



COUNTY OF MERCER
 HOUSING AND COMMUNITY DEVELOPMENT
 McDADE ADMINISTRATION BUILDING
 640 SOUTH BROAD STREET
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 Director
 Economic Development and Sustainability

EDWARD M. PATTIK
 Director
 Housing and Community Development

**FIRST TIME HOMEBUYER PROGRAM
 DOWNPAYMENT /CLOSING COST ASSISTANCE APPLICATION**

Date: _____

Applicant's Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number(s) _____

Maiden Name (or any other name credit was granted under): _____

Current Address: _____

Home Phone: _____ Work Phone: _____

Number of years at this address: _____ Number of Dependents: _____

Previous Address (if less than three years): _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

TOTAL MONTHLY SALARY (gross): \$ _____

Co-Applicant's Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number(s) _____

Maiden Name (or any other name credit was granted under): _____

Current Address: _____

Number of years at this address: _____ Number of Dependents: _____

Previous Address (if less than three years): _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

_____ Applicant's Initials

_____ Co-Applicant's Initials

Co-Applicant continued:

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

TOTAL MONTHLY SALARY (gross): \$ _____

Income Verification: Place a check next to the item(s) that applies to your personal income profile including annual amounts. (Use additional pages as needed)

- _____ Employment \$ _____
- _____ Business \$ _____
- _____ Social Security Benefits \$ _____
- _____ Pension & Annuities \$ _____
- _____ VA Benefits \$ _____
- _____ Unemployment Benefits \$ _____
- _____ Public Assistance \$ _____
- _____ Child Support Payments \$ _____
- _____ Alimony/Separation Payments \$ _____
- _____ Cash Contributions \$ _____
- _____ Military Service/Retirement \$ _____
- _____ Assets on Deposit \$ _____

Household Information: List all household members to include: Name, Age, Relationship, and Source of Income (use additional pages as needed)

Name	Age	Relationship	Income	Source of Income
_____	_____	_____	_____	_____

Name	Age	Relationship	Income	Source of Income
_____	_____	_____	_____	_____

Address of property to be purchased: _____

Bedroom/unit size: _____ Name of Development (if known): _____

Purchase Price: \$ _____

Estimated Monthly Mortgage Payments: \$ _____ Monthly Property Tax: \$ _____

Monthly Homeowners Association Dues (if applicable): \$ _____

Downpayment required: (___%) \$ _____

Estimated Closing Cost: \$ _____

Amount applicant currently has available for Down/Payment: \$ _____

BANK ACCOUNTS

Bank _____ Savings # _____ Balance \$ _____

Bank _____ Savings # _____ Balance \$ _____

_____ Applicant's Initials

_____ Co-Applicant's Initials

MONTHLY EXPENSES

Credit Cards	Name: _____	Balance \$ _____
	Name: _____	Balance \$ _____
Auto Loan	Name: _____	Payment \$ _____
Alimony/Child Support		Payment \$ _____
Other		Payment \$ _____
TOTAL		Payment \$ _____

NAME, ADDRESS, CELL NO & EMAIL OF BANK (OR MORTGAGE COMPANY) APPLICANT IS APPLYING TO FOR A MORTGAGE.

Date mortgage application was submitted _____

Is the above Community Reinvestment Act participating lender for the agency's 5% down program?

Yes _____ No _____

NAME, ADDRESS, CELL NO & EMAIL OF APPLICANT'S ATTORNEY.

ESTIMATED CLOSING DATE: _____

Do you currently live in a rental unit? _____ Current monthly rent: \$ _____

Are you a First Time Homebuyer?* _____ A First Time Homebuyer is an individual or his spouse who have not owned a home during the three (3) year period prior to purchase of this home.

Are you a Displaced Homemaker?* _____ A Displaced Homemaker is an individual who owned a home with his/her spouse or resided in a home owned by his/her spouse within the previous three (3) year period.

Are you a Single Parent?* _____ A Single Parent is an individual who while married, owned a home with his/her spouse or resided in a home owned by his/her spouse within the previous three (3) year period.

*** Please call the Mercer County Housing Office for additional information regarding these areas. (609) 989-6858**

Please include a copy of the following documents with this application:

1. Sales contract for purchase of property.
2. Copies of most recent pay stubs.
3. Last two years tax returns.
4. Last two months checking account statements.
5. Most recent savings account statements.
6. Signed employment verification forms.
7. Lender's Interest Statement for all interest bearing accounts.

Assistance received from this program cannot be combined with assistance from any other Federal Program.

Mercer County does not refund items paid prior to closing.

The information on this application is true and correct and may be investigated for accuracy. I agree that a Consumer Credit Report may be requested from one or more consumer credit agencies or bureaus and may be used in connection with this application. My signature on this application in no way constitutes a commitment on the part of the County of Mercer.

Applicant Signature

Date

Co-applicant Signature

Date

