

**APPLICATION**  
Mortgage Assistance Program

**Applicant Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Race/Ethnicity: Asian/Pacific Black Hispanic Native American White Other \_\_\_\_\_

List all of the Household members (with the exception of the applicant):

Name	Relationship	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you a citizen or permanent resident of the United States? Yes  No   
 Have you ever owned a home? Yes  No  If yes, how long ago? \_\_\_\_\_  
 Do you rent or own your current residence? (3 yr history reqd) Rent  Own  How Long \_\_\_\_\_yrs \_\_\_\_\_mo  
 Previous Residence \_\_\_\_\_ Rent  Own  How Long \_\_\_\_\_yrs \_\_\_\_\_mo  
 Previous Residence \_\_\_\_\_ Rent  Own  How Long \_\_\_\_\_yrs \_\_\_\_\_mo  
 Previous Residence \_\_\_\_\_ Rent  Own  How Long \_\_\_\_\_yrs \_\_\_\_\_mo  
 Is the rent subsidized by federal or any government assistance? Yes  No  If so, how much? \_\_\_\_\_

**Financial Information**

List the employment for each household member over 18yrs. and all other sources of household income.

Name of Household Member	Name of Employer/ Source of Income	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Sources of Household Income and/or Benefits:**

Child Support	\$ _____	Military Allotments	\$ _____
Rental Income	\$ _____	Retirement Benefits	\$ _____
Social Security	\$ _____	SSI	\$ _____
Unemployment	\$ _____	Veterans Assistance	\$ _____
Workman's Comp.	\$ _____	Other (specify)	\$ _____

ASSETS (Two Months of Statements Required):	Cash Value	Annual Income
Checking Accounts	\$ _____	_____
Savings/ Money Market Accounts	\$ _____	_____
Certificates of Deposit	\$ _____	_____
401(k), IRAs, Other	\$ _____	_____
TOTAL	\$ _____	_____

If total value of Cash Assets is over \$5,000, multiply by 2% = \$ \_\_\_\_\_ and add to annual Household Income.

Please check this box if the applicant does not have any assets.

**TOTAL ANNUAL HOUSEHOLD INCOME FROM ALL SOURCES (BEFORE TAXES): \$ \_\_\_\_\_**

For qualifying purposes, the applicant's household income must be calculated using HUD's Part 5 Annual Income Calculation. See Attachment C for inclusions and exclusions of determining annual income.

**Property Information**

Address of new home: \_\_\_\_\_ Year Built: \_\_\_\_\_  
Purchase Price: \$ \_\_\_\_\_ Mortgage Amount: \$ \_\_\_\_\_  
Name and Address of Financial Institution: \_\_\_\_\_  
Primary Contact and Phone Number: \_\_\_\_\_  
Estimated monthly mortgage payment, including principal, interest, taxes, and insurance: \$ \_\_\_\_\_  
Percentage monthly payment will be of the household monthly income – \_\_\_\_\_% (may not exceed 33% **OR**  
may not exceed 43% of estimated total debt to gross income ratio– \_\_\_\_\_%)  
Is activity in a Special Flood Hazard Area (100-year floodplain or floodway) in accordance with a FEMA Flood Map?  
Yes \_\_\_\_\_ No \_\_\_\_\_ **If the answer is yes, please provide proof of FLOOD Insurance.**  
Has the home been renter-occupied within the last 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, home is not eligible.  
If no, documentation must be provided to show 3 month vacancy of the home.

**Certification and Authorization**

I/we, applicant to the City of Victoria Mortgage Assistance Program, certify that the home purchased with Program assistance will be my primary residence.

I/we, applicant to the City of Victoria Mortgage Assistance Program, certify that I am a first-time homebuyer according to the definition of a first-time homebuyer in the Mortgage Assistance Program Guidelines and all of the information presented within this application is true and accurate.

**Authorization:** I/we authorize the City of Victoria and HUD to obtain information about me and my household that is pertinent to eligibility for participation in this Program.

I/we acknowledge that:

- (1) A photocopy of this form is valid as the original.
- (2) I/we may review the file and the information received using this form with a person of my choosing to accompany me.
- (3) I/we may obtain a copy of information from this file and request correction of information I believe inaccurate.
- (4) This application will be considered without regard to race, color, religion, creed, national origin, familial status, sex, or disability.

**Penalties for Fraud**

**Whoever obtains or attempts to obtain assistance for which he/she is not entitled, by means of willful statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.**

All adult household members will sign this form and cooperate with the applicant in this process.

\_\_\_\_\_  
Head of Household – Signature                      Printed Name                      Date

\_\_\_\_\_  
Adult Member of Household – Signature                      Printed Name                      Date

\_\_\_\_\_  
Adult Member of Household – Signature                      Printed Name                      Date