



Great Place. Great People. Great Promise.

CITY OF GASTONIA

Community Services Division

• PO Box 1748 • Gastonia, NC 28053-1748 •
(704) 854-6602 • (704) 866-6067 fax

Thank you for choosing the City of Gastonia as your partner in reaching your goal for housing. You have taken the **First Step** by requesting the Application Package. Listed below is the process:

Step Two: Complete, return and provide the required documents listed on **Page 2** as they are needed to complete your assessment. Please read, follow the instructions on the Application and deliver the required documents to the City of Gastonia prior to your appointment.

Documents can be delivered via:

- Lauretta Gordon
- Email: lauretta.gordon@gastonianc.gov
(must be in “PDF” format) with your name as the subject
- Mail: City of Gastonia, Housing and Community Engagement, PO Box 1748, Gastonia, NC 28053
- Hand-delivered: 150 S. York Street, Gastonia, NC 28052
 - If you do not have the resources to make your own copies, please leave the originals and they will be returned at the time of your appointment.

Step Three: Once you have provided the required documents, the Counselor will pull a tri-merge which may result in a hard hit to your credit report and along with the documents you provided will assess your information for the following:

Pre-purchase:

- a) Mortgage readiness;
- b) Housing affordability;
- c) Eligibility for down payment assistance (if applicable);
- d) Maximum sale price (if applicable)

Other Services:

- a) Credit Review and Guidance;
- b) Money Management and Budgeting;

Step Four: Meet with a Counselor via face-to-face, phone or internet for a detailed budget session and/or a review of your homeownership assessment based on your readiness. After this step you will be guided through which program best fits your housing and financial goal.

Although this process may seem long it can be accomplished in a short period of time based on your availability to providing all the required documentation.

Should you have any questions, about the process you may contact Lauretta Gordon at 704-854-6602 or by email at lauretta.gordon@gastonianc.gov.

Checklist of Documents to Return Documents required for appointment

Income documentation is needed for everyone that will reside in the household who is over the 18, even if they will not be on the loan. *If you do not provide ALL documentation we will not be able to process your file until all documentation has been provided.*

- ID – Visible, unexpired copy of driver's license or state ID
- Social Security Card
- Income
 - ❖ Salaried or hourly employee
 - 2 months' pay stubs (**for everyone in the household working over the age of 18**)
 - Last 2 years of W-2's and Federal and state tax returns
 - ❖ Self-Employed or 1099 employee – 2 years' tax returns to include all schedules
 - ❖ Social Security, Disability, and other non-wage earner income, etc.
 - Benefits Award Letter and 3 months' proof of receipt (bank statements)
 - ❖ Child Support Award letter with 12 months of payment history
 - ❖ If no source of income, those 18 years or older must provide the signed Certification of Zero Income (form provided by City of Gastonia's office)
- Assets
 - ❖ 2 months of bank statements, must include all pages
 - ❖ **Must have 2 months' proof of \$1,000 in an account to qualify for down payment assistance
- Other
 - ❖ If applicable, a copy of the recorded separation agreement, free trade agreement or divorce decree
 - ❖ If 18 or over and a student, please provide a copy of their school transcript
- Credit, Debts, and Expenses
 - ❖ **One month of all your bills**
 - Utility bills (electric, water, cable, telephone)
 - Credit card statements, all of them

Signed Agreements/Other paperwork:

- Authority to Verify Credit and Release Information
- Household Members Affidavit
- Monthly Spending Plan
- HUD Housing Counseling Documents

If you do not have a realtor or lender, we will assist you through the process.

Contact information for Lender: (Name/Company/phone #/Email)

Contact information for Realtor, or seller's information if no Realtor is involved:
(Name/Company/phone #/Email)

