

## Community Planning and Economic Development Homebuyer Down Payment Grant Program

This application is for use in determining eligibility for Down Payment Assistance Program. You must have been pre-approved for a fixed mortgage prior to applying. Incomplete applications will not be accepted and will delay the application process. When you have completed this application, bring it along with any required attachments to the Community Planning and Economic Development Department in City Hall, 226 West 4<sup>th</sup> Street, Davenport, Iowa. If you have any questions, please call 563-326-6177. Interpretive services are available at no charge. Servicios interpretativos libres estan disponibles.

◆ Current Address (include zip) \_\_\_\_\_

Address of Purchase Property (Include Zip) \_\_\_\_\_

◆ Head of Household (first, middle, last name): \_\_\_\_\_

Did you recently, or do you now, call yourself by any other name? \_\_\_\_\_

If so, please provide name \_\_\_\_\_

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

- I am a:
- US Citizen (*provide social security card*)
  - Permanent Resident Alien (*provide supporting documentation*)
  - Other (*provide supporting documentation*)

◆ Co-Applicant (first, middle, last name): \_\_\_\_\_

Did you recently, or do you now, call yourself by any other name? \_\_\_\_\_

If so, please provide name \_\_\_\_\_

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

- I am a:
- US Citizen (*provide social security card*)
  - Permanent Resident Alien (*provide supporting documentation*)
  - Other (*provide supporting documentation*)

◆ Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Household Members: (**include yourself** and **co-applicant** plus **all others** who will reside in the property being purchased, **regardless of relationship**)

NAME	D.O.B	AGE	SOCIAL SECURITY #	RELATIONSHIP TO HEAD OF HOUSEHOLD

- ♦ Is anyone in the household self-employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes, the self-employed person(s) must complete IRS Form 4506T**

**If not self-employed:**

- ♦ Employer (Head of Household) \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ How long have you worked there? \_\_\_\_\_  
Amount of Income: \$ \_\_\_\_\_ per (circle one) **week 2 weeks month year**

- ♦ Employer (Co-Applicant) \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Employer's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ How long worked there? \_\_\_\_\_  
Amount of Income: \$ \_\_\_\_\_ per (circle one) **week 2 weeks month year**

♦ **Other Sources of Household Income:** Report all additional income of all persons in the household who are 18 or older. Report all income, earned and unearned. Other income includes: Social Security, SSI, FIP, Pension, Child Support, Alimony, Interest, Investment income, rent or royalty payments, self-employment, etc.  
If you receive Social Security, SSI or Disability; you will need to bring us a copy of your Annual Income Statement.

- A. **Provider:** \_\_\_\_\_ **Paid to:** \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider City/State/Zip \_\_\_\_\_  
Provider Phone # \_\_\_\_\_ Provider Fax # \_\_\_\_\_  
Amount of Income: \$ \_\_\_\_\_ per (circle one) week / 2 weeks / month / year

- B. **Provider:** \_\_\_\_\_ **Paid to:** \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider City/State/Zip \_\_\_\_\_  
Provider Phone # \_\_\_\_\_ Provider Fax # \_\_\_\_\_  
Amount of Income: \$ \_\_\_\_\_ per (circle one) week 2 weeks month year

- C. **Provider:** \_\_\_\_\_ **Paid to:** \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider City/State/Zip \_\_\_\_\_  
Provider Phone # \_\_\_\_\_ Provider Fax # \_\_\_\_\_  
Amount of Income: \$ \_\_\_\_\_ per (circle one) week 2 weeks month year

- D. **Provider:** \_\_\_\_\_ **Paid to:** \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Provider City/State/Zip \_\_\_\_\_  
Provider Phone # \_\_\_\_\_ Provider Fax # \_\_\_\_\_  
Amount of Income: \$ \_\_\_\_\_ per (circle one) week 2 weeks month year

