

RETURN TO:
Neighborhood Nonprofit Housing Corporation
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Logan, Utah 84321 435-753-1112 extension 104
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**A Homeownership
Opportunity for
People with
Disabilities**

Application Packet

APPLICANT INFORMATION

Name: _____

Address: _____

State & Zip Code: _____

Phone: () _____

E-mail Address: _____

CO-APPLICANT INFORMATION

Name: _____

Address: _____

State & Zip Code: _____

Phone: () _____

E-mail Address: _____



UTAH HOMECHOICE APPLICANT CHECKLIST

(To be completed by the applicant or guardian/representative payee)

INSTRUCTIONS: Please complete the forms provided in this packet, and attach all requested documentation. Use the following checklist to insure that your packet is complete. Incomplete files will not be reviewed until all requested information is provided to your HomeChoice Specialist. If you need assistance in completing any of the forms, contact your HomeChoice Specialist.

- Page 3: HomeChoice Applicant Certificate.
- Page 4: Guardian/Payee Form (if applicable). Demographic Information
- Page 5: HomeChoice Budget Worksheets (**2 Pages**).
- Page 7: Verification of Disability (**Bottom signed by your physician**).
- Page 8: Verification of Rent (completed by your landlord).
- Page 9: Verification of Mortgage Payment (if applicable).
- Page 10: Age certification of individuals expected to live in the home.
- Page 11: Employer Information Form.
- Page 12: Applicant Debt & Asset information.

PLEASE ATTACH ALL REQUIRED DOCUMENTATION FOR BOTH APPLICANTS:

- Attach: Copy of Credit Report from Your First Mortgage Lender.
- Attach: Copies of Birth Certificates for **ALL** Family Members Living in House.
- Attach: Two Most Recent Pay Stubs Showing Year to Date (If Applicable).
- Attach: Copies of Federal Tax Returns for Past Two Years
- Attach: Copies of W-2 Forms for the Last Two Years

PLEASE ATTACH IF APPLICABLE:

- Attach: Verification of Income from Social Security, SSI, and/or SSDI (attach current award letters)
- Attach: Verification of Income from Veterans Administration (attach award letter)
- Attach: Verification of Alimony (attach divorce decree or court order AND proof of payment for the last 3 months)
- Attach: Verification of Child Support (attach Recovery Services letter)



UTAH HOMECHOICE APPLICANT CERTIFICATION

Application Packet completed by _____ Date _____

I (we) certify that the above information is true and correct. I (we) understand that any omissions or discrepancies found later may be grounds for disqualification from participating in the Utah HomeChoice program. I (we) authorize the State of Utah HomeChoice program and its member organizations to verify any and all of the information provided, including but not limited to credit history, employment history, rental history, bank accounts and sources of income. I (we) agree to adhere to all State of Utah HomeChoice Program guidelines, policies and procedures should I (we) choose to access its services.

HomeChoice will not, in the provision of services, or in any other manner discriminate against any person on the basis of race, color creed, religion, sex, national origin, age, familial status or handicap.

Verification of any of the information contained in this Application Packet may be obtained from any source herein. The participant will at all times hold harmless HomeChoice Committee members and affiliates.

I (we) understand that the process of buying a home can take several months, involves several steps and that the Utah HomeChoice program is not a solution to an emergency housing situation.

I (we) understand that homebuyer education class is required to access the financial products offered by the Utah HomeChoice Program.

I (we) understand that I (we) will be required to contribute some of my (our) own funds to the purchase of a home.

Participant's Signature _____ Date _____

Co-Participant's Signature _____ Date _____

Guardian/Representative Payee
Signature (if applicable) _____ Date _____



UTAH HOMECHOICE GUARDIAN AND REPRESENTATIVE PAYEES

GUARDIAN & REPRESENTATIVE PAYEE INFORMATION

Complete this section **only** if participant has a court appointed guardian or representative payee

Name of Guardian/Representative Payee _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Will you live at the new home when and if purchased? Yes No

Attach court documents showing date and type of guardianship or the date of representative payee ship. It is the responsibility of the guardian/representative payee to determine authorization to purchase a home on behalf of the participant.