****Are you currently an active military member?* yes no
Are you a military veteran? yes no

****How did you hear about our program?*



City of Gastonia

First Time Homebuyer & HUD Counseling Application

Please Print Legibly	CONTACT INFORMATION	
	Applicant (Borrower)	Co-Applicant (co-borrower) Will co-applicant be on the loan?
Name (as it appears on your ID)		
Social Security #		
Date of Birth:		
Cellular Phone #:		
Work Phone #:		
Email:		
Street Address:		
City, State, Zip Code		
# of people in household		
Residency Status	<input type="checkbox"/> Rent <input type="checkbox"/> Other <i>Specify:</i>	<input type="checkbox"/> Rent <input type="checkbox"/> Other <i>Specify:</i>
How much do you pay for rent payment?		Length of Occupancy: <i>If less than two years (previous address)</i>
Street Address:		
City, State, Zip Code		
County		
Length of Occupancy		
Race*: Please check the box that best represents your race:	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Pacific Islander
	Muli-Race: <input type="checkbox"/> Black/African American & White <input type="checkbox"/> American Indian & White <input type="checkbox"/> American Indian & Black <input type="checkbox"/> Asian & White <input type="checkbox"/> Other: _____	Muli-Race: <input type="checkbox"/> Black/African American and White <input type="checkbox"/> American Indian and White <input type="checkbox"/> American Indian and Black <input type="checkbox"/> Asian and White <input type="checkbox"/> Other: _____
Ethnicity*: (choose one)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status: (choose one)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed		
Citizenship (choose one)	<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien	<input type="checkbox"/> US Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien		
Preferred Language*:				
Highest Education Level*:	<input type="checkbox"/> No high school diploma <input type="checkbox"/> High school diploma <input type="checkbox"/> GED® diploma <input type="checkbox"/> Vocational certificate <input type="checkbox"/> Some college – Never completed <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor’s degree <input type="checkbox"/> Master’s degree <input type="checkbox"/> Doctoral degree			
Employment History				
Employer/Income Source:				
Employer Address				
Position/Title:				
Dates:	Start:	End:	Start:	End:
Avg.# of hours/ week:				
<i>If employed less than 2 years please list additional employer: If employed less than two years or a second job</i>				
Employer:				
Street Address				
City, State, Zip Code				
Contact Phone:				
Position/Title:				
Dates:	Start:	End:	Start:	End:

****Information for Government Monitoring Purpose Only***

The following information is requested by the Federal Government for certain types of loan application related to dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to finish this information but are encourage to do so.

All of the information that I/We provided in this application for assistance is correct and factual. No information has been withheld. We understand the necessity for accurate and complete information and we will provide any needed information to complete this application. We understand that deliberately providing inaccurate information or an unwillingness to timely provide the counselor with the necessary information or documents to assist us will result in a closing of our file.

Applicant Signature

Date

Co-applicant Signature

Date





CITY OF GASTONIA
Community Services Division
•PO Box 1748 • Gastonia, NC 28053-1748 •
(704) 866-6752 • (704) 866-6067 fax

Authorization To Verify Credit & Release Information

I/we hereby authorize the City of Gastonia, hereafter known as "the City" to verify my bank accounts, employment, outstanding debts, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for assistance through this program. My credit report will be obtained from a credit-reporting agency chosen by the City of Gastonia. I understand and agree that the City of Gastonia intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in housing counseling activities.

This allows the City to release/exchange information from my records in order to assist me in my housing needs. This information will be released only to those institutions, companies and agencies that the City believes or I have designated that can provide assistance in acquiring a mortgage loan or purchasing a home. Examples of such entities include lenders, realtors, public agencies, and other nonprofit organizations. *If necessary, information on file at another entity may also be released to us.* This information release/exchange will be restricted to specific financial data, such as income, budget, debt, credit report or status of mortgage readiness.

I understand that my file may need to be reviewed for compliance and that the City may share my information in order to stay in compliance. I hereby authorize the following: a) submittal of client-level information relating to the Department of HUD, Local Government, and authorized City Auditors b) allow funders to open files to be reviewed for program monitoring and compliance purposes, and c) allow funders to conduct follow-up with client related to program evaluation.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire in **ONE YEAR** from the date shown below. I also acknowledge that you may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Applicant Name (printed):	Last 4 SS#:	
Applicant (signed):	Date:	
Co-Applicant (printed):	Last 4 SS#:	
Co-Applicant (signed):	Date:	
FOR ORGANIZATION USE ONLY		
Attested by:	Date	
City of Gastonia, Community Services Staff Representative	Phone: 704-866-6752	
Copy of this document was given to client: <i>(circle one)</i>	Yes	No



Community Services Division
• PO Box 1748 • Gastonia, NC 28053-1748 •
(704) 866-6752 • (704) 866-6067 fax

Household Affidavit Addendum

Applicant: _____ attests that:

(state number) people will be moving into the home at time of closing.

