



## City of Odessa Community Development Home of Your Own/Homeownership Assistance Programs

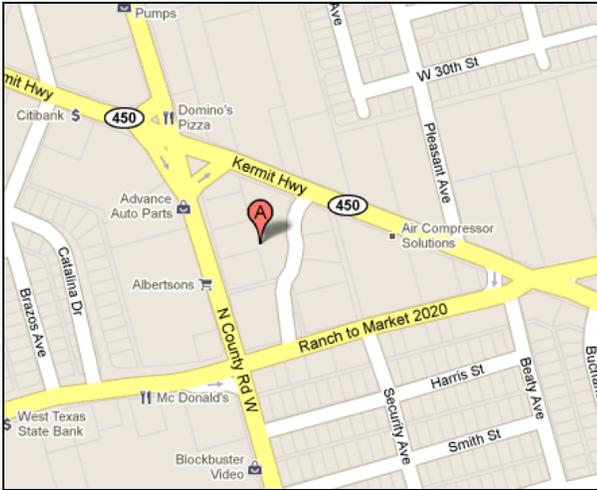
The following items must be submitted with your application before we can proceed with processing. All portions of the application must be completed. The following items must be submitted with your application (we can make copies for you in our office). Please check the boxes as you gather the required documentation:

- ID and Social Security cards for all members of the household
- Check Stubs for the **last three (3) months** for all employed persons who will be living in the home.
- Copy of Bank Statements, including checking and savings, and 401(k), and any other financial statements, for every person in the home, for the past **three (3) months**
- Copy of Last Year's Tax Return, along with W-2's, for all employed or previously employed persons who will be living in the home
- Employment Verification Form completed by employer for all employed persons who will be living in the home; including previous employer if current employer is less than one year.
- Benefits Statements for Social Security, Veteran's Assistance, Public Assistance, Retirement, Other, if applicable
- Child Support Statement, if applicable (from Attorney General's Office)
- Copy of Divorce Decree, if applicable (from County Clerk's Office)

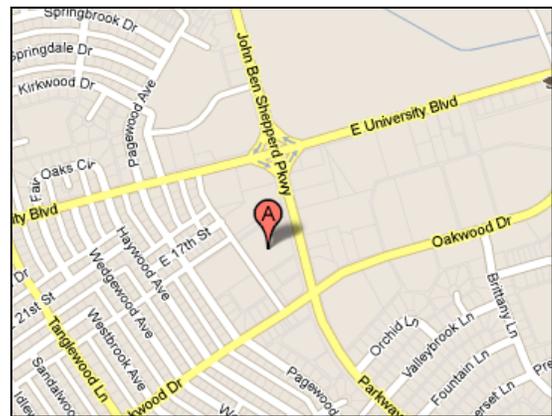
**Please return to:**  
**City of Odessa Community Development**  
**119 W. 4<sup>th</sup> Street, Ste 104**  
**Odessa, Texas 79761**

**If you have any questions concerning the application,**  
**Please don't hesitate to call our office at (432) 335-4820.**  
**Our fax number is: (432) 335-4817.**

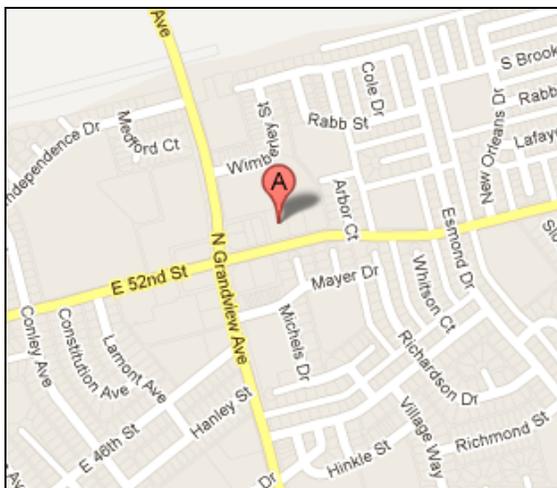
Contact one of the following approved lenders to apply for a home mortgage loan:



**First Basin Credit Union**  
Mortgage Department  
2740 N County Road W  
Odessa, Texas 79764  
(432) 333-5600



**Primelending**  
1541 JBS Pkwy Ste 16  
Odessa, Texas 79761  
(432) 550-2011



**Supreme Lending**  
3815 East 52<sup>nd</sup> Street  
Odessa, Texas 79762  
(432) 552-9000



CITY OF ODESSA COMMUNITY DEVELOPMENT  
HOMEBUYER ASSISTANCE PROGRAMS



APPLICATION FOR ASSISTANCE

I am applying for a:  New Home  Existing Home  
Applied at Bank:  Yes, Bank Name: \_\_\_\_\_  No  
Pre-approved:  Yes, Amount: \$ \_\_\_\_\_  No

Are you able to read, speak and understand English?  Yes  No

Do you or any household member currently own a home or a mobile home:  Yes  No If yes, please list address:

**A. Personal Data**

Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please state:  Never Married  Single  Divorced  Separated  Married  Widowed

Family Size (#): \_\_\_\_\_ U.S. Citizen:  Yes  No

Will there be anyone living in the newly acquired home with physical disabilities?  Yes  No If yes, please explain:

**Ethnic Category** (you must check one):  Hispanic  Non-Hispanic

**Race Group** (you must check one):  White  Black or African American  Asian  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 American Indian/Alaska Native *and* White  Asian *and* White  
 American Indian or Alaska Native *and* Black or African American  Black or African American *and* White

**Financial Institution/Bank Information** (if separate accounts, list all):

Account Holder Name: _____	Bank Name: _____
Checking Account #: _____	Balance: \$ _____
Savings Account #: _____	Balance: \$ _____
Account Holder Name: _____	Bank Name: _____
Checking Account #: _____	Balance: \$ _____
Savings Account #: _____	Balance: \$ _____

*Your application cannot be processed unless it is completed in full, all applicants have signed and dated in the designated areas and all required documentation has been submitted.*



**B. Employment (If Employment is less than one year, please show previous employment)**

Applicant's Current Employer:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Previous Employer (if less than one year at current job):

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Co-Applicant/Spouse's Current Employer:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Previous Employer (if less than one year at current job):

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Other Applicant's Current Employer:

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_

Previous Employer (if less than one year at current job):

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_



CITY OF ODESSA COMMUNITY DEVELOPMENT  
 HOMEBUYER ASSISTANCE PROGRAMS



**C. Income Verification**

Applicant's Monthly Income		Co-Applicant/Spouse's Monthly Income	
Employment Salary & Wages	\$ _____	Employment Salary & Wages	\$ _____
AFDC/TANF	\$ _____	AFDC/TANF	\$ _____
Child Support	\$ _____	Child Support	\$ _____
Disability Income	\$ _____	Disability Income	\$ _____
Employee Retirement Benefits	\$ _____	Employee Retirement Benefits	\$ _____
Other	\$ _____	Other	\$ _____
Rental Income	\$ _____	Rental Income	\$ _____
Social Security	\$ _____	Social Security	\$ _____
Supplemental Social Security	\$ _____	Supplemental Social Security	\$ _____
Unemployment Benefits	\$ _____	Unemployment Benefits	\$ _____
Veteran's Benefits	\$ _____	Veteran's Benefits	\$ _____
<b>Total <u>Monthly</u> Income:</b>	<b>\$ _____</b>	<b>Total <u>Monthly</u> Income:</b>	<b>\$ _____</b>

ALL OTHER HOUSEHOLD INCOME:			
List all other sources of household income for other people who will live in the home			
Name	Relationship	Income Source	Monthly Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Applicant's Monthly Income:** \$ \_\_\_\_\_

**Co-Applicant's Monthly Income:** \$ \_\_\_\_\_

**Other Monthly Household Income:** \$ \_\_\_\_\_

**TOTAL MONTHLY HOUSEHOLD INCOME:** \$ \_\_\_\_\_

**TOTAL ANNUAL (YEARLY) HOUSEHOLD INCOME:** \$ \_\_\_\_\_



**D. Family Survey**

LIST ALL PERSONS WHO WILL LIVE IN, OR INTENDS TO LIVE IN, THE NEWLY ACQUIRED HOME:

ADULTS (PERSONS 18 YEARS OF AGE AND OLDER)					
Name	Social Security #	Relationship	Age	Sex	
Applicant:	_____	_____	_____	_____	_____
Co-Applicant/Spouse	_____	_____	_____	_____	_____
Other Adult:	_____	_____	_____	_____	_____
Other Adult:	_____	_____	_____	_____	_____
Other Adult:	_____	_____	_____	_____	_____

CHILDREN				
Name as it Appears on Social Security Card	Date of Birth	Relationship to Applicant	Absent Parent's Name	Absent Parent's Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If separated or divorced, List name and address of spouse / ex-spouse:

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Social Security # (if known)	Social Security # (if known)
_____	_____
Date of Divorce/Separation	Date of Divorce/Separation



**E. Assets**

1. Do you currently make any **mortgage/home loan payments**?  Yes  No If yes, List property address and to whom payments are made: \_\_\_\_\_

2. Do you or any household member own or have an interest in any real estate or any type of recreational vehicle or boat?  Yes  No If yes, please list: \_\_\_\_\_

3. Have you sold any **real estate** in the last two (2) years?  Yes  No If yes, please explain: \_\_\_\_\_

4. Do you have any **investments** such as stocks, bonds, mutual funds, IRA's, 401(k)'s, or any other type of investment?  Yes  No If yes, please list: \_\_\_\_\_

5. Do you have any **savings accounts**:  Yes  No If yes, give bank, account numbers and balances:  
Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_  
Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_ Balance: \$ \_\_\_\_\_

6. Do you have a **vehicle**?  Yes  No  
Make/Model/Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Owner: \_\_\_\_\_  
Make/Model/Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ Owner: \_\_\_\_\_

7. Does anyone outside your household pay for any of your bills or give you **money** on a regular basis:  Yes  No If yes, explain: \_\_\_\_\_

8. Have you or any other adult member lived in any **assisted housing**?  Yes  No If yes, list when and where: \_\_\_\_\_

9. Have you or any member of your household ever been convicted of any **crime** other than traffic violations?  Yes  No If yes, explain: \_\_\_\_\_

10. Have you or anyone in your household ever committed any **fraud** in a federally assisted housing program or been asked to repay money for knowingly misrepresenting information for such housing programs?  Yes  No If yes please explain: \_\_\_\_\_



CITY OF ODESSA COMMUNITY DEVELOPMENT  
HOMEBUYER ASSISTANCE PROGRAMS



**F. Debts**

<b>Applicant:</b>			
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
<b>Co-Applicant/Spouse:</b>			
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	
Creditor: _____	Monthly Payment: \$_____	Balance: \$_____	

Previous Bankruptcy:  Yes  No If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any credit problems?  Yes  No If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



CITY OF ODESSA COMMUNITY DEVELOPMENT  
HOMEBUYER ASSISTANCE PROGRAMS



**G. Certification**

I herewith make an application to the City of Odessa, Office of Community Development, for Homebuyer Assistance under the Homebuyer Assistance Programs.

I authorize the City of Odessa to obtain verification of income, employment, bank, savings, and/or loan deposits, mortgages or deeds of trust and/or any other pertinent data required. The authorization is given with the understanding that such information will be kept strictly confidential; recognizing however, that it may be subject to disclosure under the Texas Open Records Act.

I do hereby swear and attest that all of the information being furnished by me is true and correct. I have not intentionally or with forethought withheld any information, which would have any bearing on my qualification and that if I have, my application is invalid. I also understand that all changes to the income of any member of the household as well as any changes in the household members must be reported to the Community Development Department **IN WRITING IMMEDIATELY**.

***WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. WHOEVER MAKES FALSE STATEMENTS SHALL BE FINED UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE (5) YEARS OR BOTH.***

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**FEDERAL PRIVACY ACT STATEMENT**

The U.S Department of Housing and Urban Development (HUD) collects information on perspective homeowners in HUD-assisted housing. The U.S. Privacy Act of 1974 established requirements governing HUD’s use and disclosure of the information it collects on individuals and families.

