



City of Dearborn Heights

Neighborhood Stabilization Program



Family Composition

APPLICANT NAME: _____
Last First Middle Date of Application

ADDRESS: _____
Street City Zip

HOME TELEPHONE #: _____ WORK TELEPHONE #: _____

MARITAL STATUS: Married Widowed Divorced Separated Single

List all persons including applicant, who reside at the above address. (List Head of Household first, then indicate the relationship of all persons to the head of the household.)

NAME _____ SOCIAL SECURITY # _____
RELATIONSHIP _____ OCCUPATION _____
BIRTHDATE _____ AGE _____ SEX _____ HANDICAPPED or DISABLED _____

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BIRTHDATE _____ AGE _____ SEX _____ HANDICAPPED or DISABLED _____

HBAA Ref # _____

Employment Income

List all full and/or part-time employment for all household members (excluding minor dependent children and dependents that are full-time students.) Include self-employment earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME and ADDRESS	GROSS EARNINGS (Before taxes or deductions)	
		\$	\$
		per	per
		\$	\$
		per	per
		\$	\$
		per	per

Other Income

Examples: FIP, GA, Social Security, SSI, pensions, disability, compensation, unemployment compensation, interest from savings, babysitting, caretaking, alimony, child support, annuities, dividends, income from real estate.

HOUSEHOLD MEMBER	SOURCE OF INCOME	GROSS EARNINGS (Before taxes or deductions)	
		\$	per
		\$	per
		\$	per

Assets

Please complete the following information below:

Checking Account Number:	Bank Name:	Current Balance:
		\$
Savings Account Number:	Bank Name:	Current Balance:
		\$
Certificate of Deposit Number:	Bank Name:	Current Balance:
		\$

Do you own or have you ever owned any stocks or bonds? YES NO
 If yes, what is the current market value? \$ _____

Do you own or have you ever owned real estate? YES NO
 If yes, what is the current market value? \$ _____

Checklist

Complete each item below:

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a citizen of the United States. (If no, have immigration documents) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive money/wages. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-employed. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from Workers' Compensation. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive GI Bill benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive military active duty allotments. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security Supplemental Security Income (SSI) |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance other than food stamps (FIP, SFA, SDA, RAP, Stepparent Assistance) |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support or alimony. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive payments from retirement funds or pensions. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive payments from trust, annuity or inheritance. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive payments from insurance policies. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive payments from lottery winnings. |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of real estate or personal property. |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a land contract or land contracts. |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a mobile home. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have personal property held for investment purposes (gems, jewelry, coin and stamp collections, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions or gifts including rent or utility payments, on an on going basis from persons not living with me. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account. (List banks, credit unions, etc. on page two) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account. (List banks, credit unions, etc. on page two) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have certificate of deposit. (List banks, credit unions, etc. on page two) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have IRA's or Keough accounts. (List banks, credit unions, etc. on page two) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have stocks or bonds. (If yes, list amounts on page two) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have sold, given away or otherwise transferred ownership of assets within the last two years.
(If yes, what items) |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay Medicare premiums. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical insurance premiums, other than Medicare. |
| <input type="checkbox"/> | <input type="checkbox"/> | I pay medical or prescription expenses which are not reimbursed by insurance. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is 17 years of age or younger who has unearned income.
(example: Social Security) |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member under the age of 7 years who has an <i>identified</i> elevated blood level (EBL). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income/assets from sources other than those listed above. (If yes, what type?) |

Submission Requirements Checklist

- Certified Drivers License
- Most recent 1040 and income tax documents
- Last two payroll stubs
- Statement of Benefits (e.g. Social Security, Disability), if applicable
- Proof of Residency (Lease, Utility Bills)
- Bank Statements (Savings Account and Checking Account)
- Investment Statements (IRA, 401K, Stocks, Bonds, Retirement Accounts)

Applicant Certification

I/WE DO HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE, AND INQUIRIES MAY BE MADE TO VERIFY THE STATEMENTS MADE HEREIN. I UNDERSTAND THAT PROVIDING FALSE INFORMATION WILL RESULT IN DENIAL OR TERMINATION FROM THE HOMEBUYER ASSISTANCE PROGRAM.

IN ADDITION, I HEREBY CERTIFY THAT I AM WILLING TO COMPLY WITH ALL FEDERAL AND CITY REGULATIONS. FAILURE TO COMPLY SHALL RESULT IN DISQUALIFICATION FROM THE PROGRAM. THE CITY OF DEARBORN HEIGHTS RESERVES THE RIGHT TO MODIFY THE PROGRAM WITHIN FEDERAL REQUIREMENTS.

Applicant Signature

Date

Applicant Signature

Date

HBAA Ref # _____