



FIRST-TIME HOMEBUYER APPLICATION

SALT LAKE CITY CORPORATION
HOUSING AND NEIGHBORHOOD DEVELOPMENT
451 SOUTH STATE STREET, ROOM 445
PO BOX 145487
SALT LAKE CITY, UT 84114-5487
Tel: 801-535-7228 – Fax: 801-535-6269

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: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
SOCIAL SECURITY NO.	SOCIAL SECURITY NO.
U.S. CITIZEN <input type="checkbox"/> U.S. LEGAL RESIDENT <input type="checkbox"/>	U.S. CITIZEN <input type="checkbox"/> U.S. LEGAL RESIDENT <input type="checkbox"/>
DATE OF BIRTH:	DATE OF BIRTH:
ADDRESS	ADDRESS
STREET:	STREET:
CITY: ZIP:	CITY: ZIP CODE:
HOW LONG: _____ <input type="checkbox"/> MONTHS <input type="checkbox"/> YEARS	HOW LONG: _____ <input type="checkbox"/> MONTHS <input type="checkbox"/> 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
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED	<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED
<input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED, WIDOWED)	<input type="checkbox"/> UNMARRIED (INCLUDING SINGLE, DIVORCED, WIDOWED)
# OF PEOPLE WILL BE LIVING AT HOME: _____	HISPANIC YES <input type="checkbox"/>
# OF MALE: _____ # OF FEMALE: _____	NO <input type="checkbox"/>
WHAT ARE THEIR AGES: _____	
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> NATIVE-HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE & WHITE <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL	<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> NATIVE-HAWAIIAN/OTHER PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE & WHITE <input type="checkbox"/> ASIAN & WHITE <input type="checkbox"/> BLACK/AFRICAN AMERICAN & WHITE <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN <input type="checkbox"/> OTHER MULTI-RACIAL

<i>APPLICANT'S EMPLOYER</i>	<i>CO-APPLICANT'S EMPLOYER</i>
<i>NAME OF EMPLOYER:</i>	<i>NAME OF EMPLOYER:</i>
<i>ADDRESS:</i>	<i>ADDRESS:</i>
<i>CITY/STATE:</i>	<i>CITY/STATE:</i>
<i>ZIP CODE:</i>	<i>ZIP CODE:</i>
<i>TELEPHONE:</i>	<i>TELEPHONE:</i>
<i>POSITION:</i>	<i>POSITION:</i>
<i>YEARS ON JOB:</i>	<i>YEARS ON JOB:</i>
<i>MONTHLY SALARY BEFORE TAXES:</i>	<i>MONTHLY SALARY BEFORE TAXES:</i>
<i>APPLICANT'S NEAREST RELATIVE NOT LIVING WITH YOU</i>	<i>CO-APPLICANT'S NEAREST RELATIVE NOT LIVING WITH YOU</i>
<i>NAME:</i>	<i>NAME:</i>
<i>RELATIONSHIP:</i>	<i>RELATIONSHIP:</i>
<i>ADDRESS:</i>	<i>ADDRESS:</i>
<i>CITY/STATE/ZIP CODE:</i>	<i>CITY/STATE/ZIP CODE:</i>
<i>DAY TIME PHONE NUMBER:</i>	<i>DAY TIME PHONE NUMBER:</i>

OTHER SOURCES OF INCOME, i.e. ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE IS CONSIDERED A PART OF HOUSEHOLD INCOME AND SHOULD BE DECLARED BELOW. ALSO, LIST ANY PART-TIME JOBS.