Participating jurisdictions such as the City of Odessa who operate such housing programs send HUD information on their clients’ income, family composition, rent, etc. The client when applying or being re-examined already gave this information. It is transferred to HUD forms and used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

***USE: HUD uses the information for budget development, program evaluation and planning and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and to verify the accuracy and completeness of the income information.***

**PUBLIC ACCESS:** Summaries of client data are available to the public. The Privacy Act of 1974 restricts disclosure of information about individuals and families. Such information is released to appropriate Federal, State or Local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal or regulatory matters.

The Privacy Act restricts HUD’s disclosure of information on individuals and families but does not restrict the Homebuyer Assistance Programs from releasing such information. There may be State and Local laws or regulations that govern disclosure by the Homebuyer Assistance Programs.

**INFORMATION REQUIREMENTS:** Giving your social security number to HUD for the Homebuyer Assistance Programs is voluntary. Failure to give it does not affect your eligibility or the amount of your payment. HUD uses the social security number as an identifier in computer-matching to check the eligibility of the client.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so may result in eviction or the withdrawal of housing assistance (depending on the housing program).

**PENALTY:** You must provide all of the information requested by the Homebuyer Assistance Programs, including all social security numbers you and all other household members age six (6) years and older have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**AUTHORITY:** HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended 42 U.S.C., 1437 et. seq., the Housing and Community Development Act of 1981, Public Law 97-35, Stat., 348, 408.

**SIGNATURE:** I have read this Federal Privacy Act Statement.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date



**FEDERAL PRIVACY ACT NOTICE**

**FEDERAL PRIVACY ACT NOTICE FOR THE** City of Odessa HOME Investment Partnership Program (HOME Program), a program provided by the United States Department of Housing and Urban Development (HUD).

**PURPOSE:** Family income and other information are being collected by the Department of Housing and Urban Development (HUD) to determine an applicant’s eligibility.

**USE:** HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information furnished. HUD or the HOME Program may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**PENALTY:** You must provide all of the information requested by the HOME Program, including all social security numbers you and all other household members age six (6) years and older have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**AUTHORITY FOR INFORMATION COLLECTION:** The following laws authorize the collection of this information by HUD or the HOME Program: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1964, and Title VIII of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security Numbers of all household members at least six (6) years old.

I read the Privacy Act Notice on \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date



**APPLICANT CERTIFICATION**

Applicant(s) Statement:

I/We certify that the information\* given to the City of Odessa HOME Program on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hotline at 800-424-8590. (Within Washington D.C. Metropolitan area, call 426-3500)

\*After verification by the HOME Program, the information will be submitted to the Department of Housing and Urban Development. See the Federal Privacy Act Statement for more information about its use.



**EMPLOYMENT VERIFICATION FORM**

**(To be submitted for each employed person in the household, and used for previous employment if current employment is less than one year – Copy as many as needed for household)**

**(PLEASE FILL IN NAME, SOCIAL SECURITY NUMBER, SIGN AND HAVE YOUR EMPLOYER COMPLETE BOTTOM PORTION)**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Authorization to release the below requested information:**

\_\_\_\_\_  
**Signature**

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

*In order to establish the eligibility for the Homeownership Assistance Program, the City of Odessa is required to verify the income eligibility of all prospective homebuyers. Total family adjusted income should not exceed eighty percent (80%) of the median income for the City of Odessa. The person identified above has informed us that he/she is now, or has been within the past twelve (12) months, employed by your firm. Your cooperation and prompt return of the information requested below will benefit your employee, will be held in strictest confidence, and will be used only as is legally necessary by the City of Odessa.*

**TO BE COMPLETED AND SIGNED BY EMPLOYER ONLY:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation/Title of Employee above: \_\_\_\_\_

Date of employment: \_\_\_\_\_ to \_\_\_\_\_  Permanent  Temporary

Base rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Overtime rate of pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_

Overtime hours worked per week: \_\_\_\_\_

Estimated amount of Tips: \$ \_\_\_\_\_ Bonuses: \$ \_\_\_\_\_ Commissions: \$ \_\_\_\_\_

Estimated earnings this year: \$ \_\_\_\_\_

Is medical insurance deducted from pay?  Yes  No If yes, how much: \$ \_\_\_\_\_ per payday

Firm Name: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Printed Name

Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date