



Community Development Division  
268 Lawrence St.  
Marietta, GA 30060  
770-794-5437

**Homeownership Assistance Application**  
**Revised May 2019**

**OFFICE USE ONLY**

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 Rehabilitation. 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.

The City of Marietta Homeownership Assistance Program is designed to assist **eligible** low-to-moderate income families to purchase a home within the City of Marietta limits.

- Applicants must have not owned a home in the last three (3) years
- Applicants must be a U.S. Citizen or a permanent resident alien
- Cash assets must be less than \$10,000 (not including retirement accounts)
- Applicants must have been pre-approved by lender (documentation of the pre-approval is required at application)
- Applicants must enter into an agreement with the lender and the CDBG Program
- Any judgments against the homebuyer must be paid off
- Any bankruptcy must have been discharged at least two (2) years
- Applicants must attend approved homebuyer education classes
- Buyers must meet HUD low-to-moderate income guidelines. These income limits are updated annually
- Maximum home sales price with no rehabilitation needed = \$250,000
- Total loans- first and second- must be within the lenders' approved maximum amount for the borrower
- Assistance must be approved by the lender, and can only be combined with other assistance upon lender approval

CDBG assistance may address some of the financial deficiencies the applicant encounters during the purchase of a home. Assistance will be in the form of a Second Mortgage Deferred Loan-up to \$10,000.00. Assistance can be used to cover down payment, or closing costs and fees not covered by the seller. No monthly payment is required. This loan is deferred for thirty years provided the purchaser resides in the property as their primary residence for thirty years. This loan is repayable upon transfer of title, refinance or demise. If the homeowner remains in the home for thirty years, the loan is forgiven.



*Participants will not be discriminated based on race, color, religion, disability, sex, familial status or national origin.*

## Applicant Information

### Applicant:

### Co-Applicant:

Name:		
Address:		
City:	State:	Zip:
Phone:	Birthdate:	
Email:		
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

Name:		
Address:		
City:	State:	Zip:
Phone:	Birthdate:	
Email:		
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

<b>Race or National Origin: (Check one box below)</b>		
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Multi-Race (please specify) _____
<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> I do not wish to furnish this information
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other Single Race	
<b>Ethnicity: (Check box →)</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	

### Other

**Occupants: (other than applicants above)**

**Total Number of persons in household:** \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthdate: \_\_\_\_\_

## Employment Information

**Applicant:**

Self Employed

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date:	

**Co-Applicant:**

Self Employed

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date:	

**If employed in the current position for less than two years or if currently employed in more than one position, complete the following:**

**Applicant:**

Self Employed

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date/ End Date:	

**Co-Applicant:**

Self Employed

Employer:	
Supervisor:	
Address:	
City:	State:
Phone:	Position:
Hrs/wk:	Rate of Pay:
Start Date/ End Date:	

# Income Verification

Household MONTHLY Income (only fill in income that applies to your household)

<b>INCOME:</b>	<b>Applicant</b>	<b>Co-Applicant (if applicable)</b>	<b>Occupant (if applicable)</b>
Wages			
Overtime			
Bonuses/tips			
Part-time Seasonal			
Dividends			
Interest			
Investment Earnings			
Retirement Pension			
Social Security benefits			
Disability			
VA benefits			
Unemployment Compensation			
Pubic Asst.			
Alimony			
Child Support			
Other			
<b>Total</b>			

Total monthly household income \$ \_\_\_\_\_ x 12 months = \$ \_\_\_\_\_

## CDBG MAXIMUM HOUSEHOLD INCOME LIMITS [COBB COUNTY, GEORGIA] FY2019 Income Limits

Family/Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$16,750	\$27,900	\$44,650
2	\$19,150	\$31,900	\$51,000
3	\$21,550	\$35,900	\$57,400
<b>4</b>	<b>\$25,750</b>	<b>\$39,850</b>	<b>\$63,750</b>
5	\$30,170	\$43,050	\$68,850
6	\$34,590	\$46,250	\$73,950
7	\$39,010	\$49,450	\$79,050
8	\$43,430	\$52,650	\$84,150

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

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**

<b>ASSETS</b>			
<b>TYPE</b>	<b>CASH VALUE</b>	<b>ANNUAL INCOME FROM ASSETS</b>	<b>BANK NAME</b>
Checking Accounts			
Savings Accounts			
Credit Union Accounts			
Stocks/Bonds			
Life Insurance			
Other (i.e. rental property)			

**\*\* Applicant cash assets (not including retirement) must be below \$10,000**

### **Applicant Certification**

I/We certify that the information provided in this pre-application is true and correct as of the date set forth opposite my/our signature(s) on this application

All household members 18 years and over to sign below

\_\_\_\_\_  
(applicant signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(co-applicant/ occupants signature)

\_\_\_\_\_  
(date)

# What to Submit With Your Application

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## CHECKLIST

\_\_\_\_\_ 1. Collect the following information:

*(All documentation is strictly confidential and will only be used for the purpose of verifying household income. Note: Lenders will require similar information.)*

- \_\_\_\_\_ a. Driver's License (or other government issued ID)
- \_\_\_\_\_ b. Current pay stubs that reflect the previous 2 months of employment
- \_\_\_\_\_ c. Income Tax Returns for the last 2 years including W2's or IRS Transcripts
- \_\_\_\_\_ d. Current Social Security statements *(if applicable)*
- \_\_\_\_\_ e. Disability benefit statements *(if applicable)*
- \_\_\_\_\_ f. Pension statement/checks *(if applicable)*
- \_\_\_\_\_ g. Evidence of child support or alimony, *(if applicable)*
- \_\_\_\_\_ h. Bankruptcy discharge papers *(if applicable)*
- \_\_\_\_\_ i. **Lender pre-approval letter**
- \_\_\_\_\_ j. Two most recent bank account statements for all bank accounts

\_\_\_\_\_ 2. Mail or hand-deliver the application and supporting documentation to:

City of Marietta Community Development  
Attn: Community Development Manager  
268 Lawrence St.,  
Marietta, GA 30060

\_\_\_\_\_ 3. Call and Make an application appointment with the Community Development Manager

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