



South Bend Heritage

Homeownership Application

Thank you for your interest in working with the South Bend Heritage Foundation to become a homeowner! Your first step is to read the handout titled "Your Steps to Homeownership," included in this packet. Next, complete the homeownership application and gather all supporting documentation. We are unable to consider your application until all of these documents are turned in. A homeownership counselor will determine your income and program eligibility and schedule an initial appointment within 14 days of receiving your complete application package.

Please submit the following:

- Homeownership Application.** Please remember to date the application and initial it at the bottom of each page.
- Copy of Government Issued Identification**
- Income verification documents for anyone age 18 or over in your household.** These documents include:
 - One copy of each applicant's federal income tax return from the last two years, and one copy of each applicant's W-2 forms from the last two years
 - Self-employed applicants must include Schedule C (Profit or Loss)
 - Submit 1099 forms if applicable to you
 - Most recent three months of pay stubs for each applicant
 - One copy of entitlement letter for each household member receiving Social Security or other government benefits.
 - If divorced, submit a copy of your divorce decree.
 - If child support, alimony or separate maintenance awards have been listed as part of the household income, please include supporting documentation (e.g. court order, ISETS printout).
 - If you have ever filed for bankruptcy, please submit the filing date, a copy of the schedule and discharge form, the case number and contact information for your attorney.
 - If a household member age 18 or over has no income, you must complete the Zero Income Form
- Bank statements** from the past three months from all checking, savings and investment accounts.
 - If you do not have a bank account, please include a letter of explanation.
- Monthly Spending Worksheet.** Fill out the first column on the front and back pages of the worksheet. There must be a value listed in the "amount left over" box on the second page of the worksheet, even if the value is zero or a negative number.
- Request for verification of employment.** You only need to fill out boxes 1, 7, and 8.
- Borrower's Blanket Signature Authorization Form**
- Signed Confidentiality Agreement**
- Conflict of Interest Disclosure Form**
- *Stamped and signed South Bend Police Dept. Records Release Authorization Form, along with criminal record if applicable.** To obtain this form, you must appear in person at the South Bend Police Department, 701 W. Sample Street, 46601. The authorization will cost \$3 (cash only) if you have no criminal record, or \$7 (cash only) if you do have a record.

RETURN All FORMS TO:
South Bend Heritage Foundation
C/O Kristin Neeley-Givens
KristinN@sbheritage.org
803 Lincoln Way West
South Bend, IN 46616

* Only required for certain properties. If you know which property you want to buy, check with South Bend Heritage to find out if you must complete this step.

Your Steps to Homeownership!

****BEFORE** making an offer on a home:**

1. Submit the homeownership application and all income verification documents.
2. Homes sold by the South Bend Heritage Foundation and the Northeast Neighborhood Revitalization Organization are restricted under federal guidelines to buyers at or below a certain income level. If you want to buy a home from one of these organizations, the homeownership counselor will review your application to determine your income eligibility.
3. For all clients, the counselor will determine your mortgage readiness. The counselor will consider your income, credit history, and other factors to determine whether or not you are likely to get approved for a mortgage, and a monthly payment that you can afford.
4. If you are not ready to take on a mortgage, the homeownership counselor may suggest that you work a financial counselor to develop and implement strategies to become mortgage-ready, such as improving credit score, reducing existing debt or increasing savings
5. If the counselor determines that you are mortgage-ready, congratulations! The next step is to participate in a homeownership education class.
6. In your homeownership class you will learn about affordable financing and down payment assistance options available through various lenders in the community. You should decide whether you would like to pursue any of these options in securing financing for your home. Some of these programs are unavailable to anyone who has already signed a purchase agreement – this is why you should not sign a purchase agreement before getting pre-approved!
7. Using the resources and information you've received from your homeownership class, meet with lenders and secure pre-approval for a mortgage loan.
8. Now you are ready to find a real estate agent, find a house, and make an offer!

****After making an offer on a home:**

9. If you are pursuing a mortgage subsidy or down payment assistance through the South Bend Heritage Foundation (e.g., Triangle Mortgage Subsidy), your homeownership counselor will give you the application for that assistance program.
10. Seek final loan approval from your primary mortgage lender.
11. Shop for and purchase homeowner's hazard insurance for your pending property.
12. Depending on the terms of the purchase agreement, you or the seller will pay for a home inspection, appraisal, and any necessary repairs.
13. Just prior to your closing date, schedule a final walk-through of the home and transfer of utilities/alarm system.
14. Attend the closing and sign all necessary documentation. You may need to bring a certified check to closing.
15. Enjoy your new home!

