



First-Time Home Buyer Down Payment Assistance Program (DPAP) Application

This is a fillable PDF. Applicants are encouraged to type their information.

PLEASE NOTE applications are **NOT COMPLETE** until all required documentation has been submitted to the Department of Development.

Incomplete applications will **NOT** be reviewed.

Please be sure to retain the Program Guidelines when you send in the application as it contains important program information.

**PROGRAM FUNDS ARE LIMITED AND AWARDED TO ELIGIBLE APPLICANTS
ON A FIRST COME, FIRST SERVED BASIS.**

Failure to provide complete and accurate information will cause immediate disqualification

1. Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: Home/Cell: _____ Email Address: _____

Are you a United States Citizen? Yes _____ No _____ Lawful Permanent Resident _____

Employed By: _____ Employer Phone: _____

Check here if not employed:

___ Stay-at-home parent ___ Disabled ___ Retired ___ Other _____

2. Applicant Name (name does not have to be on mortgage): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: Home/Cell: _____ Email Address: _____

Are you a United States Citizen? Yes _____ No _____ Lawful Permanent Resident _____

Employed By: _____ Employer Phone: _____

Check here if not employed:

___ Stay-at-home parent ___ Disabled ___ Retired ___ Other _____

3. Total Number of Members in the Household: _____ (preceding amount must agree with Section 10)

4. Do you presently own a home? Applicant No. 1 Yes _____ No _____

Applicant No. 2 Yes _____ No _____

5. Have you owned a home within the last three (3) years? Applicant No. 1 Yes _____ No _____

Applicant No. 2 Yes _____ No _____

If either applicant answered "YES" to question 6, explain the circumstances under which you no longer own a home:

6. Are you a United State Military Veteran? Applicant No. 1 Yes _____ No _____

Applicant No. 2 Yes _____ No _____

If either applicant answered YES, please provide a DD-214 form, indicating honorable discharge, with this application to exempt you from the first-time homebuyer status.

7. Do you own a time share? Applicant No. 1 Yes _____ No _____

Applicant No. 2 Yes _____ No _____

8. Will you occupy the home that you purchase as your principal residence? Yes _____ No _____

9. List the name of any member of the household who is disabled.

QUESTIONS 10 and 11 MUST BOTH BE ANSWERED:

The following information is being requested for statistical and reporting purposes only, to comply with federal equal opportunity requirements.

Your answers will not affect your eligibility for this program

10. Indicate ethnicity of Head of Household: Hispanic _____ Not Hispanic _____ Prefer not to Answer _____

11. Indicate race of Head of Household:

White		Asian		Native Hawaiian/Other Pacific Islander		Asian & White	
American Indian/Alaskan Native & Black/African American		Black/African American		American Indian/ Alaskan Native		American Indian/Alaskan Native & White	
Black/African American & White		Other Multi Racial				Prefer not to Answer	

12. **List each person who will live with you in the household.** Start with yourself and please include **custodial** children (who live with you at least 50% of the time), spouse, fiancé, life partner, parent, friend, etc. (regardless of relationship).

1	First Name:	Last Name	Male or Female	Self	Annual Income
					\$
	Date of Birth:				/ /
2	First Name:	Last Name	Male or Female	Relationship to #1	Annual Income
	Date of Birth:				/ /
3	First Name:	Last Name	Male or Female	Relationship to #1	Annual Income
					\$
	Date of Birth:				/ /
4	First Name:	Last Name	Male or Female	Relationship to #1	Annual Income
	Date of Birth:				
5	First Name:	Last Name	Male or Female	Relationship to #1	Annual Income
					\$
	Date of Birth:				
6	First Name:	Last Name	Male or Female	Relationship to #1	Annual Income
					\$
	Date of Birth:				

13. **CURRENT EMPLOYMENT:** List all current employers for each wage earner over 18 years of age listed in section # 10. Include a separate sheet for any other employers. Do not list any past employers.

Your Name:	Employed by:	Gross Annual Income:			
	Location Address:	\$			
	Job Title:	Full Time employee? Please circle your choice			
	Date Hired:	Yes		No	

Your Name:	Employed by:	Gross Annual Income:			
	Location Address:	\$			
	Job Title:	Full Time employee? Please circle your choice			
	Date Hired:	Yes		No	

Your Name:	Employed by:	Gross Annual Income:			
	Location Address:	\$			
	Job Title:	Full Time employee? Please circle your choice			
	Date Hired:	Yes		No	

Your Name:	Employed by:	Gross Annual Income:			
	Location Address:	\$			
	Job Title:	Full Time employee? Please circle your choice			
	Date Hired:	Yes		No	

14. **ANY OTHER SOURCES OF INCOME:** List all sources of income other than wages (i.e., social security, disability, unemployment, retirement income, workers comp, investment income, bonuses, etc.) and state the frequency it is paid (i.e., weekly, monthly, annually, etc.) and provide proof (award letter, annual statement, etc.)