<i>APPLICANTS OTHER INCOME SOURCE</i>	<i>AMOUNT PER MONTH</i>	<i>CO-APPLICANTS OTHER INCOME SOURCE</i>	<i>AMOUNT PER MONTH</i>

<i>APPLICANT BANK ACCOUNTS</i>	<i>CO-APPLICANT BANK ACCOUNTS</i>
<input type="checkbox"/> <i>CHECKING</i> <input type="checkbox"/> <i>SAVINGS</i> <i>ACCOUNT</i> # _____	<input type="checkbox"/> <i>CHECKING</i> <input type="checkbox"/> <i>SAVINGS</i> <i>ACCOUNT</i> # _____
<i>BANK OR BRANCH NAME:</i>	<i>BANK OR BRANCH NAME</i>
<i>ADDRESS:</i>	<i>ADDRESS:</i>

DEBTS - LIST ALL FIXED OBLIGATIONS, INSTALLMENT ACCOUNTS, LOANS, DEBTS TO BANKS, FINANCE COMPANIES AND GOVERNMENT AGENCIES. (IF MORE SPACE IS NEEDED, LIST ALL ADDITIONAL DEBTS ON BACK OF THIS FORM.)

<i>NAME</i>	<i>ACCOUNT #</i>	<i>ORIGINAL AMOUNT</i>	<i>PRESENT BALANCE</i>	<i>MONTHLY PAYMENT</i>	<i>AMOUNT PAST DUE</i>
<i>AUTO LIENS</i>	<i>YEAR</i>	<i>MAKE</i>	<i>PRESENT BALANCE</i>	<i>MONTHLY PAYMENT</i>	<i>AMOUNT PAST DUE</i>

THE FOLLOWING QUESTIONS APPLY TO BOTH THE APPLICANT AND CO-APPLICANT. IF A "YES" IS GIVEN TO A QUESTION IN THIS SECTION, PLEASE EXPLAIN ON THE BACK OF THIS FORM.

	APPLICANT	CO-APPLICANT
HAVE YOU ANY OUTSTANDING JUDGMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IN THE LAST SEVEN YEARS HAVE YOU DECLARED BANKRUPTCY? IF YES GIVE THE FOLLOWING DATES.	<input type="checkbox"/> YES <input type="checkbox"/> NO DISCHARGE DATE: _____ FILING DATE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO DISCHARGE DATE: _____ FILING DATE: _____
HAVE YOU EVER OWNED YOUR OWN HOME? IF SO WHEN?: _____ ADDRESS: _____ CITY/STATE: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OF DEED IN LIEU THEREOF?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CO-MAKER OR ENDORSER ON ANY NOTES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU OBLIGATED TO PAY ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE? HOW MUCH?	<input type="checkbox"/> YES _____ <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU CURRENTLY OWN ANY REAL ESTATE? IF SO WHERE?: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU OBTAINED CREDIT UNDER ANOTHER NAME: IF YES, GIVE NAME	<input type="checkbox"/> YES <input type="checkbox"/> NO NAME: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO NAME: _____
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF YES, PLEASE EXPLAIN ON THE BACK.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LANGUAGE MOST OFTEN SPOKEN AT HOME _____

DISCLOSURE: ARE YOU, RELATED TO (BY BLOOD, MARRIAGE, ACT OF LAW, OR BUSINESS RELATIONSHIP) ANY PERSON WHO IS AN EMPLOYEE OF THE CITY OF SALT LAKE.

☐ NO ☐ YES, IF YES, FILL IN THE FOLLOWING

NAME: _____

EMPLOYED BY: _____

JOB TITLE: _____

I/WE CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY WILLFUL MISSTATEMENT OF MATERIAL FACT WILL BE GROUNDS FOR DISQUALIFICATION.

****Please do not forget to include credit report fee and copies of paychecks and/ or other income****

SIGNATURE OF APPLICANT _____

Date

SIGNATURE OF CO-APPLICANT _____

Date

**THIS APPLICATION WITH THE CREDIT REPORT FEE MUST BE RECEIVED BY THE DIVISION OF HOUSING AND NEIGHBORHOOD DEVELOPMENT IN ROOM 445.
THE APPLICATION WINDOW MAY CLOSE WITHOUT NOTICE.**