UTAH HOMECHOICE DEMOGRAPHIC INFORMATION

The information requested below is for statistical purposes only and will be kept separate from the program enrollment and will not affect program eligibility. This information is reported as a statistic (a number) and never includes a name. **If you are uncomfortable answering any of the following questions or simply prefer not to, write NA. This information is confidential and will not be released without prior consent of the participant or guardian.**

Ethnicity/Race:

- | | |
|--|---------------------------------------|
| <input type="radio"/> Black/African-American | <input type="radio"/> White |
| <input type="radio"/> Asian | <input type="radio"/> Hispanic/Latino |
| <input type="radio"/> American Indian/Alaska Native | <input type="radio"/> Bi/Multi-Racial |
| <input type="radio"/> Native Hawaiian/Pacific Islander | <input type="radio"/> Other _____ |

Sex/Gender: Female Male

Marital Status: Unmarried Married Widowed

Separated Divorced

Household size: _____



HOMECHOICE BUDGET WORKSHEET

* Shaded areas to be completed by your HomeChoice Specialist.

☐ ATTACH COPY OF CREDIT REPORT FROM YOUR FIRST MORTGAGE LENDER

List Monthly Income	Current	Proposed*
A. List Applicant Wage/Salary/Income (Gross)		
Co-Applicant		
Total Wage/Salary Income	(A-1)	(A-2)
B. List Nontaxable Benefit Income (SSI)		
Co-Applicant/Other		
Total Monthly Amount		
Multiply Total Monthly Amount x 1.25 (Total Benefit Income)	(B-1)	(B-2)
C. List Other Funds Designated Specifically for Mortgage i.e. Retirement, Child Support, Alimony (Attach Documentation)		
Total Other Funds	(C-1)	(C-2)
D. Total Monthly Income (A) + (B) + (C)	(D-1)	(D-2)

List Monthly Expenses

	CATEGORY	DESCRIPTION	Current	Proposed*
	UTILITIES (average cost from-past 12 months)	Electricity		
		Natural Gas		
		Telephone/Cell		
		Water/Sewer/Garbage		
		Other		
	INSURANCE	Life		
		Auto		
		Health		
		Dental		
		Other		
	MEDICAL	Doctor		
		Dentist		
		Prescriptions & Supplies		
	TRANSPORTATION	Gasoline		
		Maintenance		
		Bus/Other		
	FOOD	Groceries		
		Eating Out		
		Other		

	CLOTHING	New Clothing/Shoes		
	MISCELLANEOUS	Cable/Internet		
		Personal Assistance/Care		
		Household Items/Cleaning		
		Child Care		
		Pets Supplies		
		Entertainment		
		Religious/Charity		
		Other		
	SAVINGS	Home Maintenance		
		Savings		
		IRA/401K		
		Other		
	TAXES	Income		
		FICA		
		Personal Property		
E.	Total Monthly Expenses		(E-1)	(E-2)

List Monthly Debts

	LOANS	Car Payment		
		Car Payment		
		Personal Loans		
		Student/ Education Loan		
		Student/Education Loan		
		Other		
		Revolving Debt	Credit Card	
	Credit Card			
	Credit Card			
	Other			
	Other			
F.	Total Monthly Debt		(F-1)	(F-2)
G.	Total Non-Housing Expenses (Add E-1 plus F-1 in Column 1)		(G-1)	(G-2)
H.	List Housing Expenses	(H-1: Enter current rent)	(H-1)	(H-2)
I.	Total Monthly Expenses (G) + (H)		(I-1)	(I-2)
J.	Residual Income Test			
	Enter Total Income		(D-1)	(D-2)
	Enter Monthly Expenses		(I-1)	(I-2)
	Residual Income		Subtract (I-1) from (D-1)	Subtract (I-2) from (D-2)
Note: If the proposed residual income is a negative amount, the participant may be ineligible for a mortgage.				



UTAH HOMECHOICE VERIFICATION OF DISABILITY

The State of Utah HomeChoice Program requires that at least one family member that is living in the household has been diagnosed with some type of permanent or progressive disability as defined by the Americans with Disabilities Act. Complete this form and return as part of your Application Packet. By signing this Verification of Disability, you are authorizing the named physician's to release the listed information to the Utah HomeChoice Coalition for eligibility purposes.

SECTION I (to be completed by the Applicant or Guardian)

Disabled Family Member's Name: _____

Address: _____

Telephone: _____ Date of Birth: _____ SSN: _____

Physician's Name: _____

Physician's Address: _____

Physician's Phone/Fax: _____

Signature (Applicant or Guardian): _____

SECTION II (to be completed by Physician)

I verify that the individual named above has a documentable physical or mental impairment that substantially limits one or more major life activities.

