

**PRELIMINARY APPLICATION TO THE CITY OF BASSETT
FOR HOMEOWNERSHIP OPPORTUNITY PROGRAM**

THIS AREA FOR CITY OF BASSETT USE ONLY

Application # _____	Family Size: _____	Date _____ Time: _____ M.
Name(s) _____	Application Received by: Mail / Person / Fax	
Address: _____	Received By: _____	
Home Phone: _____		

A. HOUSEHOLD DATA:

1. a) Full Name: _____ Date of Birth: _____
 b) Spouse: _____ Date of Birth: _____

2. Names and Dates of Birth of all other Household Members (Dependents in Home):

- | | | |
|------------------|----------------------|-------------------|
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |
| Full name: _____ | Date of Birth: _____ | Soc Sec. #: _____ |

3. Is the Head of the Household:

- a) Minority: Yes No If Yes, specify: _____
 b) Female: Yes No

4. Are any members of the Household:

- a) Handicapped or disabled: Yes No If Yes, specify: _____

B. EXISTING DWELLING DATA:

1. Address: _____
 2. Phone Number: _____
 3. Do you own your home or rent? {Check one} OWN _____ RENT _____

C. PROPOSED DWELLING DATA:

1. Address: _____
 2. Purchase Price: _____
 3. Closing Costs: _____
 4. Primary Lender and contact: _____

D. FINANCIAL INFORMATION FOR ELIGIBILITY PURPOSES:

- | | |
|--|---|
| <p>1. Average Monthly Income</p> <p>a. Husband's base pay \$ _____</p> <p>b. Wife's base pay \$ _____</p> <p>c. Other household earnings \$ _____</p> <p>d. Social Security \$ _____</p> <p>e. Pensions \$ _____</p> <p>f. Income from rental property \$ _____</p> <p>TOTAL MONTHLY \$ _____</p> | <p>2. Assets</p> <p>a. Checking account \$ _____</p> <p>b. Savings account \$ _____</p> <p>c. Other cash \$ _____</p> <p>d. Securities (IRA) \$ _____</p> <p>e. Real estate (other than
 primary residence) \$ _____</p> <p>TOTAL ASSETS: \$ _____</p> |
|--|---|

Circle Income Range you now fall under based on the number of people in your home:

County of Rock

INCOME THRESHOLD FOR 2008

2008 INCOME THRESHOLDS

HOP PROGRAM	1	2	3	4	5	6	7	8
	person	person	person	person	person	person	person	person
Level A (100%) NEW	36,300	41,400	46,600	51,800	55,900	60,100	64,200	68,400
Level B (80%) EXISTING	29,000	33,150	37,300	41,450	44,750	48,100	51,400	54,700

I (We) hereby certify that all statements made herein are complete and true to the best of my (our) knowledge. I (We) also authorize the City of Bassett and/or any agent so designated by the City, access to all information required to verify the foregoing information in order to determine program eligibility.

Applicant

Date

Co-Applicant

Date

Furnish the following documents:

Copy of last year's income tax return