Recipients Name	Income Source	Amount	Frequency
		\$	
		\$	
		\$	

15. **BANKING INFORMATION:** Please provide current information for each bank account held by any adult household members and send copies of the last three months bank/financial statements for each account listed below. Also include any retirement accounts, such as 401-K accounts, IRA's, stocks, bonds, money market accounts, certificates of deposits (CD accounts), etc. Please note that applicant(s) must have a minimum 1% of the purchase price of the down payment.

Applicant is also responsible for closing costs fees.

16. Please include separate sheet for any other financial information

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Please read this entire page and then sign below.

I hereby authorize the release of financial information by and to the City of New Rochelle Department of Development on my behalf in relation to this application for the City of New Rochelle First-Time Home Buyer Down Payment Assistance Program. This authorization includes the release of any financial information and documentation to the City of New Rochelle Department of Development from any lender to which I have applied for a mortgage or from any employer.

I understand that providing false or incomplete information will disqualify me from consideration in the City of New Rochelle First-Time Home Buyer Down Payment Assistance Program and/or represent a criminal offense. If any of the information provided in this application changes prior to closing, it is my responsibility to notify the City of New Rochelle Department of Development in writing so that an updated determination can be made regarding my eligibility status. If I have not closed on a house within six (6) months of the date qualified, I understand that I will be required to resubmit current financial information and documentation to determine that I still meet the eligibility requirements of the program. Program eligibility must be maintained from the point of application to the awarding of the grant assistance at the closing.

I understand that this is not an offer and that the terms and conditions of the City of New Rochelle First-Time Home Buyer Down Payment Assistance Program may be changed at any time by the U.S. Department of Housing and Urban Development (HUD) or by the City of New Rochelle. I further understand that notices by the City of New Rochelle may be made in such manner as the City may determine, including solely by advertisements.

I understand and acknowledge that the City of New Rochelle is not responsible to any party for the loss of a down payment or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the City of New Rochelle First-Time Home Buyer Down Payment Assistance Program, as so stated.

I understand and acknowledge that I have read the entire City of New Rochelle First-Time Home Buyer Down Payment Assistance Program Guidelines.

Applicant (Signature)

Applicant (Print Name)

Date

Applicant (Signature)

Applicant (Print Name)

Date

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency as to any manner within its jurisdiction.

DPAP Required Documentation Checklist

- ❖ **Use this checklist to be sure your application package is complete.**
- ❖ **Your application will not be considered complete unless all the following applicable documentation is included.**
- ❖ **Incomplete applications will not be reviewed for eligibility.**

- Copy** of a pre-approval letter from a lender.
- Signed and dated** City of New Rochelle First-Time Home Buyer Down Payment Assistance Program Guidelines.
- Signed and dated** City of New Rochelle First-Time Home Buyer Down Payment Assistance Program Application.
- Signed and dated** Mortgage Counseling Certificate from a HUD-certified mortgage counseling agency.
- Copy** of a valid Government issued ID Card (Driver's License, State Issued Photo ID, Passport or Permanent Resident Card or Alien Registration Receipt Card if Applicable)
- Copies of the most recent six (6) consecutive bank statements (checking & savings), financial statements, and/or credit union statements** with all pages for each applicable account. Please note that applicant(s) must have a minimum 1% of the purchase price of the down payment. Applicant is also responsible for closing costs fees
- Copy** of benefit statement for Social Security, SSI, annuities, or pension income statements
- Copy** of recent pay stubs for all employed house-hold members covering a 60-day period.
- Copies of your signed IRS 1040-Federal Tax Returns** with all required schedules and W-2 statements for the last three years. If you file electronically, please sign all schedules before sending them.
- Copy of Current school transcripts** for household members over the age of 18 receiving some type of income (if applicable).
- Copies of documentation** of unemployment and disability compensation, Worker's Compensation and severance pay (if applicable).
- Copy of statements** of payments from insurance policies, retirements funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum amount of prospective monthly amounts for the delayed start of a periodic payment.
- Copy of NYS Office of Temporary and Disability Assistance Division of Child Support Services statement** of monthly payments for last 12 months or copy of divorce decree stating such payments.

- Copy of alimony payments or divorce decree** stating such payments.
- Copy of Statement from Social Services** for government assistance, other than SNAP benefits.
- Copy** of statements of interest, dividends, and other net income of any kind from real or personal property
- For U.S. military veterans only:** to exempt from first-time home buyer status, a DD-214 discharge form verifying honorable discharge.
- Copy of Employment Verification Authorization Form**

The application may be mailed or dropped off at:

Westchester Residential Opportunities
470 Mamaroneck Avenue, Suite 410
White Plains, NY 10605

