



**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:			<b>E-Mail Address:</b>		
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		Present Market Value		Amount of Mortgages & Liens	
Property Address					
		\$		\$	
		\$		\$	
		\$		\$	

## 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.			<b>Total</b>	

## 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



## **DOCUMENTATION TO BE SUBMITTED WITH YOUR APPLICATION TO:**

Please fill out the application as completely as possible. When you are finished, you may mail the completed application with the documentation listed below to **Mountain Housing Opportunities, Inc., 64 Clingman Avenue, Suite 101 Asheville, North Carolina 28801.**

### **You must include the following items with your application:**

- ❖ **Picture ID:** A copy of each applicants driver's license, pass port, or other photo identification. If you have had a name change at any time, please supply supporting documentation with your identification information.
- ❖ **Social Security Card:** A copy of each applicants original Social Security Card.
- ❖ **Non-Citizens:** A copy of your Alien Registration Cards, if applicable.
- ❖ **Credit Information:** Accurate names, addresses and account numbers for all current debts and credit references. If you have a current copy of your credit report(s) you may submit a copy of it also.
- ❖ **Credit Report Fee:** A check or Money Order to pay the cost of pulling your credit report. (If you prefer, you may pull your own report and provide us a complete copy.)
  - The fees are:
    - Joint application (husband/wife combined) - \$ 34.00
    - Single application (one person ) - \$ 25.00
- ❖ **Income Tax Forms:** Signed Federal Income Tax Return for the most recent year.  
**\*\*NOTE: *If Self-Employed, bring two (2) years of tax returns, including Profit/Loss Statements, and a year-to-date Profit/Loss Statement.***
- ❖ **Bank Statements:** Copies of your two (2) most recent checking, savings, and all other asset accounts. (Include investment accounts, business accounts, etc.)
- ❖ **Employment Verification:** Copies of your two (2) months of your most recent and consecutive pay stubs from your current employer(s). If you have worked for your current employer less than two (2) years, you must also provide the names and addresses of your previous employers to cover a one (1) year period of stable employment.
  - **If you are paid:**
    - **WEEKLY** – you need eight (8) weeks of paystubs
    - **BI-WEEKLY** – you need four (4) consecutive pay periods of paystubs
    - **SEMI-MONTHLY** – you need four (4) consecutive pay periods of paystubs
    - **MONTHLY** – you need two (2) consecutive months of paystubs

**(OVER)**

- ❖ **Other Income:** Verification of income for all other household members from employment , social security (SSD, SSI, etc.), disability payments, VA benefits, AFDC, pensions, alimony, child support, HUD Section 8 rental voucher, and all other benefits or sources of income. *(Example: Copies of checks from SS, SSI, SSD, VA Award Letter(s), bank statements showing direct deposit of SS and/or VA benefits, statement from DSS, , divorce/custody agreements, check copies and or print-outs from Child Support Enforcement, etc.)*
- ❖ **Landlord Verification:** Name, address, and phone number of your current landlord. We require two years of landlord history. If you have not been at your current address for at least two (2) years, please supply the name, address and phone number for any other landlords you have had in the past two (2) years.
- ❖ **Separation/Divorce:** A copy of your Divorce or Legal Separation papers, if applicable.
- ❖ **Child Care:** Name and address of child care provider for day care paid on behalf of children under age 13.
- ❖ **Medical Expenses:** For households with applicants, **aged 62 or older**, provide documentation of medical expenses that are not reimbursed by insurance.

In order to ensure proper determination of eligibility for those with interest in participating in our affordable homeownership program, we ask that you please supply as much of the requested documents with your initial application as possible.

Minimum application processing time is 21 days from the date of receipt of all required documents.

If you questions about the documents requested, please contact:

Sadie Funderburk  
Homeownership Coordinator  
828-254-4030 Ext. 122  
828-254-0124 FAX

**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