



MINIMUM APPLICATION PROCESSING TIME IS 21 DAYS FROM DATE OF RECEIPT OF ALL DOCUMENTS

MHO NEW HOME PROGRAM/DOWNPAYMENT ASSISTANCE IN-TAKE FORM

64 Clingman Avenue, Suite 10 Asheville, NC 28802 (828) 254-4030 (828) 254-0124 FAX

GENERAL INFORMATION

Applicants Name (include Jr. or Sr. if applicable)			Co-Applicants Name (include Jr. or Sr. if applicable)		
Social Security Number	Home Phone	Date of Birth	Social Security Number	Home Phone	Date of Birth
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Co-Applicant)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed)		Dependents (not listed by Applicant)
		No. Ages			No. Ages
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.		
If residing at present address for less than two years, please complete the following:			E-Mail Address:		
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent _____ No. Yrs.			\$		

CURRENT MONTHLY RENT OR HOUSING EXPENSE \$

HOUSEHOLD AND INCOME INFORMATION (Include applicant(s) and all other household members)

Please list all persons who will reside in the home as well as all income received. Each individual if more than one source is received by an individual then use more than one row for that individual. Total Household Gross Income should reflect all income received by all household members.

First and Last Name	Relation to Applicant	Date of Birth	Social Security #	Gross Annual Income*	Source of Income (ie: child support, employer, disability)
Total Household Gross Annual Income				\$	

EMPLOYMENT HISTORY

Applicant's Name and Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job	Co-Applicant's Name and Address of Employer <input type="checkbox"/> Self Employed	Yrs. on this job
	Yrs. employed in this line of work/profession		Yrs. employed in this line of work/profession
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
If employed in current position for less than two years or if currently employed in more than one position, please complete the following:			
Name and Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name and Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)
	Monthly Income		Monthly Income
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)
Name and Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)	Name and Address of Employer <input type="checkbox"/> Self Employed	Dates (from – to)
	Monthly Income		Monthly Income
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business	Business Phone (incl. area code)

ARE YOU A GRADUATE OF THE HOMEBUYER EDUCATION CLASS OFFERED BY THE AFFORDABLE HOUSING COALITION OF ASHEVILLE AND BUNCOMBE COUNTY? (If yes, attach copy of "Certificate of Achievement") If no, please contact The Affordable Housing Coalition at (828)-259-9216 or OnTrack (formerly Consumer Credit Counseling Services) at (828)-255-5166 to schedule "Homebuyer Education" classes and obtain your certification. **(REQUIRED)**

Yes _____ No _____

ASSETS

Checking Account		Checking Account		Savings Account	
Institution:		Institution:		Institution:	
Account Number:		Account Number:		Account Number:	
Balance/Value		Balance/Value		Balance/Value	
Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly		Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly		Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	
Savings Account		Investments		Investments	
Institution:		Institution:		Institution:	
Account Number:		Account Number:		Account Number:	
Balance/Value		Balance/Value		Balance/Value	
Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly		Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly		Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	
Other		Other		Other	
Institution:		Institution:		Institution:	
Account Number:		Account Number:		Account Number:	
Balance/Value		Balance/Value		Balance/Value	
Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly		Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly		Account held by: <input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Jointly	
Real Estate					
Property Address		Present Market Value		Amount of Mortgages & Liens	
		\$		\$	
		\$		\$	
		\$		\$	

LIABILITIES

	Creditor	Account Number	Balance	Monthly Payment
Auto Loan or Lease				
Auto Loan or Lease				
Revolving Account				
Revolving Account				
Revolving Account				
Other				
Other				
Attach additional sheets, if necessary, and list ALL debts. Failure to disclose ALL assets/debts could result in delays and/or loan application denial.			Total	

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans 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.

APPLICANT

I do not wish to furnish this information.

Race or National Origin:

- American Indian or Alaskan Native
- American Indian or Alaskan Native & White
- American Indian or Alaskan Native & Black
- Native Hawaiian or Pacific Islander
- Asian Asian & White White
- Asian & Black/African American
- Black/African American
- Black/African American & White
- Other (specify) _____

In addition to race, do you consider yourself Hispanic?

Yes No

Sex: Female Male

CO-APPLICANT

I do not wish to furnish this information.

Race or National Origin:

- American Indian or Alaskan Native
- American Indian or Alaskan Native & White
- American Indian or Alaskan Native & Black
- Native Hawaiian or Pacific Islander
- Asian Asian & White White
- Asian & Black/African American
- Black/African American
- Black/African American & White
- Other (specify) _____

In addition to race, do you consider yourself Hispanic?

