



CASE # _____

**GPA EMPLOYER HOME PURCHASE ASSISTANCE APPLICATION**

EMPLOYEE OF: <input type="checkbox"/> GPA <input type="checkbox"/> MEMORIAL <input type="checkbox"/> ST. JOSEPH'S/CANDLER? HOW LONG _____ DEPT _____																																													
APPLICANT:			DOB: _____		SSN: _____																																								
ADDRESS:			HOW DID YOU HEAR ABOUT THE PROGRAM?																																										
CONTACT #:			MOBILE CARRIER:																																										
EMAIL:			OPT IN TO RECEIVE TXT MESSAGES / UPDATES: <input type="checkbox"/> Y <input type="checkbox"/> N																																										
WILL YOUR CO-APPLICANT LIVE WITH YOU? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A IF YES, THE CO-APPLICANT INFO FORM MUST BE COMPLETED.																																													
ARE YOU A FIRST TIME HOME BUYER? <input type="checkbox"/> Y <input type="checkbox"/> N																																													
A FIRST TIME HOME BUYER IS A PERSON THAT HAS NOT BEEN THE OWNER-OCCUPANT OF A HOME IN THE LAST THREE YEARS.																																													
CURRENT EMPLOYMENT – JOB # 1 SELECT PAY FREQUENCY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY HOURLY RATE \$ _____ HRS PER WEEK _____ OVERTIME? <input type="checkbox"/> Y <input type="checkbox"/> N IF SO, HOW MANY HRS? _____ ANNUAL SALARY \$ _____ LENGTH OF EMPLOYMENT _____			CURRENT EMPLOYMENT – JOB # 2 SELECT PAY FREQUENCY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY HOURLY RATE \$ _____ HRS PER WEEK _____ ANNUAL SALARY \$ _____ LENGTH OF EMPLOYMENT _____																																										
ARE YOU SELF EMPLOYED / SIDE BUSINESS? <input type="checkbox"/> Y <input type="checkbox"/> N IF SO, HOW LONG? _____ INCOME \$ _____																																													
AMOUNT OF ADDITIONAL INCOME																																													
CHILD SUPPORT		\$ _____	PENSION		\$ _____																																								
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SSI		\$ _____	VA BENEFIT		\$ _____																																								
ALIMONY			\$ _____																																										
UNEMPLOYMENT			\$ _____																																										
OTHER			\$ _____																																										
WHAT ARE YOUR CREDIT SCORES ?			HAVE YOU SIGNED A PURCHASE & SALE AGREEMENT ?																																										
1. _____ 2. _____ 3. _____			<input type="checkbox"/> Y <input type="checkbox"/> N																																										
WHAT ARE YOUR MONTHLY MINIMUM PAYMENT OBLIGATIONS?			IF YES , WHAT IS THE PROPERTY ADDRESS AND CLOSING DATE ?																																										
			IF NO , WHAT TIMEFRAME WILL YOU BE READY TO PURCHASE ?																																										
			MONTHS: <input type="checkbox"/> 3-6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 <input type="checkbox"/> 18-24+																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Y</th> <th>N</th> <th>DEBT</th> <th>PAYMENT</th> <th>BALANCE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>STUDENT LOANS</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>DEFERRED? <input type="checkbox"/>IBR <input type="checkbox"/>ICR <input type="checkbox"/>DEFAULT <input type="checkbox"/>OTHER</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>CAR NOTE</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>CREDIT CARD</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>CREDIT CARD</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>PERSONAL LOAN</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>OTHER</td> <td></td> <td></td> </tr> </tbody> </table>			Y	N	DEBT	PAYMENT	BALANCE			STUDENT LOANS					DEFERRED? <input type="checkbox"/> IBR <input type="checkbox"/> ICR <input type="checkbox"/> DEFAULT <input type="checkbox"/> OTHER					CAR NOTE					CREDIT CARD					CREDIT CARD					PERSONAL LOAN					OTHER			DO YOU HAVE A LENDER ? <input type="checkbox"/> Y <input type="checkbox"/> N		
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			NAME: _____ PHONE: _____																																										
			PREAPPROVAL AMOUNT: \$ _____																																										
What is your current rent?			DO YOU HAVE A REALTOR ? <input type="checkbox"/> Y <input type="checkbox"/> N																																										
			NAME: _____																																										
			PHONE: _____																																										
ARE YOU DISABLED ? <input type="checkbox"/> Y <input type="checkbox"/> N			ACTIVE MILITARY , VETERAN OR SPOUSE OF? <input type="checkbox"/> Y <input type="checkbox"/> N																																										
FILED <input type="checkbox"/> CH 7 / <input type="checkbox"/> CH 13 BANKRUPTCY IN THE LAST TWO YEARS?			ARE YOU A NACA MEMBER? <input type="checkbox"/> Y <input type="checkbox"/> N																																										
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WHAT IS YOUR HIGHEST LEVEL OF EDUCATION ? _____			HOW MUCH MONEY DO YOU HAVE SAVED? _____																																										

INCREASE INCOME / CREDIT SCORES DECREASE DEBT LENGTH OF EMPLOYMENT OTHER



CASE # _____



CO-APPLICANT INFORMATION

EMPLOYEE OF: CITY OF SAVANNAH GPA MEMORIAL ST. JOSEPH'S/CANDLER? HOW LONG _____ DEPT _____

CO-APPLICANT: _____ DOB: _____ SSN: _____

ADDRESS: _____ HOW DID YOU HEAR ABOUT THE PROGRAM? _____

CONTACT #: _____ MOBILE CARRIER: _____

EMAIL: _____ OPT IN TO RECEIVE TXT MESSAGES / UPDATES: Y N

ARE YOU A **FIRST TIME** HOME BUYER? Y N
 A FIRST TIME HOME BUYER IS A PERSON THAT HAS NOT BEEN THE OWNER-OCCUPANT OF A HOME IN THE LAST THREE YEARS.