South Bend Heritage Foundation Homeownership Program Application

APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Current street address:			
City:	State:	ZIP Code:	Email:
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment:		How long at this address?
Landlord's Name:	Address:	Phone Number:	
<i>Please include previous address information for the last two years.</i>			
Street:	City:	State:	ZIP:
Street:	City:	State:	ZIP:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes never married, divorced, widowed)			
Applicant Employment History			
<i>Please provide complete and accurate employment information for the past two years.</i>			
Current employer:			
Employer street address:		How long have you worked there?	
City:	State:	ZIP:	
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	Annual income:	
Previous Employer (Or 2 nd job) :			
Employer street address:		Worked from ___/___(MM/YY) to ___/___(MM/YY)	
City:	State:	ZIP:	
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	Annual income:	

South Bend Heritage Foundation Homeownership Program Application

CO-APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Phone:	
Current street address:			
City:	State:	ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly payment:	How long at this address?	
Landlord's Name:	Address:	Phone Number:	
<i>Please include previous address information for the last two years.</i>			
Street:	City:	State:	ZIP:
Street:	City:	State:	ZIP:
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes never married, divorced, widowed)			
Co-Applicant Employment History			
<i>Please provide complete and accurate employment information for the last 2 years.</i>			
Current employer:			
Employer street address:		How long have you worked here?	
City:	State:	ZIP:	
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	Annual income:	
Previous employer (Or 2 nd job):			
Employer street address:		Worked from ___/___(MM/YY) to ___/___(MM/YY)	
City:	State:	ZIP:	
Phone:	Email:	Fax:	
Position:	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary	Annual income:	

South Bend Heritage Foundation Homeownership Program Application

MONTHLY INCOME			
<i>Please fill in the amount that applicant and co-applicant receive per month from each income source.</i>			
Gross amount (before taxes)	Applicant (A)	Co-Applicant (B)	Total (A+B)
1. First Job			
2. Second Job			
3. Overtime			
4. Bonuses/Tips			
5. Child Support			
6. SS/SSI/SSDA			
7. Pension			
8. Alimony			
9. Investment/Dividends			
10. Other			
Total (Add 1-10)			
ASSETS			
Do you have cash savings to put toward down payment/closing costs? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: Held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant	Do you have another source of down payment assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: Held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-applicant
Applicant		Co-Applicant	
Name of Bank:	Account #:	Name of Bank:	Account #:
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:
Name of Bank:	Account #:	Name of Bank:	Account #:
Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:	Account type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Balance:
Stock/Bonds	Net Cash Value:	Stock/Bonds	Net Cash Value:
Life Insurance Company Name:		Life Insurance Company Name:	

South Bend Heritage Foundation Homeownership Program Application

HOUSEHOLD MEMBERS AND INCOME		
<i>Please list the names and ages of everyone else who will live in the house, and their relationship to the applicant or co-applicant.</i>		
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
Name	Age	Relationship (e.g., child, friend)
<i>Please indicate income for all household members over the age of 18. If a household member over 18 makes no income, write "zero income" and fill out the Zero Income Form for that person.</i>		
Name	Source(s) of Income	Monthly Income
Name	Source(s) of Income	Monthly Income
Name	Source(s) of Income	Monthly Income
Name	Source(s) of Income	Monthly Income

South Bend Heritage Foundation Homeownership Program Application

DECLARATIONS		
	Applicant	Co-Applicant
Are you a U.S. Citizen?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
If not a U.S. Citizen, are you a legal resident alien?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you owned a home within the past three years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you plan to occupy this property as your primary residence?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<i>If you answer "yes" to any of the questions below, please use the continuation section for explanation.</i>		
Are there any outstanding judgments against you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you declared bankruptcy within the last 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you owned any property in the last 3 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you party to a lawsuit?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you or any member of your household subject to a registration requirement under a state or national sex or violent offender registration program, or have you or any member of your household been convicted of a sex offense? If yes, provide the date of conviction(s) and date person(s) was released from prison and/or placed on parole, supervised release or probation and the terms of the parole, supervised release, or probation	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Continuation		

South Bend Heritage Foundation Homeownership Program Application

I have been informed that as part of the eligibility screening phase for the homeownership program, South Bend Heritage Foundation will perform a criminal background check on all applicants seeking HOME Program assistance, which shall include, but is not limited to, verification of said inclusion on the Indiana Sex and Violent Offender Registry and/or any other state or national sex offender registry including, but not limited to, those referenced on the Federal Bureau of Investigation website, and may include criminal background checks from any state in which applicant or co-applicant lived as adults. I certify that all of the information in this application is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I hereby authorize the agency to obtain a Credit Bureau Report for myself, co-applicant, and other adults listed, and/or to request verification of income and residence. Furthermore, I understand that the completion of the application in no way guarantees that I will receive housing. I understand that, should I accept and purchase a home through this program, I must occupy this property as my primary residence, and I have agreed to the residency/occupancy term based on the amount of the grant and/or recapture.

