



Great Place. Great People. Great Promise.

CITY OF GASTONIA

Community Services Division

• PO Box 1748 • Gastonia, NC 28053-1748 •

(704) 866-6752 • (704) 866-6067 fax

Thank you for choosing the City of Gastonia as your partner in reaching your goal for housing. You have taken the **First Step** by requesting the Application Package. Listed below is the process:

Step Two: Complete, return and provide the required documents listed on **Page 2** as they are needed to complete your assessment. Please read, follow the instructions on the Application and deliver the required documents to the City of Gastonia prior to your appointment.

Documents can be delivered via:

- Fax: 704-866-6067, Attn: Juliann Lehman
- Email: juliannL@cityofgastonia.com
(must be in “PDF” format) with your name as the subject
- Mail: City of Gastonia, Community Services, PO Box 1748, Gastonia, NC 28053
- Hand-delivered: 150 S. York Street, Gastonia, NC 28052 (2nd floor)
 - If you do not have the resources to make your own copies, please leave originals and they will be returned at the time of your appointment.

Step Three: Once you have provided the required documents, the Counselor will pull a tri-merge “soft hit” credit report and along with the documents you provided will assess your information for the following:

Pre-purchase:

- a) Mortgage readiness;
- b) Housing affordability;
- c) Eligibility for down payment assistance (if applicable);
- d) Maximum sale price (if applicable)

Other Services:

- a) Credit Review and Guidance;
- b) Money Management and Budgeting;

Step Four: Meet with a Counselor via face-to-face, phone or internet for a detailed budget session and/or a review of your homeownership assessment based on your readiness. After this step you will be guided through which program best fits your housing and financial goal.

Although this process may seem long it can be accomplished in a short period of time based on your availability for the appointment and by providing all the required documentation.

Should you have any questions, about the process you may contact Juliann Lehman at 704-869-1938 or by email at juliannL@cityofgastonia.com

Checklist of Documents to Return

Documents required for approval

Client Documents: Income documentation is needed for everyone that will reside in the household who is over the 18, even if they will not be on the loan.

- ID – Visible, unexpired copy of driver’s license or state ID
- Social Security Card
- Income
 - Salaried or hourly employee
 - 2 months pay stubs (for everyone in the household working)
 - Last 2 years of W-2’s and tax returns
 - Self-Employed or 1099 employee – 2 years tax returns to include all schedules
 - Social Security, Disability, and other non-wage earner income, etc.
 - Award Letter and 3 months proof of receipt (bank statements)
 - Child Support Award letter with 12 months of payment history
 - If no source of income, those 18 years or older must provide the signed Certification of Zero Income (form provided by City of Gastonia’s office)
- Assets
 - 2 months of bank statements, must include all pages
 - Must have 2 months proof of \$1,000 in account to qualify for down payment assistance
- Other
 - If applicable, a copy of the recorded separation agreement, free trader agreement or divorce decree
 - If 18 or over and a student, please provide a copy of their school transcript
- Credit, Debts, and Expenses
 - One month of all your bills
 - Utility bills (electric, water, cable, telephone)
 - Credit card statements, all of them

Signed Agreements/Other paperwork:

- Agreements – need to be signed and completed
 - Authority to Verify Credit and Release Information
- Privacy Policy
- Housing Counseling Agreement
- Client/Counselor Agreement
 - Household Members Affidavit
- Monthly Spending Plan
- Down Payment Assistance Eligibility Determination

If you do not have a realtor or lender, we will assist you through the process.

