

CITY OF CARBONDALE
DOWN PAYMENT ASSISTANCE PROGRAM APPLICATION
REFERENCE ORDINANCES NO. 2016-28 AND 2016-54 ATTACHED HERETO

Applicant(s): _____

Current Address of Applicant: _____

Phone: _____

Number of family members which will occupy residence: _____

Estimated Annual Household Income: _____

Address to be purchased: _____

Current / Previous Property Owner: _____

Estimated Date of Property Transfer / Possession: _____

Name and address of Lending Institution:

Loan Officer: _____

Please attach the following

- 1) Signed Sales Contract (If Applicable)
- 2) 2 recent months paystubs of all employed occupants of the household (18+)
- 3) Previous year's tax returns for all employed occupants of the household (18+)
- 4) 2 recent months of checking/savings account statements for all occupants

I have reviewed Ordinances No. 2016-28 and 2016-54 as attached and understand the terms and conditions and further allow the City to verify the information in order to ensure that the program requirements are met. Submission of this application does not in itself obligate the City or Home Buyer without execution of the agreement.

Homeowner(s)

Date

Date

CITY VERIFICATION / REVIEW & SIGN-OFF

Housing Programs Administrator (Development Services): _____ Date _____

Development Services Director: _____ Date _____

Approval by City Manager: _____ Date _____