



# HOMEBUYER APPLICATION

ATLANTIC COUNTY IMPROVEMENT AUTHORITY

1333 Atlantic Avenue, Suite 700

Atlantic City, NJ 08401

Phone: (609)343-2390 / Fax: (609)343-2188

## FOR OFFICE USE ONLY

Date Sent: \_\_\_\_\_

Application # \_\_\_\_\_

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

\*\*\*\*\*

Name of Household Member with primary financial responsibility:

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address or PO Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ethnicity: (select only one) Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

Racial Description (Select one or more):

White \_\_\_\_\_, Black/African American \_\_\_\_\_, Asian \_\_\_\_\_, American Indian/Alaskan Native \_\_\_\_\_,

Native Hawaiian/Other Pacific Islander \_\_\_\_\_, American Indian/Alaskan Native & White \_\_\_\_\_,

Asian & White \_\_\_\_\_, Black/African American & White \_\_\_\_\_, Other Multi-Racial \_\_\_\_\_,

Asian/Pacific Islander \_\_\_\_\_,

American Indian/Alaskan Native & Black/African American \_\_\_\_\_, Hispanic \_\_\_\_\_, Other \_\_\_\_\_

Handicapped/ Disabled \_\_\_\_\_ Age 62 & over \_\_\_\_\_ Related to a Public Official \_\_\_\_\_

## HOUSEHOLD COMPOSITION

Please list all other household members, including the Head of Household, who will live in the new address.

	Name	Relationship	Sex	Date of Birth
1				
2				
3				
4				
5				
6				
7				
8				

## EMPLOYMENT INFORMATION

Please name each household member who receives income and is 18 years-old or over. Income is defined as the total salaries, wages, tips, public assistance, child support, alimony, social security, pension, disability, earned interest, dividends, etc., before deductions and taxes, received by each member of the household.

1. Household Member Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Street City/State/Zip  
Employer Phone #: \_\_\_\_\_ Ext #: \_\_\_\_\_  
Self Employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Position: \_\_\_\_\_ # Years Employed: \_\_\_\_\_  
Hours/Week: \_\_\_\_\_

2. Household Member Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Street City/State/Zip  
Employer Phone #: \_\_\_\_\_ Ext #: \_\_\_\_\_  
Self Employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Position: \_\_\_\_\_ # Years Employed: \_\_\_\_\_  
Hours/Week: \_\_\_\_\_

3. Household Member Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Income: \$ \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Street City/State/Zip  
Employer Phone #: \_\_\_\_\_ Ext #: \_\_\_\_\_  
Self Employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
Position: \_\_\_\_\_ # Years Employed: \_\_\_\_\_  
Hours/Week: \_\_\_\_\_

**CURRENT GROSS MONTHLY INCOME - Please use a separate page for every household member who is 18 years old or over and receives income of any kind.**







**HOME BUYER CERTIFICATION**

I, as head of the household, hereby certify to the following (*Check all that apply*):

I have resided in Atlantic County for the last 12 months at:

\_\_\_\_\_

I have been employed in Atlantic County for the last 12 months  
**(include letter from employer)**

I have not owned a home for the last three years.

I am / am not a municipal employee.  
**(circle one)**

I am / am not related to a municipal employee.  
**(circle one)**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C., Title 18, Sec. 100 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".

*I certify that the information provided herein is true and completed to the best of my knowledge and belief. I also understand that this information is to be used only for determining my eligibility for services provided by the various State and Federal programs and any statistical analysis purposes that may be required for program evaluation.*

X \_\_\_\_\_  
Signature(s) of Applicant

X \_\_\_\_\_  
Signature(s) Co-Applicant

X \_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I authorize Atlantic County to make inquiries as necessary to verify the accuracies of the statements made above. I certify that the above statements are true and accurate. These statements are made for the purpose of obtaining down payment assistance from Atlantic County for the purchase of a home. I understand that FALSE statements may result in forfeiture of benefits and possible prosecution under applicable criminal codes of the United States and the State of New Jersey.

X \_\_\_\_\_  
Signature(s) of Applicant

X \_\_\_\_\_  
Signature(s) Co-Applicant

X \_\_\_\_\_  
Date

**\*PLEASE ATTACH COPIES OF THE FOLLOWING\***

***(NO APPLICATION WILL BE PROCESSED UNTIL ALL OF THE FOLLOWING ARE SUBMITTED)***

- Four (4) Current Paystubs (Include ALL household members over 18 yrs. old, for ALL jobs, full-time, part-time or unemployment benefits)
- Signed copies of Income Tax Returns with W-2 Forms for 2019 & 2020
- Birth Certificates for household members under the age of 18
- School Report Card showing child's name and address
- Asset Information (i.e., Checking, Savings, CD's, Money Market Funds, Mutual Funds, Stocks or Bonds) for a two (2) month period
- Current Executed Lease Agreement with 12 months of rent receipts
- Letter from employer(s) stating number of years employed, position held and current salary (must be on employer's letterhead)
- Copy of driver's license (front & back) for ALL that have a driver's license in the household.
- Copy of ALL credit card statement(s)
- Copy of ALL car payment(s)
- Copy of ANY / ALL student loan payment(s)
- Copy of utility bills (ie - gas, electric, oil)
- Copy of cable, telephone, cell phone bills
- Copy of ANY recurring monthly obligations

\*Please COMPLETE the Home Buyer Budget Worksheet

**\*\*THE FOLLOWING CONTACT INFORMATION MUST BE COMPLETED\*\***

**REALTOR CONTACT:** \_\_\_\_\_ Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Realtor: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

**MORTGAGE CO/ BANK CONTACT:** \_\_\_\_\_ Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Fax : ( \_\_\_\_\_ ) \_\_\_\_\_

Mortgage Co./ Bank: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

**TITLE COMPANY CONTACT:** \_\_\_\_\_ Phone : ( \_\_\_\_\_ ) \_\_\_\_\_ Fax : ( \_\_\_\_\_ ) \_\_\_\_\_

Title Company: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_