

**City of Paducah Fountain Avenue Project
Homebuyer Program Application**

*****Please submit \$10 with your application for a credit report*****

Date: _____, 20____

Please print or type, respond to all questions with an answer or N/A (not applicable).

A. HOUSEHOLD INFORMATION:

Head of Household: _____ Social Security #: _____

Date of Birth: _____ Telephone Number: _____

Co-Applicant: _____ Social Security #: _____

Date of Birth: _____

Current Address: _____

How long at this address? _____

Marital Status: Single Married Divorced Widowed Other: _____

Ethnicity (Please Check Only One): Not Hispanic or Latino Hispanic or Latino

Race (Please Check One or More): American Indian/Alaskan Native Asian

Black or African American Native Hawaiian or Pacific Islander White

Current Dependents and Household Members and Information:

Name	Date of Birth	Relationship	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. HOUSING INFORMATION

Employer- Head of Household

Employer- Co-Applicant

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Annual Salary: _____

Annual Salary: _____

Number of years at this job: _____

Number of years at job: _____

INCOME INFORMATION (Include ALL Household Members):

(place and X next to income earner)		Applicant	C-Applicant	Other
Employment	Monthly \$ _____	_____	_____	_____
Social Security	Monthly \$ _____	_____	_____	_____
Pension/Retirement	Monthly \$ _____	_____	_____	_____
SSI	Monthly \$ _____	_____	_____	_____
VA	Monthly \$ _____	_____	_____	_____
Worker's Comp	Monthly \$ _____	_____	_____	_____
Unemployment	Monthly \$ _____	_____	_____	_____
K-TAP	Monthly \$ _____	_____	_____	_____
Child Support	Monthly \$ _____	_____	_____	_____
Interest/Dividend	Monthly \$ _____	_____	_____	_____
Other Income	Monthly \$ _____	Source: _____		

HOUSEHOLD ASSETS

Checking	Name(s) on account _____	Bank _____
Savings	Name(s) on account _____	Bank _____
CDs	Name(s) on account _____	Bank _____
Stocks/Funds	Name(s) on account _____	Bank _____

D. HOUSING EXPENSE

How much is your current rent or mortgage? _____

MONTHLY DEBTS (loans, credit cards, child support, etc.)

Company	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or any of your relatives employed by the City of Paducah or the Purchase Area Development District? Yes No

If yes, please provide name of relative, employer and department _____

_____.

**HOME Program
Eligibility Release Form**

Organization requesting release of information:

**Purchase Area Housing Corporation
City of Paducah- Fountain Avenue Homebuyer Project
PO Box 588
1002 Medical Drive
Mayfield, KY 42066
270-247-7171**

Purpose: Your signature on this Program Eligibility Release Form authorizes the above-named organization(s) to obtain information from a third party relative to your eligibility and participation in the:

Fountain Avenue Homebuyer Project

Information Covered: Inquiries may be made about items initialed by applicant(s).

Inquiries	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Credit Report	X	
Debts (all sources)	X	

Authorization: I authorize the organization named above to obtain information about me that is pertinent to eligibility for participation in the Fountain Avenue Homebuyer Project.

I acknowledge that:

- 1) *A photocopy of this form is as valid as the original.*
- 2) *I have the right to review the file and the information received using this form.*
- 3) *I have the right to copy information from this file and to request correction of information I believe inaccurate.*
- 4) *Applicant(s) agree to sign this form and cooperate in this process.*

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine and applicant's eligibility in a HOME program and the amount of assistance necessary. This information will be used to establish level of benefit; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Applicant

Date

Co-Applicant

Date