**Lender and Realtor Information:  
(You must be pre-approved with a lender to submit an application)**

- ◆ Name of Lender \_\_\_\_\_  
Lender's Address \_\_\_\_\_  
Lending Agent's Name \_\_\_\_\_  
Agent's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Agent's Email \_\_\_\_\_

**I authorize the City of Davenport to communicate with the lender listed above regarding my loan and down payment grant application.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- ◆ Realty Company \_\_\_\_\_  
Real Estate Agent \_\_\_\_\_  
Agent's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Agent's Email \_\_\_\_\_

**I have not owned a home, mobile home, or vacant lot in the past three years. \_\_\_\_\_ Initial**  
**You will not be eligible for this program if you have owned a home, mobile home, or vacant lot in the past three years.**

**Mortgages in which a co-signer will not be residing in the property are not eligible.**

**I authorize the City of Davenport to communicate with the realty agency listed above regarding my loan and down payment grant application.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

♦ **Savings and Assets:** (List savings and checking accounts; stocks, bonds, savings certificates, money market funds; equity in real property, capital investments; trusts that are available to the household; IRA, Keogh, and similar retirement savings accounts; company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.; cash value of life insurance policies.)  
**PROVIDE FULL AND ACCURATE ADDRESSES!**

**Assets for all household members 18 and older must be listed here.** Use additional sheets as necessary. If a household member has no assets, complete the No Financial Account Self-Affidavit (included with application). If a household member has an account at Wells Fargo, complete the Wells Fargo Verification Form included in application.

Household Member	Asset Type	Account Number	Bank/Company	City/State/Zip	Fax
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				
	<input type="checkbox"/> checking <input type="checkbox"/> savings <input type="checkbox"/> IRA <input type="checkbox"/> real estate <input type="checkbox"/> bonds <input type="checkbox"/> stocks <input type="checkbox"/> CDs <input type="checkbox"/> other				

I/we hereby certify that all the information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

\_\_\_\_\_  
**Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant**

\_\_\_\_\_  
**Date**



Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. .

# HUD PROGRAM ELIGIBILITY RELEASE FORM

*Purpose:* Your signature on this HUD Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Homebuyer Down Payment Grant Program through the City of Davenport.

*Privacy Act Notice Statement:* The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

*Instructions:* Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits.

**NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.**

*Authorization:* I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

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Head of Household – Signature, Printed Name, and Date:  
Family Member: HEAD OF HOUSEHOLD

X

Other Adult Member of the Household – Signature, Printed Name, and Date:  
Family Member #2

X

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Other Adult Member of the Household – Signature, Printed Name, and Date  
Family Member #3

X

Other Adult Member of the Household – Signature, Printed Name, and Date  
Family Member #4

X

**City of Davenport  
Community Planning and Economic Development  
Down Payment Assistance Program**

**Equal Credit Opportunity Act**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, sexual orientation, or disability; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this Mortgage Company is the Federal Trade Commission, Pennsylvania and 6th Street N.W., Washington, D.C. 20580.

We are required to disclose to you that this program qualifies as a Special Purpose Credit Program under 12 CFR 1002.8 of the Equal Credit Opportunity Act for the benefit of low to moderate income persons. Pursuant to 12 CFR 1002.8 (c) information on alimony, child support, and separate maintenance payments may be requested and considered.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

## Down Payment Assistance Program

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### Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training;  
OR
- will be enrolled within the next 12 months in college, vocational, technical or other post-high school formal training.

Name	Age	Institution	Status (Circle)
1 _____			Full Time/Part Time
2 _____			Full Time/Part Time
3 _____			Full Time/Part Time
4 _____			Full Time/Part Time

**For each individual attending college, vocational, technical, or other post-high school formal training, please complete the information below:**

Household Member 1 (Name): \_\_\_\_\_

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 2 (Name): \_\_\_\_\_

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 3 (Name): \_\_\_\_\_

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 4 (Name): \_\_\_\_\_

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

**If no one in the household is enrolled in (nor will become enrolled in) these types of programs during the next 12 months, please check "No" below and sign and date the form.**

By checking this box, I certify that no member of this household is a full or part time student at any post-high school college, technical, vocational, or other formal training program, and no member of this household will be enrolled in such a program during the next 12 months.