Yes No

Sex: Female Male

CERTIFICATION

I certify that all of the above information is correct and true and all income and assets have been disclosed to the best of my knowledge. I understand that the completion of this application in no way guarantees me that I will receive housing

Signature of Applicant

Date

Signature of Co-Applicant

Date





DPA Application Check-List

At the time of application for Downpayment Assistance, MHO requests that several documents be provided. Please come prepared with as many of these documents as possible, for the more we receive, the faster we are able to process your loan.

The items needed are as follows:

- **Copies of Social Security Card & Driver's license for all parties applying for the loan, *If you do not have your SS Card, please bring in a document, such as a pay stub, that lists your SS number.***
- **Copy of Credit Report,**
- **Written explanation of credit problems, and copies of satisfactory alternative credit, such as a twelve-month history of utility payments.**
- **Homebuyer Education Certificate, *This class is offered by On Track (contact number 255-5166). The completion certificate is needed prior to closing in order to disperse funds.***
- **Copy of 1003 Residential Loan Application from first mortgage lender**
- **Copy of Good Faith Estimate from first mortgage lender**
- **30 days of most recent pay stubs, *tax returns only if you are self-employed***
- **2 years tax returns**
- **Copies of source documentation for all other sources of income to the household, including but not limited to, Social Security, Child Support, Public Assistance, etc... *This information is needed for all income into the household, not just for individuals applying for the loan.***
- **2 months deposit verifications**
- **Gift letter, *if applicable***
- **Copy of Separation/ Divorce Decree, *if applicable***
- **Copy of appraisal**
- **Copy of home inspection *(OR Life Safety Letter if property is located within the City Limits of Asheville)***
- **Copy of Offer to Purchase Contract**
- **Copy of Certificate of Occupancy, *for new construction only***
- **URA Documentation, *if applicable***

Also, when you come in to deliver documents, you will need to sign the following documents:

- **MHO Intake Sheet**
- **MHO Client Authorization form *(allows MHO to pull credit, contact employers, speak with your first mortgage lender, etc...)***
- **Verification of Employment form, one for each employer.**

PLEASE NOTE: The above listed items are needed for all applicants on the loan. PLEASE DO NOT SUBMIT YOUR ORIGINAL RECORDS TO MHO. WE CANNOT GUARANTEE THE SAFETY AND STORAGE OF ANY ORIGINAL DOCUMENTATION.

*****THERE IS A \$300 FLAT LOAN FEE DUE AT THE TIME OF CLOSING FOR ALL MHO LOANS*****

Mountain Housing Opportunities

64 Clingman Ave.

Suite 101

Asheville, NC 28801

828-254-4030 FAX: 828-254-0124

AUTHORIZATION TO RELEASE INFORMATION

NOTICE TO BORROWER(S):

This form will allow Mountain Housing Opportunities (MHO) to:

- Request any Verification of Employment, Verification of Deposit, or Verification of Mortgage or Rent;
- To release certain information to its employees involved in processing your application; and
- To reverify any information contained in your loan application either before the loan is closed or after closing.
- To pull a credit report

Your authorization to release this information and request these verifications will expedite the processing of your loan application.

TO WHOM IT MAY CONCERN:

I hereby authorize MHO, its agents, successors and assigns to verify my past and present employment history and earnings records, social security and other retirement benefits, bank accounts, stock and bond holdings, and any other asset balances needed to process my mortgage loan application. I further authorize MHO to order a consumer credit report and I authorize MHO and the credit Bureau to verify information including past and present mortgage and landlord references. MHO, its agents, successors and assigns may reverify the information or documents used in processing my mortgage loan application at any time during the life of the loan.

I hereby authorize MHO or any potential investor or insurer of this specific credit transaction to obtain state records of employment and income history, including State Employment Security Agency records for a period of one year from the date of this authorization. I understand that a refusal to consent shall not be the basis for the denial of credit and that my decision to disclose is voluntary and not required by law.

I hereby authorize MHO to release information concerning the disposition of my application to its employees involved in processing my application and, if my application is rejected or MHO makes a counter offer, MHO may release the reasons for its actions to such persons.

The information obtained is only to be used in connection with the processing of my application for a mortgage loan, or in connection with any quality control program which reviews the application.

A COPY OF THIS RELEASE IS ALSO AN ACCEPTABLE AUTHORIZATION.

Borrower

Borrower

Date