



General comments concerning this Down Payment Assistance Application Form

The City of Kettering provides down payment financial assistance to low- and-moderate income homeowners to fill a gap of cash available at the loan closing up to \$8000 can be provided. Other sources of cash and the property's market value will be considered. The forgivable loan will be secured by a mortgage lien on the property.

WARNING: The City of Kettering DOES NOT have a secure website for financial transactions. Applicants are advised NOT to email confidential social security numbers or bank account numbers. The application document is posted on the Website only to make it easier for Kettering residents to obtain a copy. Prospective clients can use the computer to type information onto the form, but thereafter are advised to print a copy and deliver it by mail or in person. Completed applications should be delivered to the City of Kettering, Planning and Development Department, 3600 Shroyer Road, Kettering OH 45429.

Instructions for using this Adobe Acrobat fill-able form.

When used with recent versions of Adobe Reader 7, 8 or 9, you may enter data in this form and save it with the data intact, print it or e-mail it. Since data can be saved, you may complete part of the form, save it and reopen it at a later time to modify or add more data.

Earlier versions of Adobe Reader will open the form and allow entry and printing of the form with data; however, certain functions may not work as expected and they will not save the entered data once the pdf file containing the form is closed. The degree of functionality of Adobe Reader 8 for the Macintosh with this form file has not been verified.

If you are viewing this form with a version of Adobe Acrobat Reader earlier than version 7 or 8, you may download the latest version by going to

<http://www.adobe.com> or click the "Download Adobe Reader 9" button below.

[Download Adobe Reader 9](#)

Down Payment Assistance Application

Please fill out this form and phone to set up an appointment for a community development staff member to meet you at your home for a preliminary overview. In order for the application to be complete, documentation items specified in Attachment A must be submitted. The community development staff will gladly make photocopies of your originals, if you bring them into our office.

1. APPLICANT (Head of Household)

Name	<input type="text"/>	SS#	<input type="text"/>
Date of Birth m-d-yyyy	<input type="text"/>	Gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status?	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced and widowed)	Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. CO-APPLICANT (Spouse or Co-Owner)

Name	<input type="text"/>	SS#	<input type="text"/>
Date of Birth m-d-yyyy	<input type="text"/>	Gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status?	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced and widowed)	Are you a United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. CURRENT MAILING ADDRESS

House Number and Street	<input type="text"/>	
City	<input type="text"/>	Zip <input type="text"/>

4. CONTACT INFORMATION

Home Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Applicant Cell Phone	<input type="text"/>	Co-Applicant Cell Phone	<input type="text"/>
Applicant Work Phone	<input type="text"/>	Co-Applicant Work Phone	<input type="text"/>

5. SPECIFY YOUR PRESENT HOUSEHOLD SIZE

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8+
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6. ADDITIONAL PEOPLE WHO LIVE WITH YOU IN YOUR HOUSEHOLD

	Full Name	Date of Birth mm-dd-yyyy	Age	Relationship	If currently a full time college student, specify school
1					
2					
3					
4					
5					
6					
7					
8					

7. PROPOSED HOUSE TO BE PURCHASED

Address: (House Number and Street)

Asking Price

Property Value defined by Montgomery County Auditor

Realtor/Seller Contact Information:

Name

Firm

Address

email

Phone

Current occupancy of house to be purchased:

Currently Own Occupied
 Currently Vacant
 Currently Renter Occupied

If vacant, how long has the home been unoccupied?

Years

Months

8. IMPROVEMENTS NEEDED TO HOUSE

9. APPLICANT AND CO-APPLICANT EMPLOYMENT INFORMATION

List all employment income from each household member age 18 or older. Attach additional sheets if necessary

Applicant 1st Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

Co-Applicant 1st Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

Other Income from Employment of a Household Member

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

10. OTHER INCOME RECEIVED BY APPLICANT, CO-APPLICANT OR A FAMILY MEMBER

Do you or any member of your household, receive any of the following income?

- Asset/Interest Income
- Disability
- Child Support
- Rental Income
- Pension
- SSI
- Alimony
- Other Wages
- Social Security
- Worker's Compensation
- Aid to Families with Dependent Children
- Unemployment
- Self Employment

If you have checked any "other" income source above, please specify below.

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

11. ASSETS

Do you or any member of your household, have any of the following accounts?

- Checking Savings Investments Cash Accounts
 Retirement Certificates of Deposit Other Accounts

If you have checked any account types above, please specify below.

