



CITY OF MISHAWAKA

DAVID A. WOOD, MAYOR

DEPARTMENT OF COMMUNITY DEVELOPMENT

Enclosed is the application for the City of Mishawaka Homebuyer Program. Please complete all sections of the application, making sure to include information on all open accounts, loans and all monthly income and payments.

Please complete and sign both the application and release of information form. The release form allows Department of Community Development to share information and speak with our staff, our mortgage lenders and others, to determine your eligibility.

With your submitted application please include proof of income, two paycheck stubs if you are employed, award letter for Social Security or Disability if applicable or a profit & loss statement for self-employed applicants and statements from any other sources of income.

There is a \$10.00 application fee. Please enclose a check in the amount of \$10.00 made payable to The City of Mishawaka. If it is determined unnecessary to request your credit report, the fee will be returned to the applicant.

The date the application is received in our office is used to prioritize applicants for lot selection and program participation. After reviewing the information and your credit report, you will be contacted by City of Mishawaka's Department of Community Development staff.

Address: City Hall • 600 East Third Street • Mishawaka • IN • 46544-2241
Phone: (574) 258-1668 FAX: (574) 968-6999
E-mail: mnelums@mishawaka.in.gov





CITY OF MISHAWAKA
HOME BUYER PROGRAM
PLEASE PRINT

APPLICANT INFORMATION

Name		
Present Address:		
City, State, Zip		
Telephone:	Home	Work
		Cell
Which location would you prefer to be your primary contact? (Circle One) Home Work Cell		

(Circle One)	Single	Married			Separated			Divorced			Widowed			Elderly			Disabled		
Highest Level of Education (Circle One)	High School	1	2	3	Degree	Graduate School			1	2	3	Degree							
	College	1	2	3	Degree	Post Graduate School			1	2	3	Degree							

Other Specialized Training:	
Are you a legal citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever owned a home? If "Yes" when?	
Have you ever been convicted of a crime or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes" list convictions and or charges and attach court documents	
Present Employer	
Address/ City/ State/ Zip	
Occupation	Hired Date?
If less than two years Previous Employer?	Employed from/ to:
Your Monthly Gross Income	Hrs. x week?
YOUR GROSS SALARY/WAGE RATE/HOUR _____ x HRS PER WEEK x 4.333 = \$ _____	

CO- APPLICANT INFORMATION

Name
Present Address:

SEX OFFENDER REGISTRY

Is any member of the household subject to a registration requirement under a state or national sex or violent offender registration program? Or has any member of the household been convicted of a sex offense?

Yes No

If “yes” please provide documentation that states the date of conviction(s) and the date on which the person was released from prison and or placed on parole, supervised release, or probation. Also, provide the terms of the parole, supervised release, or probation.

FINANCIAL INFORMATION

*Please use the following codes in the Item No. Area 1. Checking 2. Dividends 3. Trust Fund 4. CD 5. Savings 6. Other			
Item No.	Bank Name	Account Number	Balance

Do you have a vehicle	Yes No	Make	Model	Year
2 nd vehicle	Yes No	Make	Model	Year

OTHER SOURCES OF INCOME

*(PLEASE CHOOSE FROM THE FOLLOWING INCOME CODES)
IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH SEPARATE PAGE.*

- a) Self-Employment d) Veterans Benefits g) Unemployment
- b) Social Security/ SSI e) Pension/ Retirement h) Dividend/ Interest
- c) TANF/ Child Support f) Alimony I) Other (pls. specify)

List all other sources of income for all household members.

Source of Income	Amount Received	Wk./ Mo. / Yr.

Please list Value of Income Earning Assets (Stocks, Bonds, and Retirement Accounts)

ASSET	VALUE
1.	
2.	
3.	
4.	
5.	

Child Support:

Payer's Name: _____ Case No. _____

County _____ City, State _____

Payer's Name: _____ Case No. _____

County _____ City, State _____

MONTHLY HOUSING/ FIXED EXPENSES

ITEM	PAYEE	MONTHLY PAYMENT
Rent		
Avg. Electric		
Avg. Gas		
Cable		
Trash Removal		
Telephone(s)		
Car Insurance		
Life Insurance		
Medical Insurance		
Child Care Expenses		
Other Fixed Charges		
(A) TOTAL FIXED EXPENSES		

Please list all open credit accounts such as loans, installments, charge accounts, and store accounts, Be sure to include the account name (i.e. Visa), Balance and Monthly Payment.

IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH SEPARATE PAGE.

ACCOUNT NAME	MONTHLY PAYMENT	REMAINING BALANCE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
(B) TOTAL CHARGE ACCOUNT PAYMENTS		\$

LOANS: Have you even been obligated on a Home Loan which resulted in a foreclosure, deed in lieu or judgment: Yes _____ NO _____

COLLECTIONS: Do you have any collection accounts? Yes _____ No _____

BANKRUPTCY: Have you ever filed Bankruptcy? Yes _____ NO _____

If yes Date Filed _____ City _____ State _____

Assets: _____ Liabilities _____

FAIR HOUSING

By checking the box below I certify that I have received a copy of the Indiana Civil Rights Commission “You May be a Victim of:” brochure along with this application packet for the City of Mishawaka’s First Time Homebuyer Program.

Yes, I have received the Fair Housing Brochure

APPLICANTS CERTIFICATION

I certify the information that I have given is true and correct to the best of my knowledge. I understand that this application is a document to insure that I meet program requirements, and that this document does not guarantee that I am or will be qualified for program subsidy. I understand that the penalty for *false or fraudulent statements is as U.S.C. title 18, Section 101 provides:* “Whoever in any matter within 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 statement or entry, shall be fined no more than **\$10,000, or imprisoned not more than five (5) years or both**” I understand that the information contained herein will expire after six (6) months and I will be required to update all income and asset verification as requested.

Applicants Signature _____ Date _____

Co-Applicants Signature _____ Date _____



CITY OF MISHAWAKA HOMEBUYER PROGRAM

Department of Planning and Community Development

Release of Information

As an applicant to the First Time Homebuyer Program, I (we) give permission to the staff of the City of Mishawaka Department of Planning and Community Development to obtain and share all information in my (our) record with persons or organizations they feel are necessary. Such information will include, but not be limited to, application forms, third party income verifications, credit reports, bank statements, and a criminal background check. I (we) understand that all information is confidential and will only be gathered and shared with professionals for the purpose of expediting my application.

Applicant _____ Date _____

Co-applicant _____ Date _____



Verification of Employment

<p>_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME or CDBG Program for which we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed stamped envelope has been enclosed.</p>	<p>Employed Since: _____ Occupation: _____</p> <p>Salary: \$ _____</p> <p>Effective Date of Last Increase: _____</p> <p>Base pay rate: <input type="checkbox"/> Hourly Amount \$ _____ <input type="checkbox"/> Week Amount \$ _____ <input type="checkbox"/> Month Amount \$ _____</p> <p>Average # of hours at base pay rate: _____ _____ # of weeks; or _____ # of weeks worked per year</p> <p>Overtime pay rate: \$ _____</p> <p>Expected average # of hours overtime worked per week during next 12 months: _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>For: _____; Amount \$ _____; Frequency: _____</p> <p>Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of days per year: _____</p> <p>Total base pay earnings for past 12 months: \$ _____</p> <p>Total overtime earnings for past 12 months \$ _____</p> <p>Probability and expected day of any pay increase: _____</p> <p>Employee has access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what amount can they access? \$ _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (signature of applicant)</p> <p>_____ (date)</p>	<p>_____ (signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

Verification of Assets on Deposit

<p>_____ (organization name)</p> <p>AUTHORIZATION: Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the HOME Program that we operate and to reexamine this income periodically. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	Checking Account Number	Average monthly balance for last 6 months	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	Savings Accounts	Current Balance	Current Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
	Certificate of Deposit Account #	Amount	Withdrawal Penalty	Current Interest Rate
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
IRA, Keogh, Retirement Accounts				
	Account Number	Amount	Withdrawal Penalty	Current Interest Rate
	_____	\$ _____	\$ _____	_____ %
	_____	\$ _____	\$ _____	_____ %
	Money Market Funds	Amount (Average 6-month balance)	Interest Rate	
	_____	\$ _____	_____ %	
	_____	\$ _____	_____ %	
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____ (signature of applicant)</p> <p>_____ (date)</p>		<p>_____ (signature of authorized representative)</p> <p>Title: _____</p> <p>Date: _____</p> <p>Phone Number: _____</p>		
<p>WARNING: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>				