



**NEIGHBORHOOD
SERVICES
OF THE
CITY OF ABILENE**

555 Walnut Street
P.O. Box 60
Abilene, Texas
79604
(325) 437-4576
FAX (325) 437-4577

Dear Prospective Home Buyer:

The City of Abilene's First Time Home Buyers Program is a program of the Neighborhood Services, which assists qualified applicants with certain down payment and closing costs when purchasing a home. The following are the program's eligibility guidelines:

- Applicants must reside in the City of Abilene (for the past 6 months) or have worked in Abilene (for the past 2 years). Applicants must purchase a home within the city limits of Abilene;
- Applicants must be purchasing a home for the first time;
- Gross annual household income cannot exceed HUD's income limits (see Income Guidelines);
- Applicants must qualify for an FHA, Conventional or VA Loan through a local lending institution (see list of participating lenders); co-signers are not eligible.
- The property to be purchased must comply with Housing Quality Standards, National Flood Insurance Program requirements, local codes and occupancy standards;
- Only single-family dwellings are eligible.

Applicants who qualify and wish to participate must provide ten (10) hours of community service (see partial list of nonprofits), and must complete an on-line homebuyer training course. All program requirements **must** be met, before assistance can be provided. The entire application process **must** allow 45-60 days before funds for closing can be disbursed. Upon completion of this application an appointment will be scheduled for you.

PLEASE SUBMIT THE FOLLOWING WITH YOUR APPLICATION:

- All information regarding all types of GROSS income for 3 months (Social Security, pension, employment, retirement, disability, child support statement, etc.) for every person in the household.
- 3 months of Bank checking and savings statements, must provide statements for each household member.
- Copy of Valid State Identification card & Social Security cards for every member of the household.
- Sales Contract

WARNING: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.



**NEIGHBORHOOD SERVICES OF THE CITY OF ABILENE
FIRST-TIME HOME BUYERS PROGRAM**

INFORMATION FOR APPLICANTS GETTING STARTED

INCOME GUIDELINES AND FUNDING LIMITS

The combined, **GROSS** annual income of all adults residing in the household is computed to determine eligibility, according to the following categories:

Maximum Assistance \$5,000.00

(**GROSS** annual income less than or equal to 80% Abilene's Median Household Income)

Maximum Income Limits * (These change on an annual basis; the following are effective as of **06/01/2021**).

ANNUAL INCOME LIMITS

1 Person Household	\$35,500
2 Person Household	\$40,600
3 Person Household	\$45,650
4 Person Household	\$50,700
5 Person Household	\$54,800
6 Person Household	\$58,850
7 Person Household	\$62,900
8 Person Household	\$66,950

EXAMPLES OF LENDERS

Chase	(325) 674-3811	Prosperity Bank	(325) 794-1000
PrimeLending	(325) 691-9093	Abilene Mortgage Inc.	(325) 793-9322
Abilene Banking Center	(325) 692-8660	Premier Mortgage	(325) 437-3323
First Abilene	(325) 267-9545	Happy State Bank	(325) 698-2265
City Mortgage	(325) 698-9597	Citi Bank	(325) 673-8368
Trademark Mortgage	(325) 725-1156	FBC Mortgage	(325) 455-1590
First Financial Bank	(325) 627-7621	Alliance Mortgage	(325) 201-7840

EXAMPLES OF ABILENE NONPROFIT AGENCIES

Abilene Food Bank	(325) 695-6311
Habitat for Humanity	(325) 670-0489
Noah Project	(325) 676-7107
Meals on Wheels	(325) 672-5050



Homeownership Application
 (To avoid delay or cancellation, a complete application is required)

TYPE OF LOAN: _____ **LENDER / REALTOR:** _____

The Co-Borrower and all other Co-Borrower questions must be completed and the application box(es) checked if another person will be jointly obligated with the Borrower on the grant/loan or the Borrower is relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the loan, or the Borrower is married and resides, or the property is located in a community property state.

You Must Complete All of the Following Questions

Borrower			Co-Borrower		
Name		Age	Name		Age
Birth Date / /	Home Phone () -	Business Phone () -	Birth Date / /	Home Phone () -	Business Phone () -
Present Address (if different from above) Street: _____ City/State/Zip: _____			Present Address (if different from above) Street: _____ City/State/Zip: _____		
<u>Former address if less than 2 years at present address</u>			<u>Former address if less than 2 years at present address</u>		
Street: _____ City/State/Zip: _____			Street: _____ City/State/Zip: _____		
Years at former address <input type="checkbox"/> Own <input type="checkbox"/> Rent			Years at former address <input type="checkbox"/> Own <input type="checkbox"/> Rent		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes single, divorced, widowed)		Dependents other than listed by Co-Borrower No: __ Ages: ____	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Includes single, divorced, widowed)		Dependents other than listed by Borrower No: __ Ages: ____
Name and Address of Employer _____ _____		Years employed _____ <input type="checkbox"/> Self Employed	Name and Address of Employer _____ _____		Years employed _____ <input type="checkbox"/> Self Employed
Position/Title		Type of Business	Position/Title		Type of Business
Social Security Number: - -			Social Security Number: - -		
Nearest relative not living with you	Relationship	Home Phone () -	Nearest relative not living with you	Relationship	Home Phone () -

You Must Complete All of the Following Questions

Gross Monthly Income				Bank	Account Number	Name & Address of Depository
Source	Borrower	Co-Borrower	Total	Checking <input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$	\$	\$			
	\$	\$	\$	Savings <input type="checkbox"/> Yes <input type="checkbox"/> No		
	\$	\$	\$			
	\$	\$	\$			

Other Down-Payment Assistance / Gift Money

Name	Address	Amount
		\$
		\$
		\$

If employed in current position for less than two years, complete the following

B/C	Previous Employer/School	City/State	Type of Business	Position/Title	Dates of employment	Monthly Income
						\$
						\$

Is this the first time you will be purchasing a home or real estate property?
 Borrower Yes No
 Co-Borrower Yes No
 If "NO" please provide the following. Date home or property was sold, transferred or conveyed to another entity _____

Please use an attached sheet of paper to describe in your own words the circumstances of the sale or transfer if a house/property was sold due to divorce, job etc. You may be asked to provide documentation to support your circumstances.

