# CAMBRIDGE HOMEBUYER PROGRAM FINANCIAL ASSISTANCE APPLICATION

City of Cambridge Community Development Department, Housing Division 344 Broadway, Cambridge, MA 02139

	The Standard Committee of the Standard Commi				
Applicant Name:		Date:		_	
Head of Household					
Co-Applicant Name:					
Home Address:					
Number & Street	Apt.#	City	State	Zip	
Mailing Address:					
Number & Street or Po	O Box Apt.#	City	State	Zip	
Telephone #:		_No. of people	in household	•	
Day	Evening	-			
How long have you lived at current ad	ldress?	How long have you lived in			
Cambridge? What is your	present rent?_	***************************************			
Current Landlord:					
Name		1ddress		Phone	
List all household members that will be occ	cupying your new		f, children and those		
Name SS #	# DOB	1	+ 1	Fross Annual	
·		Appli	cant	Income	

You MUST provide documentation for all income you have declared. Copies only. The City cannot be responsible for original documents and is unable to make copies for you.

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### **EMPLOYMENT INFORMATION**

Household Member	Employer/Address	Name of Supervisor	Job title and Length of employment	Telephone #

#### REQUIRED DOCUMENTATION WHICH APPLY TO YOUR INCOME.

AND ANY OTHER INCOME RECEIVED SINCE THE BEGINNING OF THE CURRENT YEAR (FOR EXAMPLE: BONUS, INHERITANCE ETC.)

- ➤ If weekly payroll, four (4) of your most recent weekly pay stubs,
- If bi-weekly or bi-monthly, two (2) pay stubs for bi-weekly and bi-monthly payroll, or
- ➤ Or letter from your employer on company stationery stating your gross earnings for the last four weeks.
- > A letter from Social Security stating your benefits or a copy of your most recent check or a bank statement.
- ➤ If Self employed, please submit profit & loss statement (schedule C) and related tax information for most recent two consecutive years.

### FEDERAL TAX RETURN DOCUMENTATION

All applicant's must submit a copy of the most recent <u>federal tax return</u>, <u>including all W-2's and 1040s,1099s and all associated forms</u> for each household member over the age of 18. If a household member is not listed on the federal tax return and has not submitted an individual tax return, provide an explanation and appropriate documentation.

### **FULL TIME STUDENTS:**

If you have any household member over 18 years of age who is a full-time student, you must provide documentation from the school describing enrollment status.

### NO INCOME DOCUMENTATION:

If you have any household member over 18 years of age who has no source of income (no employment or financial benefits) contact CDD for a ("Statement of NO Income") form.

### **SAVINGS & CHECKING ACCOUNTS:**

Submit copies of three months of the most recent statements for all bank accounts for all members of the household.

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# **COPY OF SOCIAL SECURITY CARD**

# CREDIT REPORT

Application

Submit a copy of a consumer credit report issued within the previous sixty (60) days for all applicants to be listed on the deed and mortgage.

# MORTGAGE PRE-APPROVAL

Submit a pre-approval from a bank for a 30-year fixed rate mortgage. The pre-approval must be dated no more than thirty (30) days prior to the submission of the application.

	ication ever an owner or part owner of any real estate?  ation:
•	omebuyer Training Program?
If yes, when?	Where?
month & year	Where? city or town
Have you received individual cou	nseling through CDD?If yes, when?
Have you or any member of your yes, when?	household ever been convicted of property damage?
Have you or any members of you when?	r household ever filed bankruptcy? If yes,
<u>01</u>	HER SOURCES OF INCOME:
RETIREMENT INCOME OR	DISABILITY AWARD:
Name of Recipient:	Amount of Monthly Income: \$
Name of Company:	
•	A letter from the source of retirement or disability income long you have been receiving them or a copy of your most
SOCIAL SECURITY INCOM	<b>:</b> :
Name of Recipient:	Gross Monthly Amount: \$
Acceptable Documentation: your most recent check or a b	A letter from Social Security stating your benefits or a copank statement.