List the name/relationship of each person who will be moving into the home you are purchasing.	Relationship (i.e. son, daughter, grandchild, etc.)	Date of Birth

Please initial the situations that apply to your situation:

Am currently married and living with my spouse.

Am currently married, living with my spouse but plan to file for Separation and/or Divorce. *(I fully understand that official documentation will be needed that allows me to proceed with this process, which includes but is not limited to: copy of the recorded separation agreement, free trader agreement or divorce decree)*

Am currently unmarried and **WILL** be moving into the home by myself.

Am currently living with someone who **WILL** be moving into the home but not on the loan.

Am currently living with someone who **WILL NOT** be moving into the home.

I understand that this affidavit will be relied on for determining my eligibility for down payment assistance and a mortgage. I understand that a material misstatement or fraudulently made statement in this affidavit, or in any other statement made by me in connection with the application for down payment assistance and a mortgage, may constitute a federal violation punishable by fines, by criminal penalties or by the revocation of the mortgage.

Applicant: _____

Date: _____

Co-applicant: _____

Monthly Spending Plan – Please fill in as COMPLETELY AS POSSIBLE.

MONTH: _____

*****Use your most recent bank statement as a guide to complete*****

Monthly Income Source	Current Monthly Income
Net Income No. 1 (take home pay)	
Net Income No. 2 (take home pay)	
Child Support/and or Spousal Support Received	
Retirement Received	
Social Security Received (after taxes)	
Other Income (list source)	
Total Take-Home Income	
Monthly Fixed Expenses	Current Monthly Spending
Rent (if applicable)	
Auto Loan/Lease No. 1	
Auto Loan/Lease No. 2	
Debt Consolidation/ Other Loan(s)	
Student Loan(s)	
Electricity	
Gas	
Water/Sewer	
Phone (landline)	
Cell Phones	
Cable/Satellite/TiVo Boxes	
Internet Access	
Car Insurance	
Health Insurance (if it isn't deducted from your paycheck)	
Long-Term Care Insurance	
Child Support and/or Alimony	
Medical/Dental Payments	
Retirement Savings/401K	
Emergency Fund Savings	
Other:	
Total Monthly Fixed Expenses	

Total Monthly Variable Expenses (Spending you can change)	Minimum Monthly Payments
Credit Card No. 1	
Credit Card No. 2	
Credit Card No. 3	
Credit Card No. 4	
Credit Card No. 5	
Store Card(s) (total)	

Gas Card(s) (total)	
Total Monthly Variable Expenses (Spending you can change)	Monthly spending
Other Credit Lines Not Included in Table No. 5	
Groceries	
Eating Out (include restaurants, fast food, lunches, etc.)	
School Lunches	
Gasoline, Parking, Public Transportation	
Health Club Membership	
Daily Coffee/Snacks/Work vending machines	
Laundry/Dry Cleaning	
Household Items (not grocery)	
Pet Care and Supplies	
Baby Items	
Children's Allowances	
Hair Cuts/Grooming/Manicures, etc.	
Cosmetics	
Clothes	
Entertainment:	
Movies/Movie/Game Rental	
Cable On-Demand Movies	
Sports Event: Gamer, Races	
Concerts/Play/Dinner Theater/Symphony	
Day Trips to Amusement Parks	
Other	
Childcare/Day Care	
Child(ren): Field Trips/Sports fees, tutoring lessons, etc.	
ATM Withdrawals/Fees (if not already listed elsewhere)	
Donations/Tithe	
Emergency Savings	
Retirement Savings	
Tobacco/Alcohol	
Other Subscriptions	
Misc. Spending Money	
Other:	
Total Monthly Variable Expenses	

	Total Monthly Net	
--	--------------------------	--

$$\boxed{\text{INCOME}} - \boxed{\text{EXPENSES}} = \boxed{\text{Total Disposable Income}}$$

Maybe your income is more than your expenses. You have money left to save or spend.
 Maybe your expenses are more than your income. Look at your budget to find expenses to cut.

