



CITY OF SOUTHFIELD

NEIGHBORHOOD STABILIZATION PROGRAM APPLICATION FOR HOMEBUYER ASSISTANCE

www.cityofsouthfield.com

Information contained herein shall be kept confidential and shall be used only for purpose of determining eligibility for financial assistance under the City of Southfield Neighborhood Stabilization Program.

RETURN APPLICATIONS TO:
City of Southfield Housing Department
26000 Evergreen Road, P.O. Box 2055, Southfield, MI 48037-2055

Client Information

			Home Phone ()		
		(Last)	(First)	(Middle)	
Present Street Address		City		State	Zip Code
Marital Status			No. Of Legal Dependents (As defined by the IRS)		
Name & address of Employer			Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Phone ()	Position/Title	Type of Business		No. of Yrs. on Job	

Secondary Client Information

			Home Phone ()		
		(Last)	(First)	(Middle)	
Present Street Address		City		State	Zip Code
Marital Status			No. Of Legal Dependents (As defined by the IRS)		
Name and Address of Employer			Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Business Phone ()	Position/Title	Type of Business		No. of Yrs. on Job	

How did you learn of this Program?

E-Mail:

ETHNICITY OF APPLICANTS (To be used for statistical purposes. Not to be used for eligibility.)

Check most appropriate categories:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian/White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Other (Multi-Racial) |

Will there be a physically handicapped person living in the house? Yes No

Do you currently own a home? Yes No

Have you ever owned a home? Yes No

Have you ever been obligated on a home purchase money loan or home improvement loan which resulted in foreclosure, deed in lieu of foreclosure or judgment? Yes No

Have you ever claimed bankruptcy or had any judgment or Garnishment filed against you in the last 7 years? Yes No

Are you related to any employee or elected official of the City of Southfield? Yes No

Do you intend to include anyone on the deed who will not live with you? Yes No

Will there be anyone else living in the home with you? If **YES**, please list their name, age, relationship to you, school status, and annual income:

Number	Name	Age	Relationship	School Status (Full or Part-Time)	Annual Income
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

If you answered YES to any of the above questions, please attach an explanation.

ANNUAL INCOME

Source	Applicant	Co-Applicant	Total
Gross Salary, Overtime Earnings, Commissions, Fees, Tips and Bonuses			
Interest and/or Dividends			
Net Income from Business			
Net Rental Income			
Workers compensation, Annuities, Insurance Policies, Social Security, Pensions, Retirement Funds, Disability Payments or Death Benefits, etc.			
Alimony			
Child Support			
Public Assistance Payments			
Other Income			
TOTAL			

ASSETS

Type	Cash Value	Annual Income From Asset(s)	Bank or Investment Company
Checking Accounts			
Savings Accounts			
Stocks, Bonds and Mutual Funds			
Life Insurance			
Other (i.e., property)			

LIABILITIES

	Monthly Obligation	Original Amount Borrowed	Remaining Balance
Car Loans			
Credit Cards			
Student Loans			
Co-Signed Loans			

APPLICANT CERTIFICATION

The applicant certifies that all of the information in this application, and all information furnished in support of this application, for the purpose of obtaining Homebuyer Assistance, are true and complete to the best of the applicant's knowledge and belief. The applicant further certifies that he/she is not currently the owner of a house.

Furthermore, the applicant authorizes the County to make inquiries and verify any of the information from any sources named in this application.

Penalty for False or Fraudulent Statement: United States Code. Title 18, Section 1001, provides "whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Signature of Applicant

Date

Signature of Co-Applicant

Date

**INFORMATION CONTAINED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL.
ADDITIONAL INFORMATION MAY BE REQUESTED UPON REVIEW OF YOUR APPLICATION.
THE AMOUNT OF FUNDS AVAILABLE AND THE LENGTH OF TIME THAT THESE FUNDS WILL
BE AVAILABLE IS LIMITED.**

Please include with this application all applicable documents.

Copy of: Driver's License and/or Michigan I.D.
Last 2 years' Federal and State Income Tax Forms, including all Schedules (Signed and Dated)
2 consecutive recent Pay Check Stubs
Social Security Determination Letter
Pension Determination Letter
Unemployment Explanation of Benefit
Divorce Decree
Legal Separation Agreement
Death Certificate
Pre-Approval Letter
Credit Report

Please MAIL completed application with all supportive information to:

City of Southfield
Neighborhood Stabilization Program
Housing Department
26000 Evergreen Rd.
P.O. Box 2055
Southfield, Michigan 48037-2055

Telephone: (248) 796-5124
(248) 796-5126
Fax: (248) 796-5135
E-mail: nsp@cityofsouthfield.com

www.cityofsouthfield.com



OFFICE USE ONLY

Date Returned: _____

Date Completed: _____

Interview Scheduled: _____

Class Completed:

Yes

No