

City of Pontiac
Federal Programs Division
Neighborhood Stabilization Program
47450 Woodward Avenue, Ste 206
Pontiac, MI 48342
248-758-3780

Homebuyer Assistance Application

HBAA Ref# _____

Personal Information: *(Please type or print in ink)*

Name of Applicant: _____

Address: _____ City: _____ ST: _____ ZIP: _____

Telephone: (H) _____ (W) _____

Date of Birth: _____ Social Security Number: _____

Driver's License No.: _____

Spouse or Co-Applicant: _____

Date of Birth: _____ Social Security Number: _____

Driver's License No.: _____

Number of People in Family: _____

List Family Members Living in Home (including yourself):

Name	Age	Sex	Name	Age	Sex
1. _____			5. _____		
2. _____			6. _____		
3. _____			7. _____		
4. _____			8. _____		

Are you employed by the City of Pontiac? _____ Department: _____

Are any of your relative employed by the City of Pontiac? _____

If so, please give name and Department: _____

Have you previously received a rehabilitation grant or loan from the City of Pontiac? _____

If yes, please indicate the year: _____

Income Information:

Present Employer: _____

Employer's Address: _____ Telephone: _____

Number of Years with Employer: _____ Yearly Income: _____

Spouse Employer: _____

Employer's Address: _____ Telephone: _____

Number of Years with Employer: _____ Yearly Income: _____

Household Income/Assets

Annual Gross Amounts

{ } Wages	\$ _____
{ } Alimony	\$ _____
{ } Child Support	\$ _____
{ } Unemployment Benefits	\$ _____
{ } AFDC/TANF <i>(Temp Assist for Needy Families)</i>	\$ _____
{ } Social Security Benefits	\$ _____
{ } Social Security Disability Ins.	\$ _____
{ } Workman's Compensation	\$ _____
{ } Food Stamps	\$ _____
{ } VA Benefits	\$ _____
{ } Other	\$ _____

Total \$ _____

Do you have one or both of the following? If yes, please indicate **institution name, account number** and **amount**.

	<u>Name</u>	<u>Account#</u>	<u>Amount</u>
Checking Account:	_____	_____	_____
Savings Account:	_____	_____	_____
Checking Account:	_____	_____	_____
Savings Account:	_____	_____	_____

Have you owned a home before or had shared ownership interest in a residential property? _____

If yes, please give the Date: _____ Address: _____

Statistical Information: This information is for statistical purposes only. It will not be considered in determining eligibility.

Head of Household: Male { } Female { }

Senior Citizen: Yes { } No { }

Please Check One:

White	{ }	Asian & White	{ }
Black/African American	{ }	Black/African American & White	{ }
Asian	{ }	Am. Indian/Alaskan Native & Black African Am.	{ }
American Indian/Alaskan Native	{ }	Other Multi-Racial	{ }
Native Hawaiian/Other Pacific Islander	{ }	Asian/Pacific Islander	{ }
American Indian/Alaskan Native/White	{ }	Hispanic	{ }

The applicant certifies that all information in this application, and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief. Any false statements will result in the application being denied. The applicant has received a copy of the terms and conditions and agrees to abide by those requirements in connection with any loan that may be made by the City of Pontiac pursuant to this application. The applicant further certifies that the property assisted by these Neighborhood Stabilization Program (NSP) funds will serve as his/her/their principle residence.

Failure to complete all areas of this application will result in immediate denial.

Date **Date**

Witness: _____ **Applicant:** _____

Witness: _____ **Applicant:** _____