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VETERAN'S ASSISTANCE	<b>E:</b>		
Name of Recipient:		Gross Monthly An	nount: \$_
<b>-</b>	ion: A letter from Veteran's Ant check or a bank statement.	dministration station	ng your l
PUBLIC ASSISTANCE:			
_	ion: A letter from the Public A u have been receiving them.	Gross Monthly Am Assistance Office s	-
UNEMPLOYMENT:			
Name of Recipient:	W	eekly Amount: \$_	
Acceptable Documentati	When do they explore: Your most recent unemple tount of benefits and the date be	oyment check stub	s or a let
anompioymoni stating am			
CHILD SUPPORT/ALIMO		Weekly:	_Bi-weel
CHILD SUPPORT/ALIMO Amount Received: \$  Acceptable Documentate support or a copy of the co	ONY:	eck(s) for one mon lawyer stating the	th's alim amount
CHILD SUPPORT/ALIMO Amount Received: \$  Acceptable Documentate support or a copy of the confrequency you receive pay  INTEREST/DIVIDEND: (Interest of the confrequency)	Payment(s): Monthly:  ion: A copy of most recent cheourt order or a letter from your yment, and the date you started in excess of \$100.00)	eck(s) for one mon lawyer stating the receiving that am	th's alim amount ount.
CHILD SUPPORT/ALIMO Amount Received: \$  Acceptable Documentate support or a copy of the confrequency you receive pay  INTEREST/DIVIDEND: (In Name of Recipient:	Payment(s): Monthly:  ion: A copy of most recent che ourt order or a letter from your yment, and the date you started in excess of \$100.00)  Source	eck(s) for one mon lawyer stating the receiving that am	th's alim amount ount.
CHILD SUPPORT/ALIMO Amount Received: \$  Acceptable Documentation support or a copy of the confrequency you receive pay  INTEREST/DIVIDEND: (In Name of Recipient: Annual Interest: \$	Payment(s): Monthly: ion: A copy of most recent che ourt order or a letter from you yment, and the date you started in excess of \$100.00)  Source ion: A letter from the source	eck(s) for one moner lawyer stating the lawyer stating that amount of the lawyer stating the lawyer statin	th's alim amount ount.

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### **ASSETS:**

List all Savings Accounts of Applicants: (includes financial institutions, 401K, Money Market)

Institution:	Cı	ırrent Balance: \$		
Institution:	C	ırrent Balance: \$		
Institution:	Cı	ırrent Balance: \$		
List all Checking Accounts of	f Applicants:			
Institution:		rrent Balance: \$		
		Current Balance: \$		
List all loans with outstandin loans:		EBTS: uding car loans, pers	sonal loans and student	
Name of Lender:	Ba	lance Due:	Monthly Payment:	
Name of Lender:	Ba	lance Due:	_Monthly Payment:	
Credit Cards:				
Card Name:I	Balance:	Minimum Monthly Payment:		
Card Name:	Balance:	Minimum Monthly Payment:		
Card Name:I	Balance:	Minimum Monthly Payment:		

#### **CERTIFICATIONS**

I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We also certify that I/We have never owned any real estate property. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

#### **LEAD PAINT HAZARDS**

I/We, as prospective owners of property are aware of the hazards of lead paint that may affect the occupants of the property for which we are seeking assistance, specifically any child aged six or younger.

I/We understand that I/We may be required to eliminate the hazard should it pose a threat to the future inhabitants of the property pursuant to the requirements of the Massachusetts Lead Law.

### PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C.

"Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.... Or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both."

♦ All persons whose names will ap	pear on the deed when property purchased must sign here:	
Signature:	Date:	
Signature:	Date:	
• All persons whose names will ap	pear on the deed when property purchased must sign here:	
obtain information regarding my ho Homebuyer Program. This includes present or former tenancies, and creparties having such information, incauthorize and release any parties from	City of Cambridge, its Community Development Department sisehold's eligibility for financial assistance through the Cambrinformation about my household's income and employment, as lit history, including court judgments and bankruptcies, from a lithing employers, financial institutions, agency, or housing autly whom that information is requested to release it to the City of	idge ssets, any hority. I
Cambridge and their employees.		
Signature:	Date:	
Signature:	Date:	
	Please submit completed application to:	

City of Cambridge Community Development Department, Housing Division 344 Broadway Cambridge, MA 02139

Incomplete applications will be not be considered

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