



Department of Community Development

Lockport Municipal Building
One Locks Plaza
Lockport, NY 14094
(716) 439-6686

City of Lockport Homeownership Program Application

Applicant Information:

Name of Applicant: _____
Social Security Number: _____
Telephone Number: _____
Date of Birth: _____
Present Address: _____

Name of Co-Applicant: _____
Social Security Number: _____
Telephone Number: _____
Date of Birth: _____
Present Address: _____

Marital Status: Married
 Separated
 Unmarried (inc. single
divorced, widowed)

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 Separated
 Unmarried (inc. single,
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Race/Ethnicity: American Indian
 Asian
 Black/African American
 Native Hawaiian
 White
 Hispanic/Latino
 Not Hispanic/Latino

Race/Ethnicity: American Indian
 Asian
 Black /African American
 Native Hawaiian
 White
 Hispanic/Latino
 Not Hispanic/Latino

Dependents name and date of birth: _____

Employment Information:

Name of Employer: _____
Address of Employer: _____

Telephone Number: (____) _____
Position/Title: _____
Years on this job: _____
Years employed here: _____

Name of Employer: _____
Address of Employer: _____

Telephone Number: (____) _____
Position/Title: _____
Years on this job: _____
Years employed here: _____

Financial Information:

<u>Gross Annual Income</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Total</u>
Base Employment Income	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Dividends/Interest	\$ _____	\$ _____	\$ _____
Net Rental Income	\$ _____	\$ _____	\$ _____
Other Income (see below)	\$ _____	\$ _____	\$ _____
Describe Other Income: (i.e. Alimony, Child Support, Social Security, Pensions, Unemployment, Rental Assistance, Section 8 Voucher, etc.)	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

Housing Expenses:

Monthly Rent: \$ _____
Monthly Utilities: \$ _____

Previous Real Estate Ownership:

Applicant: Have you ever owned any residential real estate? _____
Co-Applicant: Have you ever owned any residential real estate? _____
If yes, please explain: _____

General:

List any individuals and their income living with you not included as dependents on page 1:

Do any members of the household have disability conditions? _____
If yes, please explain: _____

Conflict of Interest:

The Agreement between the City of Lockport and the U.S. Department of Housing and Urban Development (HUD) requires the City to establish guidelines to avoid a conflict of interest for City officials. If the applicant or co-applicant is related by blood or marriage to a City official or an employee of the City, please indicate the nature of the relationship. The City will determine if a conflict of interest exists. _____

Assets and Liabilities:

Assets:

1. Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

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Name of Bank: _____

Address: _____

\$ _____

Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

2. Stocks and Bonds:

Do you own any stocks/bonds? _____

If yes, list the following:

_____ Number of Shares

\$ _____ Price Per Share

3. Other Assets:

Do you own any property? _____

If yes, List its current value: \$ _____

Liabilities:

1. Auto Loan: \$ _____ Mo. Payment

\$ _____ Unpaid Bal.

2. Credit Card(s):

Name of Company: _____

Address: _____

Type: _____

\$ _____ Mo. Payment

\$ _____ Unpaid Bal.

Name of Company: _____

Address: _____

Type: _____

\$ _____ Mo. Payment

\$ _____ Unpaid Bal.

Name of Company: _____

Address: _____

Type: _____

\$ _____ Mo. Payment

\$ _____ Unpaid Bal.

3. Alimony Payment: \$ _____

Child Support Pay: \$ _____

Other: \$ _____

Explain: _____

Certification: (Please initial each statement to acknowledge that you have read and understand.)

_____ I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application.

_____ I/We understand that if the information is not correct that my/our application could be rejected for the Homeownership Program.

_____ I/We hereby authorize the City of Lockport, Department of Community Development to verify the information listed above.

_____ I/We have received a copy of the City of Lockport's Homeownership Program.

_____ I/We understand how the program works and agree to follow its procedures.

_____ I/We understand that the City must verify all sources of income in order to qualify for said program funds.

_____ I/We understand that program assistance depends upon my/our ability to receive a mortgage loan commitment from a financial lending institution.

_____ I/We understand that a written commitment must first come from the City of Lockport, Department of Community Development before that obligation of a financial institution can be approved.

_____ I/We certify that I/we have the funds available to pay my/our obligated costs as explained to me/us and listed in the Homeownership Program.

_____ I/We understand that the monies given to me/us under the Homeownership Program are to be repaid to the City of Lockport, Department of Community Development if the property is sold, transferred, foreclosed on, or is no longer occupied by me/us as a principal residence due to death or for any other reason, unless a written waiver is issued by the City.

Signatures:

Applicant

Date

Co-Applicant

Date