>For City Staff Use Only:</u> |
| Received:                       |
| - Date:                         |
| - Time:                         |
| - Initial:                      |

The City of Lee's Summit, Missouri is providing mortgage assistance to eligible low-moderate income first time homebuyers in Lee's Summit through the Department of Housing and Urban Development's Community Development Block Grant (CDBG) program. All applications will be evaluated on a first-come/first-served basis as long as funds are available. Applicants are not guaranteed approval in this program.

#### Please Print or Type Information

**Applicant's Name:** \_\_\_\_\_  
(First) (MI) (Last)

Applicant's Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email (Optional): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_  
(First) (MI) (Last)

Co-applicant's Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Business Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email (Optional): \_\_\_\_\_

Co-applicant's Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



List all household members that will be living in the property, excluding the applicant(s)

| <b>Name</b> | <b>Social Security Number</b> | <b>Sex</b> | <b>Age</b> |
|-------------|-------------------------------|------------|------------|
| 1. _____    | _____/_____/_____             | _____      | _____      |
| 2. _____    | _____/_____/_____             | _____      | _____      |
| 3. _____    | _____/_____/_____             | _____      | _____      |
| 4. _____    | _____/_____/_____             | _____      | _____      |
| 5. _____    | _____/_____/_____             | _____      | _____      |
| 6. _____    | _____/_____/_____             | _____      | _____      |

Total Household Size (including the applicant and co-applicant): \_\_\_\_\_

Are you an employee, agent, consultant, officer, or elected official or appointed official of the City of Lee's Summit or of any other local agencies receiving the City's CDBG funds (Y or N)? \_\_\_\_\_  
If yes please specify your association with the agency. \_\_\_\_\_

Female Head of Household (Y or N)? \_\_\_\_\_

Are you currently residing in Lee's Summit (must be within the City Limits)? Yes\_\_\_\_\_ No\_\_\_\_\_  
If yes, how long have you been a Lee's Summit resident? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)  
Please attach to this application one (1) year's Lee's Summit residency documentation (i.e. water bills, lease agreement, other utility bills).

I hereby certify that:

1. I am eighteen (18) years of age or older, and
2. I am a citizen of the U.S. or have declared such intentions, and
3. I am not presently a homeowner or the owner of other residential property, or I am a single parent, or a displaced homemaker, and
4. I meet the minimum income requirements.

I hereby submit my application for the City of Lee's Summit's First Time Homebuyer Mortgage Assistance Program. I further certify that all information in this application and all information furnished in support of this application is true and complete to the best of my knowledge and belief. Verification of information contained in this application may be obtained from any source named herein. I understand that my application is subject to termination if it is determined that I knowingly made a false statement or misrepresentations. I further agree and understand the City of Lee's Summit will utilize the information in this questionnaire ONLY for the purpose of approval or denial of my mortgage assistance application.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**JOINT APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

*Lee's Summit is an equal opportunity community and does not discriminate against any individual based on race, color, creed, national origin, sex, ancestry, age, or disability.*



# CERTIFICATION OF FIRST TIME HOMEBUYER

Date \_\_\_\_\_ Lender Name \_\_\_\_\_

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_

I/We hereby certify that I/we have not owned real property at any time during the last three years.

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_

I am a single parent.

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_

STATE OF MISSOURI        )  
  )        ss.  
COUNTY OF JACKSON     )

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing  
instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the State  
aforesaid, the day and year first above written.

Notary Public: \_\_\_\_\_

My Term Expires: \_\_\_\_\_



## INCOME ELIGIBILITY - FORM A

### ANTICIPATED ANNUAL INCOME (12-Month Period from the Date of Application)

Please estimate anticipated income from all sources for all adults in the household. Attach copies of IRS tax returns from previous three years, copies of pay stubs of the most recent three consecutive months, a Verification of Employment from each employer, and other appropriate documentation.

|                           | Income #1       | Income #2       | Total           |
|---------------------------|-----------------|-----------------|-----------------|
| Name                      | _____           | _____           | _____           |
| Social Security Number    | _____           | _____           | _____           |
| Place of Employment       | _____           | _____           | _____           |
| Base Employment Income    | \$ _____        | \$ _____        | \$ _____        |
| Overtime                  | \$ _____        | \$ _____        | \$ _____        |
| Bonuses                   | \$ _____        | \$ _____        | \$ _____        |
| Commissions               | \$ _____        | \$ _____        | \$ _____        |
| Dividends/Interest        | \$ _____        | \$ _____        | \$ _____        |
| Alimony                   | \$ _____        | \$ _____        | \$ _____        |
| Child Support             | \$ _____        | \$ _____        | \$ _____        |
| Assets/Benefits, Pensions | \$ _____        | \$ _____        | \$ _____        |
| Public Assistance         | \$ _____        | \$ _____        | \$ _____        |
| <b>Total</b>              | <b>\$ _____</b> | <b>\$ _____</b> | <b>\$ _____</b> |

I/We certify that the information provided is true and correct to the best of my knowledge as of the date set forth opposite my/our signature(s) of all estimated household income.

|                       |      |   |      |
|-----------------------|------|---|------|
| Applicant's Signature | Date | Co-Applicant's Signature  | Date |
|                       |      | <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible |      |

Income Limit = \_\_\_\_\_

Income has been verified for Applicant (and Co-Applicant) and qualifications under HUD Guidelines for Low to Moderate Income for the First Time Homebuyer Mortgage Assistance Program have been met.

|                                |      |
|--------------------------------|------|
| Authorized FTHB City Signature | Date |
|--------------------------------|------|

## CITY OF LEE'S SUMMIT, MISSOURI APPLICANT CONFIDENTIAL INFORMATION

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

Number of adults in household: \_\_\_\_\_

Number of dependents: \_\_\_\_\_

Married                       Single (includes widowed)                       Divorced or Legally Separated  
(legal documentation may be required)

Are you a female head of household?                       Yes    No

Total number of persons in household: \_\_\_\_\_ persons

Number of persons by gender:                      Number of Female \_\_\_\_\_                      Number of Male \_\_\_\_\_

### Racial Characteristics of Household (Must select one)

#### If Household is One Race

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander

#### Or If Household is Multi Race

- American Indian/Alaskan Native & Black/Afr. American
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & White
- Other Multi-racial

- 
- Also Hispanic? (Per HUD, if you do not identify your racial background as belonging to any of the race groups above, check "White" and indicate here also if you are of Hispanic ethnic background)

These statistics will not in any way be used to determine eligibility or priority. No person shall be excluded from participation in, or denied benefits of, any program funded through the City of Lee's Summit, because of race, ethnicity, color, national origin, familial status, or gender.