



Community Development Division
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Home Ownership Program Application
 Revised November 2018

OFFICE USE ONLY

MHRG Case #: _____ IDIS # _____ Application Received Date: ____/____/____

Client Name: _____ Application Approval Date: ____/____/____

The information submitted on this application will be used to evaluate the applicant's eligibility for assistance under the City of Marietta Housing Assistance Program. Information obtained in this application will remain confidential and will not be disclosed to any outside agency without the applicant's consent, except for purposes of verification of income or employment and to financial institutions for verification of information as required and permitted by law. Your application may be delayed or rejected if the information requested is not received.

APPLICANT INFORMATION

Head of Household: _____ Gender: ____ Race: _____

Age: _____ Birthdate: _____ SS#: _____

Co-Owner: _____ Age: _____ Birthdate: _____ SS#: _____

Residence Address: _____

Marietta, GA _____ (Zip) Year House Built: _____ No. Years in home _____

Home Phone #: _____ Cell #: _____ E-Mail: _____

Previous Home Address: _____

Total Number Household Members: _____

HOUSEHOLD MEMBERS

HOUSEHOLD (List the **Head of Household (HOH)** and **All Occupants**)

Member	Full Name	Relationship to HOH	Birthdate
1		APPLICANT	
2			
3			
4			
5			
6			

HOUSEHOLD INCOME	Earned Wages	Benefits	Pension	Alimony/Child Support
Head of Household				
Other Adult/Name				
Other Adult/Name				
Other Adult/Name				
Minor Child/Name				
Minor Child/Name				
Minor Child/Name				
TOTAL				

TOTAL ANNUAL HOUSEHOLD INCOME:

HOH Previous Employment: _____ Retired

Co-Owner Previous Employment: _____ Retired



**CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [CO BB COUNTY, GEORGIA]
 FY2018 Income Limits
 Effective: April 10, 2018**

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$15,750	\$26,200	\$41,900
2	\$18,000	\$29,950	\$47,900
3	\$20,780	\$33,700	\$53,900
4	\$25,100	\$37,400	\$59,850
5	\$29,420	\$40,400	\$64,650
6	\$33,740	\$43,400	\$69,450
7	\$38,060	\$46,400	\$74,250
8	\$42,380	\$49,050	\$79,050
Ea. Additional Member	Extremely Low 30%	+ \$2,850	+\$4,550

*Source: U.S. Department of Housing & Urban Development [HUD] Extremely Low Income = 30% of Median Household Income
 Very Low Income = 50% of Median Household Income Low Income = 50% - 80% of Median Household I

LIABILITIES

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans (except for the home you live in), and all other loans.

TYPE	CREDITOR'S NAME	MONTHLY PAYMENT	UNPAID BALANCE	DUE DATE
First Mortgage (P&I)				
Other Lien Secured By Property				
Hazard and Flood Insurance				
Real Estate Taxes				
Other				

1. Do you have any outstanding, unpaid *Liens* or *Judgments*? _____ Yes _____ No
 If yes please list the Amount (if applicable) \$ _____

2. In the past 7 years, have you been declared bankrupt? _____ Yes _____ No

3. Are you a party involved in a law suit? _____ Yes _____ No

If yes answer is given to any question below, please explain on an attached sheet

ASSETS				
TYPE	CASH VALUE	ANNUAL INCOME FROM ASSETS	BANK NAME	ACCOUNT NUMBER
Checking Accounts				
Savings Accounts				
Credit Union Accounts				
Stocks/Bonds				
Life Insurance				
Other (i.e. rental property)				
Home: Estimated Value				

ADDITIONAL LIABILITIES

CREDITOR	AUTO LOAN PAYMENT	CREDIT CARD PAYMENT	PERSONAL LOAN PAYMENT	CHARGE ACCOUNT PAYMENT
Other (Specify)				
TOTAL				

APPLICANT'S CERTIFICATION/CONTRACTUAL CAPACITY

I/We, the undersigned, certify the information provided above in this application is accurate and complete to the best of my knowledge. I/We consent to the disclosure of such information for purpose of income verification related to my/our application for financial housing rehabilitation assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. I certify that I am the owner occupant of said property and that I/We hold fee simple title to the above property; that I/we have the legal ability to enter into a contractual agreement. Failure to disclose all income or the reporting of inaccurate or false information will result in disapproval of assistance and will be considered fraudulent.

Applicant: _____ Date: ____/____/____

Co-Applicant: _____ Date: ____/____/____-

Community Development Manager _____ Date: _____

APPLICATION DOCUMENTS

The City of Marietta CDBG Homeownership Program requires verification of income eligibility of all persons requesting housing assistance under the Community Development Block Grant [CDBG] Program. Homeowners/Homebuyers will be required to submit the following applicable information:

- ◆ Completed Housing Application Form;
- ◆ Copy of the Warranty Deed;
- ◆ Proof of income of ***all*** persons living in the home (*for example: pay stubs, Benefit Letters, child support, etc.*); No older than 60 days
- ◆ Employee W2 for previous 2 years
- ◆ Social Security/Pension 1099-previous 2 years
- ◆ Government issued Photo ID-All Adults
- ◆ Copy of Applicant's last 2 year's tax returns;
- ◆ Copy of Social Security cards of every person living in the home;
- ◆ Proof of current mortgage balance, not just your monthly payment;
- ◆ Copy of homeowner's insurance policy;
- ◆ Pre-1978 homes-Completed with signature Lead-Based Paint Questionnaire & Receipt Form [After reviewing the Lead Base Paint information];
- ◆ Copy of two [2] most recent bank account statements;