Contact information for Lender: (Name/Company/phone #/Email)

Contact information for Realtor, or seller’s information if no Realtor is involved:

(Name/Company/phone #/Email)



**City of Gastonia
First Time Homebuyer & HUD Counseling Application**

Please Print Legibly	CONTACT INFORMATION	
	Applicant (Borrower)	Co-Applicant (co-borrower) Will co-applicant be on the loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name		
Social Security #		
Cellular Phone #:		
Work Phone #:		
Email:		
Street Address:		
City, State, Zip Code		
# of people in household		
Residency Status	<input type="checkbox"/> Rent <input type="checkbox"/> Other <i>Specify:</i>	<input type="checkbox"/> Rent <input type="checkbox"/> Other <i>Specify:</i>
How much do you pay for rent payment? Length of Occupancy:		
<i>If less than two years (previous address)</i>		
Street Address:		
City, State, Zip Code		
County		
Length of Occupancy		
Race*: Please check the box that best represents your race:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander Muli-Race: <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian & White <input type="checkbox"/> American Indian & Black <input type="checkbox"/> Asian & White <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander Muli-Race: <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian and White <input type="checkbox"/> American Indian and Black <input type="checkbox"/> Asian and White <input type="checkbox"/> Other: _____
Ethnicity*: (choose one)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
Date of Birth:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

Marital Status: (choose one)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never been married <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never been married <input type="checkbox"/> Widowed
Citizenship (choose one)	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident Alien
Preferred Language*:		
Highest Education Level*:	<input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> GED® diploma <input type="checkbox"/> Vocational certificate <input type="checkbox"/> Some college – Never completed <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> Doctoral degree	<input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> GED® diploma <input type="checkbox"/> Vocational certificate <input type="checkbox"/> Some college – Never completed <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> Doctoral degree
Employment History		
Employer/Income Source:		
Position/Title:		
Dates:	Start: End:	Start: End:
Avg.# of hours/ week:		
<i>If employed less than two years or a second job</i>		
Employer:		
Street Address		
City, State, Zip Code		
Contact Phone:		
Position/Title:		
Dates:	Start: End:	Start: End:

***Information for Government Monitoring Purpose Only**

The following information is requested by the Federal Government for certain types of loan application related to dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to finish this information but are encourage to do so.

All of the information that I/We provided in this application for assistance is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this application. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Applicant Signature

Date

Co-applicant Signature

Date





CITY OF GASTONIA
 Community Services Division
 • PO Box 1748 • Gastonia, NC 28053-1748 •
 (704) 866-6752 • (704) 866-6067 fax

Authorization To Verify Credit & Release Information

I/we hereby authorize the City of Gastonia, hereafter known as “the City” to verify my bank accounts, employment, outstanding debts, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for assistance through this program. My credit report will be obtained from a credit-reporting agency chosen by the City of Gastonia. I understand and agree that the City of Gastonia intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in housing counseling activities.

This allows the City to release/exchange information from my records in order to assist me in my housing needs. This information will be released only to those institutions, companies and agencies that the City believes or I have designated that can provide assistance in acquiring a mortgage loan or purchasing a home. Examples of such entities include lenders, realtors, public agencies, and other nonprofit organizations. *If necessary, information on file at another entity may also be released to us.* This information release/exchange will be restricted to specific financial data, such as income, budget, debt, credit report or status of mortgage readiness.

I understand that my file may need to be reviewed for compliance and that the City may share my information in order to stay in compliance. I hereby authorize the following: a) submittal of client-level information relating to the Department of HUD, Local Government, and authorized City Auditors b) allow funders to open files to be reviewed for program monitoring and compliance purposes, and c) allow funders to conduct follow-up with client related to program evaluation.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire in **ONE YEAR** from the date shown below. I also acknowledge that you may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Applicant Name (printed):		Last 4 SS#:	
Applicant (signed):		Date:	
Co-Applicant (printed):		Last 4 SS#:	
Co-Applicant (signed):		Date:	
FOR ORGANIZATION USE ONLY			
Attested by:		Date	
City of Gastonia, Community Services Staff Representative		Phone: 704-866-6752	
Copy of this document was given to client: <i>(circle one)</i>		Yes	No



Community Services Division
 • PO Box 1748 • Gastonia, NC 28053-1748 •
 (704) 866-6752 • (704) 866-6067 fax

Household Affidavit Addendum

Applicant: _____ attests that:

_____ (state number) people will be moving into the home at time of closing.

List the name/relationship of each person who will be moving into the home you are purchasing.	Relationship (i.e. son, daughter, grandchild, etc.)	Date of Birth

Please initial the situations that apply to your situation:

_____ Am currently married and living with my spouse.

_____ Am currently married, living with my spouse but plan to file for Separation and/or Divorce. *(I fully understand that official documentation will be needed that allows me to proceed with this process, which includes but is not limited to: copy of the recorded separation agreement, free trader agreement or divorce decree)*

_____ Am currently living with someone who **WILL** be moving into the home but not on the loan.

_____ Am currently living with someone who **WILL NOT** be moving into the home.

I understand that this affidavit will be relied on for determining my eligibility for down payment assistance and a mortgage. I understand that a material misstatement or fraudulently made statement in this affidavit, or in any other statement made by me in connection with the application for down payment assistance and a mortgage, may constitute a federal violation punishable by fines, by criminal penalties or by the revocation of the mortgage.

Applicant: _____

Date: _____

Co-applicant: _____

Monthly Spending Plan – Please fill in as COMPLETELY AS POSSIBLE.

MONTH: _____

Monthly Income Source	Current Monthly Income
Net Income No. 1 (take home pay)	
Net Income No. 2 (take home pay)	
Child Support/and or Spousal Support Received	
Retirement Received	
Social Security Received (after taxes)	
Other Income (list source)	
Total Take-Home Income	
Monthly Fixed Expenses	Current Monthly Spending
Rent (if applicable)	
Auto Loan/Lease No. 1	
Auto Loan/Lease No. 2	
Debt Consolidation/ Other Loan(s)	
Student Loan(s)	
Electricity	
Gas	
Water/Sewer	
Phone (landline)	
Cell Phones	
Cable/Satellite/TiVo Boxes	
Internet Access	
Car Insurance	
Health Insurance (if it isn't deducted from your paycheck)	
Long-Term Care Insurance	
Child Support and/or Alimony	
Medical/Dental Payments	
Retirement Savings/401K	
Emergency Fund Savings	
Other:	
Total Monthly Fixed Expenses	

Total Monthly Variable Expenses (Spending you can change)	Current Spending
Credit Card No. 1	
Credit Card No. 2	
Credit Card No. 3	
Credit Card No. 4	
Credit Card No. 5	
Store Card(s) (total)	
Gas Card(s) (total)	

Total Monthly Variable Expenses (Spending you can change)	Current Spending
Other Credit Lines Not Included in Table No. 5	
Groceries	
Eating Out (include restaurants, fast food, lunches, etc.)	
School Lunches	
Gasoline, Parking, Public Transportation	
Health Club Membership	
Daily Coffee/Snacks/Work vending machines	
Laundry/Dry Cleaning	
Household Items (not grocery)	
Pet Care and Supplies	
Baby Items	
Children's Allowances	
Hair Cuts/Grooming/Manicures, etc.	
Cosmetics	
Clothes	
Entertainment:	
Movies/Movie/Game Rental	
Cable On-Demand Movies	
Sports Event: Gamer, Races	
Concerts/Play/Dinner Theater/Symphony	
Day Trips to Amusement Parks	
Other	
Childcare/Day Care	
Child(ren): Field Trips/Sports fees, tutoring lessons, etc.	
ATM Withdrawals/Fees (if not already listed elsewhere)	
Donations/Tithe	
Emergency Savings	
Retirement Savings	
Tobacco/Alcohol	
Other Subscriptions	
Misc. Spending Money	
Other:	
Total Monthly Variable Expenses	
Total Monthly Net	

INCOME	-	EXPENSES	=			

Maybe your income is more than your expenses. You have money left to save or spend.
 Maybe your expenses are more than your income. Look at your budget to find expenses to cut.

*I certify that the information provided above is **CORRECT** to the best of my knowledge. I also acknowledge that it is my responsibility to provide the City of Gastonia the necessary documentation that is requested in a timely manner.*

Applicant: _____

Date: _____

Co-applicant: _____