Are you now, or have you ever been the recipient of any type of public housing assistance, either through this Housing Authority or any other agency?
 Borrower: Yes No Co-Borrower Yes No
 If "YES" please provide the following name/address of agency _____

Date (Month/Year) assistance began: _____

Date assistance was or will be terminated: _____

DEBTS: List all fixed obligations and installment accounts. For Autos, include Year & Make of model. (If more space needed, list on attached sheet.)

B/C	Creditor's Name & Address	Account No.	Date Incurred	Original Amount	Present Balance	Monthly Payment	Amount Past Due
			/	\$	\$	\$	\$
			/	\$	\$	\$	\$
			/	\$	\$	\$	\$
			/	\$	\$	\$	\$

List any additional names under which credit has previously been received: _____

Total Monthly Obligation →

\$ _____

These Questions Apply to Both Borrower and Co-Borrower

If a "yes" answer is given to a question in this column, explain on attached sheet	Borrower Yes or No	Co-Borrower Yes or No		Borrower Yes or No	Co-Borrower Yes or No
Have you any outstanding judgments?	_____	_____	Are you a U.S. Citizen or a permanent resident alien?	_____	_____
In the last 7 years, have you been declared bankrupt?	_____	_____	Are you obligated to pay alimony, child Support or separate maintenance?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof, in the last 7 years?	_____	_____	Do you have any past due obligations owed to or insured by any agency of the Federal, State or Local government?	_____	_____
Are you a party in a lawsuit?	_____	_____			

Important – Applicant Read Before Signing

I/We apply for the homeownership program indicated in this application, and represent that the property bought will not be used for any illegal or restricted purpose. I/We do hereby swear and attest that all information provided in this application (including any attachments) is true and correct, and that all statements made in this application have been made for the purpose of obtaining assistance. Verification may be obtained from any source named in this application.

I/We also understand that all changes in household income, as well as any changes in household composition that occur during the processing of this application must be reported to Office of Neighborhood Services in writing immediately. **I/We understand that it may be a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.**

Borrower's Signature

Date

Co-Borrower's Signature

Date

PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members of the household must sign below certifying the information pertaining to them. Please Print.

I. Household composition: List all persons who will be living in your home, listing head of household first

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) SPEARATED (S) DIVORCED (D)
1				STATUS: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D YEAR:
2				STATUS: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D YEAR:
3				STATUS: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D YEAR:
4				STATUS: <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D YEAR:

CHILDREN (NAME AS IT APPEARS ON SS CARD)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1					
2					
3					
4					
5					
6					
7					
8					

If separated or divorced, list address of spouse/ex-spouse as follows:

NAME

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY # IF KNOWN

NAME

STREET ADDRESS

CITY, STATE, ZIP

SOCIAL SECURITY # IF KNOWN

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW

HOUSEHOLD MEMBERS	EMPLOYER	TOTAL GROSS WEEKLY WAGES	TANF	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1							
2							
3							
4							

III. ASSETS: If yes to any, list below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? _____ Have you sold any real estate in the last two years? _____ Do you own stocks or bonds? _____ Do you have a savings account? _____
 Do you own a car? _____ Model/Year _____ Tag No. _____
 Do you own a second car? _____ Model/ Year _____ Tag No. _____

- Does anyone outside your household pay any of your bills or give you money? Yes/No ____ If yes, explain below.

- Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No ____ If yes, explain below.

- Have you or any member lived in any assisted housing? Yes/ No ____ If yes, list where and when below.

- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No ____ If yes, explain below

- Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No ____ If yes, explain below

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that all changes in the income of any family member of the household as well as any changes in the household members must be reported to the Office of Neighborhood Services in WRITING IMMEDIATELY.

 SIGNATURE OF HEAD OF HOUSEHOLD DATE

 SIGNATURE OF SPOUSE DATE

 SIGNATURE OF OTHER ADULT DATE

 SIGNATURE OF OTHER ADULT DATE

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Demographic Information for Head-of-Household

The following information is requested by the Federal Government if this application is related to a dwelling, in order to monitor compliance with equal credit opportunity and housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender/agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the below information, please initial below.

I do **NOT** wish to provide this information.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race:

- White Asian Black/African-American Asian/White
- Black/African American & White American Indian/Alaskan Native & White
 American Indian/Alaskan Native American Indian/Alaskan Native & Black
 Native Hawaiian/Pacific Islander Other

Sex: Female Male

Elderly (62 or above): Yes No

Disabled: Yes No

To be completed by City Staff:

This information was provided:

- In a face-to-face interview
 In a telephone interview
 By the applicant and submitted by fax or email
 By the applicant and submitted via e-mail or the Internet
 By the applicant and in person

City Staff Signature:

Signature

Date