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

12. CREDIT HISTORY

The following should be answered "yes" if they apply. Both the applicant and the co-applicant must answer.

Applicant Check if Yes	Co-Applicant Check if Yes	Credit Item
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any outstanding judgments?
<input type="checkbox"/>	<input type="checkbox"/>	In the past seven years, have you been declared bankrupt?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had property foreclosed on or given title of deed?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker, co-signer or endorser on a note?
<input type="checkbox"/>	<input type="checkbox"/>	Are you party to a lawsuit?
<input type="checkbox"/>	<input type="checkbox"/>	Are you obligated to pay alimony, child support or maintenance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any other property?
Value and Address of Other Property 1		
Value and Address of Other Property 2		

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it.

Applicant's Race/National Origin	
Check if Yes	Race/National Origin
<input type="checkbox"/>	I do not wish to furnish this information
<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American
<input type="checkbox"/>	Other, please specify

Please specify your ethnicity:

Hispanic

Non-Hispanic

15. AUTHORIZATION TO RELEASE INFORMATION

PERMISSION TO ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION:

“Equal Credit Opportunity” is required by Section 4112.021 of the Ohio Revised Code. *“The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights commission administers compliance with this law.”*

The applicant(s) give permission to the City of Kettering to check their credit, order a lien search, and/or other information used to determine eligibility and as outlined below. He/she (they) understands that this information is used to determine if he/she (they) qualify for assistance through the City of Kettering Housing Rehabilitation Program.

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant's eligibility to participate in the CDBG and HOME-funded City of Kettering Housing Rehabilitation Program. This information will be used to establish the level of benefit from the CDBG and/or HOME program; 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.

Information covered: Inquiries may be made about items listed below for the applicant and co-applicant.

Alimony or Separation Payments	Full-Time Student Status	Social Security Benefits
Assets (all sources)	Handicap Assistance Expense	Tax Returns (Federal, State, Local)
Assets on Deposit	Income (all sources)	Unemployment Benefits
Bank Accounts	Income from Business	VA Benefits
Child Care Expense	Liens	Other: (listed below)
Child Support Payments	Medical Expenses	
Employment	Pension and Annuities	

I authorize and release the City of Kettering, OH and/or HUD to obtain information, about me and my household, that is pertinent to my eligibility for participation in the City of Kettering Housing Rehabilitation Program, and to verify the information that I provided.

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 (with a person of my choosing to accompany me.)
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the owner in this process.

Signature of Applicant & printed below Date

Signature of Co-Applicant & printed below Date

Signature of Adult family member & printed below Date

Signature of Adult family member & printed below Date



Planning and Development Department
3600 Shroyer Road, Kettering, Ohio 45429-2799
Phone 937-296-2441, Fax 937-296-3240
Deaf using TTY use Ohio Relay Service at 800-750-0750

Documentation Required for a Down Payment Assistance Please contact staff to set up an appointment to review the completed a full application or to get assistance. As a part of the application process, the housing loan specialist will visit your home to view the repairs needed. In addition, the following documentation information is required to complete the application. (Our staff can make copies and return the original documents to you.)

- Photo identification of the loan applicants (driver's license)
- Certification of Completion for HUD approved Home Buyer Course (8 hours) + in-person housing counseling session

Written verification of all household income

- 2 months of pay stubs which list year to date earnings
- Verification form signed by employer(s)
- Last year's income tax return (1040 form with W-2's)
- 6 months of bank statements
- Verification form signed by bank with 6 month average balance
- Recent statements from savings accounts, investments, or other assets
- Social Security Award letter(s), if applicable
- Proof of Child Support or Alimony, if applicable
- Proof of Retirement income, (VA, OPERS, Civil Ser., IRA, annuities) if applicable

- Lead Base Paint Form acknowledging receipt of "Renovation Rights" booklet

- Final Closing disclosure approved by City by Tuesday @ 4pm before a Friday closing

- Vacant Unit Certification by owner's purchaser

- Loan Application and Initial Loan Disclosure from First Mortgage Lender

- Appraisal

- Property has passed City of Kettering inspections

- Closing Documents including:
 - Final Closing Disclosure Statement
 - Deed
 - Flood insurance if property is in flood plain
 - Subordination policy
 - ALTA and closing documents

- Sales contract with City of Kettering inspection listed & lead notices signed by both parties