Applicant's Name (Print)	Applicant's Signature	Date
Co-Applicant's Name (Print)	Co-Applicant's Signature	Date

OPTIONAL INFORMATION	
<i>The following information is requested by the federal government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.</i>	
Applicant Race/Ethnicity (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N	Co-Applicant Race/Ethnicity (Check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other



MONTHLY SPENDING WORKSHEET

Monthly Expense	Current	Adjusted	Difference
Fixed Expenses			
Housing			
Mortgage or Rent			
Gas			
Electricity			
Phones (land-line and cell)			
Water/Sewer/Garbage			
Other			
Transportation			
Gas			
Car Payment			
Public Transportation or Taxi			
Parking and Tolls			
Other			
Insurance			
Health (medical and dental, if not payroll-deducted)			
Life			
Disability			
Other			
Fixed Expenses Subtotal:			
Periodic Fixed Expenses (Divide annual payment by 12)			
Housing			
Home or Renter's Insurance (if not included in mortgage)			
Other:			
Transportation			
Car Insurance			
Car Inspection			
Car Repairs and Maintenance			
License Plates and Registration Fees			
Other			
Periodic Fixed Expenses Subtotal:			
Flexible Expenses			
Food			
Groceries			
School Lunches			
Take-out and Restaurants			
Other:			
Housing			
Home Maintenance and Furnishings			
Cleaning Supplies			
Lawn Care			
Other			
Medical			
Doctor/Dentist:			
Prescriptions			
Other			
Clothing			
Clothes			
Laundry and Dry Cleaning			
Other			

Education			
Tuition			
Books, Paper and Supplies			
Donations			
Religious or Charity			
Other			
Gifts			
Birthdays			
Major Holidays			
Other			
Personal			
Barber or Beauty Shop			
Toiletries			
Children's allowances			
Tobacco products			
Beer, wine, liquor			
Other			
Entertainment			
Movies, sporting events, concerts, theater, etc.			
Video rentals			
Internet service			
Cable/Satellite TV			
Gambling or lottery tickets			
Fitness or social clubs			
Vacations/trips			
Hobbies or crafts			
Other			
Miscellaneous			
Checking account fees, money order fees			
Pet care or supplies			
Postage			
Pictures and photo processing			
Emergency fund savings			
Other			
Flexible Expenses Subtotal			
Debt Payments			
Student Loans			
Credit Card 1 (monthly minimum)			
Credit Card 2 (monthly minimum)			
Credit Card 3 (monthly minimum)			
Medical Bills			
Personal Loan			
Other			
Debt Payments Subtotal			
A. Total Monthly Expenses (add all subtotals)			
	\$		
Income			
B. Total Monthly Net Income			
	\$		
Amount left over (B minus A)			\$

BORROWER'S BLANKET SIGNATURE AUTHORIZATION FORM

Borrower(s)' Name(s) and Address(es)	Lender Name/Address South Bend Heritage Foundation 803 Lincoln Way West South Bend, IN 46616
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I hereby authorize South Bend Heritage Foundation to verify my past and present employment earnings records, bank accounts, stock holdings, and any other assets needed to process my mortgage loan application.

I further authorize South Bend Heritage Foundation to order a consumer credit report and verify other credit information, including past and present mortgage references, and any other liability information. It is understood a photocopy of this form will also serve as authorization.

The information the lender obtains is to be used in the processing of my mortgage loan application. This information may also be obtained in conjunction with a quality control review of the file after the loan has closed.

Borrower	Date
Borrower Social Security #	Date of Birth
Co-Borrower	Date
Co-Borrower Social Security #	Date of Birth

PRIVACY ACT NOTICE: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et seq. or 7 USC, 1921 et seq. (if USDA/FmHA).

NOTICE TO BORROWERS: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institution in connection with the consideration or administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.



ZERO INCOME VERIFICATION FORM

Applicant Name: _____ Social Security Number _____

Address: _____

I hereby certify that _____ (household member) does not receive income from any of the following sources:

1. Wages from any type of employment (including commission and fees)
2. Income from the operation of a business (self-employment: Avon, Mary Kay, etc.)
3. Rental income from real or personal property
4. Interest or dividends from assets
5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
6. Unemployment assistance
7. Public assistance (such as TANF)
8. Alimony or child support
9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books
10. Regular monthly cash contributions from an outside source

And that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next _____ months.

Household Member Name	Household Member Signature	Date
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Applicant Name	Applicant Signature	Date
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WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



REQUEST FOR VERIFICATION OF EMPLOYMENT

Instructions: LENDER: Complete items 1 thru 7. Have applicant complete item 8. Forward directly to employer named in item 1.
 EMPLOYER: Please complete either Part II or Part III as applicable. Sign and return directly to lender named in item 2.

