



Office of Urban Development
Community Development and Housing Authority

City of Grand Forks

1405 – 1st Avenue North, Grand Forks, ND 58203
An Equal Housing Opportunity Agency

(701) 746-2545
FAX# (701) 792-2894
TDD (701) 746-2551

Memo

To: Applicants

From: Family Self-Sufficiency and Home Ownership Division

Subject: American Dream Program

Enclosed please find the application materials for the City of Grand Forks Down Payment and Closing Cost Assistance Program (HOAP)

If you think you are eligible and wish to apply, please **complete and return the enclosed forms** as well as **a copy of your most recent federal income tax return including W-2s.**

Don't hesitate to contact us at (701) 746-2545 if you have any questions.



THE AMERICAN DREAM PROGRAM APPLICATION
 AFFORDABLE HOME OWNERSHIP
 CITY OF GRAND FORKS – OFFICE OF URBAN DEVELOPMENT

Please answer all questions or indicate if the question does not apply.

Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How did you hear about our program: _____
(e.g. lender, realtor, website, friend/family, Homebuyer Education seminar, other)

LIST ALL MEMBERS OF THE HOUSEHOLD INCLUDING YOURSELF.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL SOURCES OF INCOME FROM ALL HOUSEHOLD MEMBERS.

Please state if the amount listed is weekly, bi-weekly, monthly, annually, etc.

Attach a complete copy of your most recent Federal Income Tax Return with W-2's.

<u>Name</u>	<u>Income Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Income: _____

LIST ASSETS FROM ALL MEMBERS OF THE HOUSEHOLD.

Checking Account:

<u>Name of Account Holder</u>	<u>Financial Institution</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

Savings Account:

<u>Name of Account Holder</u>	<u>Financial Institution</u>	<u>Value</u>
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Certificate of Deposit:

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Trust Fund:

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Retirement Accounts (IRA's, 401k's, etc.):

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Other (stocks, bonds, real estate, etc.):

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Will you be getting any gifted money (e.g. from a relative, friend, etc) to assist with your portion of the down payment? Yes / No

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

If yes, Where ?-----

Have you given away or sold any property in the last two years? Yes / No

If yes, explain and provide market value or sales price. -----

INFORMATION ABOUT HOME TO BE PURCHASED

Address of home you want to buy: -----

Purchase Price: \$----- __Single Family Home __Townhouse __ Condo

Is the house occupied? Yes / No

If yes, by: __Owner __Renter __Applicant

If no, date house was last occupied :-----

APPLICATION INFORMATION

You must provide certain information as part of this application for assistance to purchase a home. Documents containing your personal information (i.e. birthdates, Social Security numbers, financial information, etc.) will be treated with *restrictions on public access* to prevent the potential for identity theft. If you have any questions about any of the requirements, please ask. **There are penalties if you knowingly omit or give false information.** By signing this form, you acknowledge the requirements for this application.

PENALTIES FOR COMMITTING FRAUD:

The U.S. Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application contains false, incomplete or inaccurate information, you may:

- Have the assistance terminated
- Be required to repay the assistance
- Be fined up to \$10,000
- Be imprisoned for up to five years
- Be prohibited from receiving any future assistance

YOU AGREE TO PROVIDE THE FOLLOWING INFORMATION AND ITS VERIFICATION:

Income:

- All sources of money you and every member of your household receives (wages, alimony, social security, self-employment, pension, etc.) Include regularly recurring monetary gifts.
- Earnings from second or part-time jobs must be reported. Any money received on behalf of your children (child support, social security, etc.)
- Income from assets (interest, dividends, rental income, etc.) which are owned by you or any member of your household.
- Any anticipated income (bonus, commission, etc.)

Household Information:

- The names of all people (adults and children) who are now or will be living with you, whether or not they are related to you.

Assets:

- Assets you and every member of your household own such as bank accounts, certificates of deposit, stocks, bonds, mutual funds, trust funds, real estate, etc. Retirement plan assets do need to be reported.

Signature of Applicant

Signature of Applicant

Social Security No.

Date

Social Security No.

Date



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AFFORDABLE HOME OWNERSHIP PROGRAMS AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize _____ or its authorized agent to
(Name of Financial Institution)

release information about my/our loan application to the Grand Forks Office of Housing and Urban Development. The materials will include information on pre-qualification, wages, other income, good faith estimate, appraisal, settlement statement, and other loan data as needed.

I/We also authorize the Grand Forks Office of Housing and Urban Development or its authorized agent to release information concerning the status of my/our application and program eligibility to the financial institution named above.

It is understood that a photocopy of this form will serve as authorization. The original will be maintained at the Office of Housing and Urban Development. This information will be used to verify program eligibility.

Applicant

Date

Applicant

Date