**The individual's disability is _____
which substantially limits one or more of the following major life activity(ies):**

Walking Learning Seeing Hearing Speaking Working

Caring for Oneself Performing Manual Tasks

Physician Name _____ Phone _____

Physician Signature _____ Date _____



VERIFICATION OF RENT

The Utah HomeChoice Coalition requires that all applicants who are currently renting have this form **completed and signed by their current landlord.**

If you currently own a home, please mark NA and move to the next page, titled "Verification of Mortgage Payment".

NAME OF RENTER (S) _____	
NUMBER OF MONTHS AT CURRENT ADDRESS _____	
CURRENT RENT PAYMENT _____	
DOES THIS AMOUNT INCLUDE UTILITIES? _____	
NUMBER OF LATE PAYMENTS _____	
DATE OF LATE PAYMENTS _____	
NAME OF LANDLORD _____	
ADDRESS _____	
PHONE NUMBER _____	
I verify that the information shown above is correct.	
_____	_____
Signature (Landlord)	Date



VERIFICATION OF MORTGAGE PAYMENT

The Utah HomeChoice Coalition requires participants who own a home to complete this form and also **include a copy of last month's statement.**

If you do not own a home and/or are currently renting, please mark, NA.

NAME OF APPLICANTT(S) _____	
NUMBER OF MONTHS AT CURRENT ADDRESS _____	
CURRENT MORTGAGE PAYMENT _____	
DOES THIS AMOUNT INCLUDE TAXES & INSURANCE? _____	
IF NOT, TAX AMOUNT _____	INSURANCE AMOUNT _____
NUMBER OF LATE PAYMENTS _____	
DATE OF LATE PAYMENTS _____	
NAME OF LENDER _____	
ADDRESS _____	
PHONE NUMBER _____	
SECOND MORTGAGE INFORMATION	
SECOND MORTGAGE PAYMENT _____	
NAME OF LENDER _____	
ADDRESS _____	
PHONE NUMBER _____	
I verify that the information shown above is correct.	
_____	_____
Signature (Applicant or Guardian)	Date



ATTACH COPIES OF BIRTH CERTIFICATES FOR ALL FAMILY MEMEBERS THAT WILL BE LIVING IN THE HOME

**UTAH HOMECHOICE
AGE CERTIFICATION OF INDIVIDUALS
WHO WILL BE LIVING IN THE HOME**

Name: _____	Age: _____		
Name: _____	Age: _____		
Name: _____	Age: _____		
Name: _____	Age: _____		
Name: _____	Age: _____		
Name: _____	Age: _____		
Name: _____	Age: _____		
Name: _____	Age: _____		
<i>I (we) certify that the above information is true and correct. I (we) understand that any omissions or discrepancies found later may be grounds for disqualification from participating in the Utah HomeChoice program.</i>			
_____	_____	_____	_____
Applicant Name	Date	Co-Applicant Name	Date



EMPLOYER INFORMATION FORM

*Please provide information for the **past 2 years.***

Applicant			
Applicant Employer			
Address	City	State	Zip
()	Previous Employer(s) if current job held less than 2 years		
Phone	Applicant Employer		Years Employed
Years Employed	Applicant Employer		Years Employed

Co-Applicant			
Co-Applicant Employer			
Address	City	State	Zip
()	Previous Employer(s) if current job held less than 2 years		
Phone	Co-Applicant Employer		Years Employed
Years Employed	Co-Applicant Employer		Years Employed

ADDITIONAL REQUIRED INFORMATION

- ATTACH TWO MOST RECENT PAY STUBS SHOWING YEAR TO DATE INCOME AND/OR SSI AWARD LETTER FOR ALL APPLICANTS IF APPLICABLE.**
- ATTACH LAST TWO YEARS FEDERAL TAX RETURNS FOR ALL APPLICANTS.**
- ATTACH LAST TWO YEARS W-2 FORMS FOR ALL APPLICANTS.**



APPLICANT(S) DEBT

Please list all installment and revolving debt.

Company	Total Owed	Monthly Payment

APPLICANT(S) ASSETS

Please list all assets; including checking & savings, retirement accounts, etc.

Institution	Type of Asset	Estimated Balance