PART I - REQUEST

1. TO (Name and address of employer)	2. FROM (Name and address of lender)
	Stephanie Ball South Bend Heritage Foundation 803 Lincoln Way West South Bend, IN 46616

3. SIGNATURE OF LENDER	4. TITLE	5. DATE	6. LENDER'S NUMBER (OPTIONAL)
	Director of Homeownership		

I have applied for a homeownership evaluation and/or subsidy and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. NAME AND ADDRESS OF APPLICANT (INCLUDE EMPLOYEE OR BADGE NUMBER)	8. SIGNATURE OF APPLICANT

PART II – VERIFICATION OF PRESENT EMPLOYMENT

EMPLOYMENT DATA	PAY DATA				
9. APPLICANT'S DATE OF EMPLOYMENT	12A. CURRENT BASE PAY (Enter amount and check period) <input type="checkbox"/> ANNUAL <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER \$ _____ <input type="checkbox"/> SEMI-WEEKLY <input type="checkbox"/> WEEKLY			12C. FOR MILITARY PERSONNEL ONLY	
				PAY GRADE	
				TYPE	MONTHLY AMOUNT
10. PRESENT POSITION	12B. EARNINGS			BASE PAY	\$
	TYPE	YEAR TO DATE	PAST YEAR	RATIONS	\$
11. PROBABILITY OF CONTINUED EMPLOYMENT	BASE PAY	\$	\$	FLIGHT OR HAZARD	\$
13. IF OVERTIME OR BONUS IS APPLICABLE, IS ITS CONTINUANCE LIKELY?	OVERTIME	\$	\$	CLOTHING	\$
OVERTIME <input type="checkbox"/> YES <input type="checkbox"/> NO	COMMISSIONS	\$	\$	QUARTERS	\$
BONUS <input type="checkbox"/> YES <input type="checkbox"/> NO	BONUSES	\$	\$	PRO PAY	\$
				OVERSEAS COMBAT	\$

14. REMARKS (If paid hourly, please indicate average hours worked each week during current and past year)

PART III – VERIFICATION OF PREVIOUS EMPLOYMENT

15. DATES OF EMPLOYMENT	16. SALARY/WAGE AT TERMINATION PER (YEAR) (MONTH) (WEEK)		
	BASE _____ OVERTIME _____ COMMISSIONS _____ BONUS _____		
17. REASON FOR LEAVING	18. POSITION HELD		

19. SIGNATURE OF EMPLOYER	20. TITLE	21. DATE

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law. The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.



CONFIDENTIALITY POLICY

South Bend Heritage Foundation (SBHF) is a private, not-for-profit organization, and like all organizations has a need for confidentiality in some area of its business operations. All staff, temporary staff (interns, VISTA workers, practicum students, etc.), board members, volunteers, contractors and sub-contractors are required to adhere to the confidentiality policy governing how information is maintained and used by SBHF.

SBHF is committed to protecting the privacy of every individual associated with the organization, and has taken steps to secure all personal information from unauthorized access. When dealing with information of any nature, staff must be aware of their personal responsibility and abide by the policies and procedures of SBHF.

Policies:

- Staff must not access any confidential information held in any form when they have no proper reason to do so in the course of their duties.
- The personal identifiable information collected for eligibility programs and housing counseling services provided by SBHF is used in determining whether an individual or family qualify for services provided by our organization.
- SBHF will disclose personal information with the client's written, informed, explicit consent for a particular purpose and if required to do so by law or in the good faith belief that such action is necessary to conform to the edicts of the law or comply with legal process served.
- No documents containing confidential information are to be left where they can be viewed by anyone without authority. This includes telephone messages, computer prints, faxes and other documents.
- Client electronic files will be protected by password controls.

Signature

Printed Name

Date



South Bend Heritage Foundation Conflict of Interest Disclosure Form

The South Bend Heritage Foundation (SBHF) requires full disclosure of potential and actual conflicts of interest so that you are in a position to make fully informed decisions. It is up to you to choose whom you would like to work with; you are not obligated to receive any real estate services and any other services offered by SBHF or our partners.

Agency/Individual Disclosure

In working with you to provide homeownership counseling; I and/or my agency may have one or more of the following conflicts through referral:

- We provide affordable rental housing units;
- We provide real estate services for a fee such as listing and selling houses purchased and rehabbed by SBHF and pre-purchase homeownership educational services;
- We provide administrative support for first-time home buyer and affordable home buyer mortgage subsidy and down payment assistance programs;
- We provide a lending product (rescue loan) for a small fee for the prevention of default or foreclosure;
- We are a grantee with the Indiana Foreclosure Prevention Network (IFPN) and are paid a fee for foreclosure delinquency and default intervention counseling services provided;

You understand that you are not obligated to use any of the other various types of services provided by our agency or our partners;

Client Signature

Date

Client Signature

Date