I/we hereby certify that all information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**ZERO INCOME VERIFICATION**

**(ONLY USE IF THERE IS A MEMBER OF YOUR HOUSEHOLD OVER 18 YEARS OF AGE WHO DOES NOT RECEIVE ANY TYPE OF INCOME)**

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CERTIFY THAT I DO 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
7. Public Assistance: Family Investment Program (FIP),  
General Assistance (GA),  
Supplemental Assistance (MSA), etc.
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 twelve months.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SOCIAL SECURITY#

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER

**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.



**Down Payment Assistance Program**  
**No Financial Account Self Affidavit**

I, \_\_\_\_\_, do not have any type of checking, savings, IRA, real estate, bonds, stocks, CDs or other types of accounts at any financial institutions.

Name \_\_\_\_\_

Date \_\_\_\_\_

DOWN PAYMENT ASSISTANCE PROGRAM

APPLICATION CHECKLIST

Complete this checklist before turning in your application. Incomplete applications will not be accepted.

\_\_\_ COMPLETED APPLICATION – Fill in phone numbers, fax numbers, and account numbers where needed.

\_\_\_ SIGNED APPLICATION – Must be signed by the applicant and spouse / co-applicant

\_\_\_ SIGNED HUD PROGRAM ELIGIBILITY FORM - Must be signed by all household members 18 years of age & over

\_\_\_ SIGNED EQUAL CREDIT OPPORTUNITY ACT - Must be signed by all household members 18 years of age & over

\_\_\_ SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY – Bring in the original Social Security Card and/or immigration documentation for all household members 18 years of age and over to be photocopied.

\_\_\_ PHOTO ID – Bring a Photo ID/Driver’s License for all household members of 18 years of age and over to be copied.

\_\_\_ STUDENT STATUS – Complete the student status form for all household members 18 year of age and over. If no students in the household, check appropriate box, sign, and return.

**DOCUMENTATION OF INCOME – ONLY CHECK ONES THAT APPLY TO YOUR HOUSEHOLD**

\_\_\_ SOCIAL SECURITY OR SSI STATEMENT OF ANNUAL INCOME- Provide the Statement of Annual Income for any member of the household that receives Social Security, SSI or Disability payment.

\_\_\_ FIP – Provide the Annual Notice of Decision for any household member receiving FIP.

\_\_\_ SELF-EMPLOYED PROOF OF INCOME – Sign the IRS form 4506-T (available at our office) so we may request a transcript of your tax returns. (Do not bring in your tax returns, we cannot accept them.)

\_\_\_ ZERO INCOME – Complete the Zero Income Form for all members of the household 18 years of age and over who do not receive any income. (included with this application, but only complete if this applies to a household member)

\_\_\_ NO BANK ACCOUNT – Complete the No Financial Account Self Affidavit form for each member of the household 18 years of age and over who does not have any of the assets listed. (included with this application, but only complete if this applies to a household member)

\_\_\_ CHILD SUPPORT – Please include the CA number for each child on page 2 (please see “Other sources of income.”)

If you have questions regarding your application or any of the supporting documentation, please call



29565

WELLS FARGO

# Verification of Deposit Housing Assistance Agencies

For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To.....1-336-796-8722  
Online Instructions.....www.wellsfargo.com/biz/vod  
Balance Confirmation Services.....1-540-563-7323

## SECTION 1: REQUESTER INFORMATION

Company Name

Attention

Street Address

City

State

Zip

Requester Email (optional)

Requester Phone Number

Return Fax Number

## SECTION 2: CUSTOMER INFORMATION

Customer One Full Name (First Middle Last)

Customer Two Full Name (First Middle Last)

Customer One Social Security Number

Account Number(s) (Required)

Month

Day

Year

## CUSTOMER AUTHORIZATION

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date

Signature of Account Holder

Date