<p>CURRENT EMPLOYMENT – JOB # 1 SELECT PAY FREQUENCY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY</p> <p>HOURLY RATE \$ _____ HRS PER WEEK _____</p> <p>OVERTIME? <input type="checkbox"/> Y <input type="checkbox"/> N IF SO, HOW MANY HRS? _____</p> <p>ANNUAL SALARY \$ _____</p> <p>LENGTH OF EMPLOYMENT _____</p>	<p>CURRENT EMPLOYMENT – JOB # 2 SELECT PAY FREQUENCY <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY</p> <p>HOURLY RATE \$ _____</p> <p>HRS PER WEEK _____</p> <p>ANNUAL SALARY \$ _____</p> <p>LENGTH OF EMPLOYMENT _____</p>
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ARE YOU **SELF EMPLOYED** / SIDE BUSINESS? Y N IF SO, HOW LONG? _____ INCOME \$ _____

AMOUNT OF ADDITIONAL INCOME					
CHILD SUPPORT	\$	PENSION	\$	ALIMONY	\$
SOCIAL SECURITY	\$	RETIREMENT	\$	UNEMPLOYMENT	\$
SSI	\$	VA BENEFIT	\$	OTHER	\$

WHAT ARE YOUR CREDIT SCORES ?	WHAT ARE YOUR MONTHLY MINIMUM PAYMENT OBLIGATIONS?																																								
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INCREASE INCOME / CREDIT SCORES DECREASE DEBT LENGTH OF EMPLOYMENT OTHER

LIST ALL OCCUPANTS THAT WILL BE **LIVING IN THE HOME WITH **YOU****

NAME	RELATIONSHIP	DOB	SOCIAL SECURITY #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

WILL THE # OF HOUSEHOLD MEMBERS **CHANGE** IN THE NEXT 12 MONTHS? Y N

HOME PURCHASE LOAN DISCLOSURE

BY SIGNING BELOW, I ACKNOWLEDGE ANY MONEY RECEIVED FROM THE MAYOR AND ALDERMEN OF THE CITY OF SAVANNAH / COMMUNITY HOUSING SERVICES AGENCY, INC **IS A LOAN AND NOT A GRANT.**

NO PAYMENTS ARE DUE UNTIL YOU:

1. **SELL OR TRANSFER YOUR HOME**
2. **REFINANCE YOUR FIRST MORTGAGE**
3. **NO LONGER OCCUPY THE HOME AS YOUR PRIMARY RESIDENCE**

BORROWER'S AUTHORIZATION & CERTIFICATION

THE UNDERSIGNED APPLICANT AUTHORIZE THE CITY OF SAVANNAH HOUSING SERVICES DEPARTMENT (HSD), / COMMUNITY HOUSING SERVICES AGENCY, INC. (CHSA, INC.) TO VERIFY ALL INFORMATION REPORTED ABOVE ON THE HOME PURCHASE APPLICATION, BANK LOAN APPLICATION AND/OR CO-APPLICANT INFORMATION FORM.

THIS INCLUDES PERMITTING HIS/HER/THEIR BANK TO PROVIDE HSD/CHSA, INC. WITH COPIES OF INFORMATION OBTAINED BY THE BANK AND REPORTED TO IT BY THE APPLICANT. THE APPLICANT ALSO AUTHORIZE THE HSD/CHSA, INC. TO OBTAIN HIS/HER/THEIR **CREDIT REPORT(S) / VERIFICATION OF EMPLOYMENT** AS PART OF THIS APPLICATION PROCESS.

THE APPLICANT AGREES TO PROVIDE HSD / CHSA, INC WITH INFORMATION IT REQUESTS IN A TIMELY MANNER.

THE UNDERSIGNED ALSO UNDERSTANDS THAT COMPLETING THIS APPLICATION SHOULD NOT BE CONSTRUED AS BEING APPROVED OF A LOAN. THE UNDERSIGNED APPLICANT CERTIFY THAT ALL INFORMATION REPORTED ABOVE ON THE HOME PURCHASE APPLICATION IS TRUE AND ACCURATE.

APPLICANT SIGNATURE:	DATE:
CO-APPLICANT SIGNATURE:	DATE:

EMPLOYER ASSISTED DOWNPAYMENT SUBMIT COMPLETED APPLICATION TO:
EMPLOYEEOWNPAYMENT@SAVANNAHGA.GOV

APPLICATION COMPLETED: ONLINE PHONE OFFICE EVENT

