



**Community Development Department:
Housing Division**

**Below Market Priced Program
First Time Home Buyer, Application Form**

Do not write in this box – office use only
 Date Received: _____ Date _____
 Reviewed: _____ By _____
 Pre-Qualified Yes ___ No ___
 Needs more info: _____

SECTION 1: Applicant Information

	Primary Applicant Information	Co-Applicant (person buying with applicant)
First and Last Name		
Email Address (PRINT CLEARLY)		
Home Phone / Cell Phone		
Home Address/Apt. Number		
City/State/Zip		
Employer Name		
Employer Address City/State/Zip/Work Phone		
Occupation		
Length of Current Employment		
Length of Previous Employment (if current employment is less than 2 years)		

SECTION 2: Household Size (Describe household make-up. If children are full time students, please state by their names)

Name of Adults (include yourself)	Relationship	Names of Children	Age	Relationship	
	Self				
					Total Household
TOTAL ADULTS		TOTAL CHILDREN			

SECTION 3: Funds Available To Purchase (will be verified by a lender)

	Applicant	Co-Applicant
Total Amount in your Checking Account(s)	\$	\$
Total Amount in your Savings Account(s)	\$	\$
Total Amount in your Mutual Funds, Stocks and Bonds	\$	\$
Total Amount in your Retirement Funds	\$	\$
Cash Value of Life Insurance Policies	\$	\$
Other Assets	\$	\$
TOTAL CASH AND ASSETS	\$	\$
TOTAL COMBINED CASH & ASSETS		\$

SECTION 4: Income (Require income for anyone 18 years or older-unless the person is a full time student)

MONTHLY INCOME: <i>Biweekly Paycheck Formula:</i> (Average of paystubs provided x 26) /divide by 12	Applicant	Co-Applicant	Adult / Child (18+)	Adult or Child (18+)
Gross Monthly Income				
Average Monthly Overtime				
2nd Job/Part-Time/Seasonal				
Commissions (1099s)				
Bonuses/Tips				
Dividends/Interest Earnings				
Business or Investment Earnings				
Pension/Social Security Benefits				
Veterans Administration Benefits				
Unemployment Compensation				
Public Assistance				
Alimony, Child Support, or Separate Maintenance Income				
Other (explain)				
Total Gross <u>Monthly</u> Income <i>(sum of all income sources)</i> ➔	Box A	Box B	Box C	Box D
Gross Annual Income ➔	Box A x 12 =	Box B x 12 =	Box C x 12 =	Box D x 12

TOTAL COMBINED GROSS ANNUAL INCOME ➔

\$

SECTION 5: Monthly Debt

	Applicant	Co-Applicant
Car Payment(s)	\$	\$
Other installment loan payments with ten or more monthly payments remaining (e.g. furniture, appliances, etc.)	\$	\$
Average Monthly Credit Card Payment Total	\$	\$
Student Loan Payment	\$	\$
Medical/Health Care Payment(s)	\$	\$
Alimony/Child Support Payments	\$	\$
TOTAL MONTHLY DEBT PAYMENTS ➔	\$	\$

TOTAL COMBINED MONTHLY DEBT PAYMENTS ➔

\$

SECTION 6: Credit History

	Applicant	Co-Applicant
Have you ever had a bankruptcy?	Yes <input type="checkbox"/> What Year? _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> What Year? _____ No <input type="checkbox"/>
Any lates after bankruptcy?	Yes <input type="checkbox"/> What Year? _____ Please explain _____ _____ _____ No <input type="checkbox"/>	Yes <input type="checkbox"/> What Year? _____ Please explain _____ _____ _____ No <input type="checkbox"/>
Do you have collection accounts? If yes, which type?	Yes <input type="checkbox"/> No <input type="checkbox"/> Medical <input type="checkbox"/> Tax <input type="checkbox"/> Credit <input type="checkbox"/> Liens Cards Please explain _____ _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Medical <input type="checkbox"/> Tax <input type="checkbox"/> Credit <input type="checkbox"/> Liens Cards Please explain _____ _____ _____
Are any of your accounts late?	30 days? <input type="checkbox"/> 60 days? <input type="checkbox"/> 90 days? <input type="checkbox"/>	30 days? <input type="checkbox"/> 60 days? <input type="checkbox"/> 90 days? <input type="checkbox"/>
Do you have any other credit issues that you know of (collection accounts, charge-offs, tax liens, judgments, repossessions, foreclosures, or numerous late payments)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain _____ _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain _____ _____ _____

SECTION 7: Qualifications

	Applicant	Co-Applicant
Can you certify that you have not owned a home in the last three calendar years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently live, work, or had previously lived in Fremont but continue to maintain significant ties to Fremont?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain your connection to Fremont _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If No, explain your connection to Fremont _____ _____

Certification

I/we certify that the information submitted is true and correct to the best of my/our knowledge and any misrepresentation is cause to prohibit my participation in any of the City’s programs.

Please print:

_____	_____	_____
Applicant (Print)	Co-Applicant (Print)	Date
_____	_____	_____
Applicant Signature	Co-Applicant Signature	Date