*I certify that the information provided above is **CORRECT** to the best of my knowledge. I also acknowledge that it is my responsibility to provide the City of Gastonia the necessary documentation that is requested in a timely manner.*

Applicant: _____ *Date:* _____

Co-applicant: _____



Community Services Division
• PO Box 1748 • Gastonia, NC 28053-1748 •
(704) 866-6752 • (704) 866-6067 fax

Housing Counseling Disclosure

The City of Gastonia provides the following counseling services:

1. **Pre-Purchase Counseling:** (one-on-one counseling) that addresses individual and family budgeting and credit counseling and
2. **Pre-Purchase Education:** a Homebuyer Club (for those 12 months from purchase), and Homebuyer Education class (6 hour group class) that covers budgeting, identity theft, working with realtors, lenders, inspectors and closing attorneys and the processes with each professional.

We will provide information on at least 3 mortgage loan products from different lenders (including FHA insured). For those clients who meet HOME program eligibility, clients have the opportunity to utilize up to \$7,500.00 for the down payment/closing cost of their first home. The City of Gastonia's Homebuyer Assistance Program is funded directly from HUD using HOME funds. The funds legally belonging to HUD and are awarded to the City of Gastonia.

I/We understand that the City of Gastonia's Homebuyer's Assistance Program provides confidential pre-purchase housing counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals to lenders and to other housing agencies as appropriate.

I/We understand that City of Gastonia's Homebuyer's Assistance Program is a HUD-approved, housing counseling agency that is in partnership with my lender, servicer or insurer and may require that the City of Gastonia share my information with my servicer to better assist me. I authorize my lender, servicer or insurer to share my information with the City of Gastonia.

I/We may be referred to other housing services provided by another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified, but that the City of Gastonia is unable to address. I understand that I am not obligated to use any of the services offered to me. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I/We understand that the City of Gastonia provides information and education on numerous loan products and other housing programs. I further understand that the housing counseling I receive from the City of Gastonia in no way obligates me to choose any of these particular loan products and other assistance programs.

I/we understand that there is no obligation to receive, purchase or utilize any other services offered by the City of Gastonia or its exclusive partners in order to receive housing counseling services.

I acknowledge that I have received a copy of the Privacy Policy.

Applicant: _____ Date: _____

Co-applicant: _____

As the Administrator, all items above been discussed with the client(s) and all questions have been answered.

Administrator: _____ Date: _____

Hours of Operation: 8:00 am – 5:00 pm Monday to Friday



Community Services Division
• PO Box 1748 • Gastonia, NC 28053-1748 •
(704) 866-6752 • (704) 866-6067 fax

Client/Counselor Agreement

The City of Gastonia and its counselors agree to provide the following services:

- Assistance in the development of both an action and spending plan.
- Presentation & explanation of reasonable options available to you and your housing situation.
- Assistance in communicating with the loan officers, mortgage servicer and/or closing attorneys.
- Timely completion of promised action.
- Timely responses to any questions Monday-Friday. Your response may come in the form of a call or email.
- Identification of assistance resources as well as referrals to needed resources.
- Accountability, inclusiveness, professionalism, honesty, and integrity in all services.

I/We, _____ agree to the following terms of housing counseling services:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will come in for required budget sessions as determined by my counselor while my loan is being processed by the lender.
- I/We will be **on time** for appointments and understand that if we are late for an appointment, the appointment may need to be rescheduled.
- I/We will call within **six (6) hours** of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.
- I/We will actively and diligently work towards solving any credit issues based on Counselor's guidance.
- I/We will actively follow agreed-upon Action and Budget Plans in preparation for housing goals and will provide feedback as to any deviations from the plans.

Note: Success of your housing goal depends on your active participation and compliance. Please note that you will be released from the program in the following situations:

- Not following the agreed-upon action plan.
- Failure to appear for appointments and/or classes.
- Failure to respond to inquiries concerning progress in resolving housing need or problem.

Applicant: _____ *Date:* _____

Co-applicant: _____

Administrator: _____

Date: _____



Community Services Division
• PO Box 1748 • Gastonia, NC 28053-1748 •
(704) 866-6752 • (704) 866-6067 fax

HUD Housing Counseling Privacy Policy

The City of Gastonia is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the **Housing Counseling Disclosure**. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
- If you choose to "opt out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at 704-854-6602 and do so.

Release of your information to third parties

- So long as you have **not** opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Applicant: _____

Date: _____

Co-applicant: _____

