



Office Use Only

Date Submitted: _____

Received by: _____

WELCOME HOME SLC HOME BUYER APPLICATION

APPLICANT INFORMATION

APPLICANT

Name: _____

Address: _____

CITY STATE ZIP CODE

Phone: () _____

Cell Home You can text me

Email: _____

SSN: - - DOB: / /

Sex: Male Female

Veteran: Yes No Disabled: Yes No

Marital Status: Married Unmarried Separated

Citizenship: U.S. Citizen Legal Resident
 Not a Citizen Alien #: _____

CO - APPLICANT

Name: _____

Address: _____

CITY STATE ZIP CODE

Phone: () _____

Cell Home You can text me

Email: _____

SSN: - - DOB: / /

Sex: Male Female

Veteran: Yes No Disabled: Yes No

Marital Status: Married Unmarried Separated

Citizenship: U.S. Citizen Legal Resident
 Not a Citizen Alien #: _____

RACE / ETHNICITY

Ethnic Group Hispanic and/or Latino
 Not Hispanic and/or Latino

Racial Group: _____

Ethnic Group Hispanic and/or Latino
 Not Hispanic and/or Latino

Racial Group: _____

EMPLOYER INFORMATION

Employer: _____

Title: Start Date: /

Work Address: _____

Annual income: \$ _____

Employer: _____

Title: Start Date: /

Work Address: _____

Annual income: \$ _____

If you've been at your job less than 2 years, please provide additional employment history below:

Employer: _____

Title: Start Date: /

Work Address: _____

Annual income: \$ _____

Employer: _____

Title: Start Date: /

Work Address: _____

Annual income: \$ _____

Please continue to page 2

Head of Household





OTHER

Language most often spoken at home: _____ Number of people living in the home: _____

How did you hear about us? _____

HOUSEHOLD INFORMATION

Please list all of the people that are living in the home. If they are receiving an income, please indicate the amount and source of their monthly income.

Name	Relationship	Date of Birth	Monthly Income	Source of Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OTHER INCOME

Please list all proceeds, awards, or stipends of any household member (including minors) receive from any source other than employment. This includes child support, SSI, alimony, disability, rental income, pensions, gifts, etc. Current year award letters or statements must be provided.

Other income: _____	Other income: _____
SOURCE AMOUNT	SOURCE AMOUNT
Other income: _____	Other income: _____
SOURCE AMOUNT	SOURCE AMOUNT

DEBTS

Include creditors and their debts or loans held by all household members.

Creditor	Account #	Original Amount	Current Balance	Monthly Payment	Amount Past Due
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I/We certify all of the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Please continue to page 3



DECLARATIONS

The following questions apply to both the applicant and co-applicant. If a "YES" is given to a question in this section, please provide a letter of explanation.

APPLICANT **CO - APPLICANT**

Have you any outstanding judgments?

Yes No

Yes No

In the last seven years have you declared bankruptcy?

Yes No

Yes No

Discharge date: _____

Filing date: _____

Have you ever owned your own home?

Yes No

Yes No

If so, when: _____

Address: _____

Have you had property foreclosed upon or given title of deed in lieu thereof?

Yes No

Yes No

Is any part of your down payment borrowed?

Yes No

Yes No

Are you a co-maker or endorser on any notes?

Yes No

Yes No

Are you obligated to pay alimony, child support, or separate maintenance?

Yes No

Yes No

If so, amount: _____

Do you currently own any real estate?

Yes No

Yes No

If so, address: _____

Have you obtained credit under another name?

Yes No

Yes No

If so, give name: _____

Have you ever been convicted of a felony? If yes, please explain on a separate sheet of paper.

Yes No

Yes No

This application with the \$26 per applicant Credit Report Fee must be received by the Division of Housing And Neighborhood Development in Room 445.

Applications must include 3 months of paystubs, proof of all income, w2's with full tax return, and verifications of any kind.

By signing this application, you authorize Salt Lake City Corporation to pull a credit report on all applicants.

APPLICANT SIGNATURE

DATE

CO - APPLICANT SIGNATURE

DATE





**SEND THIS
APPLICATION
TO:**

Salt Lake City Housing Division
451 South State Street, Room 445
P.O. Box 145487
Salt Lake City, Utah 84114-5487

Phone: (801) 535 - 7228
Fax: (801) 535 - 6269
TTY: 711
Email: HANDtech@slcgov.com

LOAN PROGRAM

Salt Lake City's Home Rehabilitation Program may be able to provide low interest financing to cover the cost of repairs. The loan program is funded through federal money and requires that we collect income verification for all household members in order to determine eligibility. **Providing income documentation upfront will expedite the application process.** Please refer to the table below to determine what documents will be needed based on your source of income.

INCOME TYPE	DOCUMENTATION
W-2 or salary employee	3 months of most recent paystubs and last year's completed tax return
Social Security	Social Security award letter and last year's completed tax return
Retirement	Award letter or monthly statements showing the amount of retirement benefit and last year's completed tax return
Self-employed or 1099	Last year's completed tax return and year-to-date profit and loss for business
Property rental income	Last year's completed tax return with Schedule E

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 Rehabilitation Loan 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 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.

