



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/ ITIN - - 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/ ITIN - - 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.

