



Frisco Down Payment Assistance Program
First Time Homebuyer Application

APPLICANT NAME: _____

Current Address: _____

City, State, Zip Code: _____ **Email:** _____

Home Phone # _____ **Alternate Phone #** _____

HOUSEHOLD COMPOSITION:

List the head of household and all other members who will be living in the unit. Provide the relationship of each family member to head of household.

Member(s) Full Name(s)	Relationship	Birth Date	Age	Sex	Social Security Number

Head of Household. Please check (☑) – Optional

- White
- Black/African American
- Asian
- American Indian/Alaska Native
- Other Multi Racial
- American Indian/Alaska Native & Black/African American
- American Indian/Alaska Native & White
- Asian & White
- Black/African & White
- Native Hawaiian/Other Pacific Islander
- Hispanic

HOUSEHOLD INCOME:

Report the income for all household members. This includes earned income such as wages, salaries, and tips. Include benefit income such as social security, AFDC, retirement, also include investments such as interest on savings account.

Family Member	Type of Income	Annual Amount

Name of family member employed within the city limits of Frisco:

FRISCO EMPLOYERS NAME: _____

Address: _____

City, State, Zip Code: _____

Supervisor Name & Phone # _____

Date of hire: _____ **Total time employed** _____ yrs _____ mos

Amount of Loan Approval: _____

ASSETS:

List all checking, savings and money market accounts, retirement accounts, and Certificates of Deposit of all household members.

Family Member	Bank/Broker	Account Number	Current Balance

Please note the amount of personal funds applicant commits to the purchase: \$ _____

Will applicant be purchasing a new or pre-owned home? _____

PROPERTY:

Yes No Do you own any real property?

If YES, what is its current market value? \$_____

If you have a mortgage on the property, what is the current balance owed? \$_____

EXPENSES:

Child Care

Yes No Do you have child care expenses for a child age 12 or under?

If YES, please provide the name, address, and telephone number of the care provider:

Weekly Child Care Cost: \$ _____

Families with Handicapped Members

Yes No Do you pay a live-in aide or for any equipment for any handicapped member(s) of the family that enables that person or someone else to work?
If YES, please provide the name, address, and telephone number of the care provider:

Weekly Cost: \$ _____

Answer the following questions only if the Head of Household or Spouse is 62 years of age or older, OR is an individual with a handicap(s):

Medicare

Yes No Do you have Medicare? If YES, what is your monthly premium?
Monthly Cost: \$ _____

Insurance

Yes No Do you have any other type of medical insurance? If YES, please provide the name, address of the carrier, the policy number, and the premium amount:
Name of Carrier: _____
Address: _____
Policy Number: _____
Monthly Premium Amount: \$ _____

Medical Expenses

Yes No

Do you have any outstanding medical bills? If YES, list them below.

Monthly Medical Expenses \$ _____

APPLICATION CERTIFICATION:

I/We understand that the above information is being collected to determine if I/We are eligible to receive housing assistance. I/We authorize the Participating Jurisdiction to verify all information provided on this application.

Head of Household Signature/ Date	Spouse Signature/Date
x _____ Date: _____	x _____ Date: _____

APPLICATION CHECKLIST

*Applications **will not** be processed until all of the above documents have been submitted.*

CHECK OFF EACH BOX FOR INFORMATION INCLUDED:

- Signed application for all persons on in household
- Copy of signed complete set of last three Federal Income Tax Returns, including all schedules and attachments for all persons in the household and on title.
- Copies of paycheck stubs for the last 30 days for all wage earners in household or verification of wages from current employer.
- Other income documentation (supply a copy of the award letter):
 - Social Security/SSI
 - Retirement
 - Disability
 - AFDC
 - Interest on Savings/Income Earning Accounts
 - Child Support – Divorce decree, court documents, State Attorney General
- Three (3) most recent bank statements;
- Asset statements (e.g. stocks, bonds, CD's, money market funds)
- A pre-approval letter from a lender for a mortgage
- Copy of Social Security Card;
- Copy of valid **current** identification (e.g. driver's license or State of Texas ID);
- Signed Residency Verification Forms for all adult household members
- Certificate of completion of an eight-hour Frisco approved Homebuyer Training class. The City can provide you information to register for this class.
- Signed Lead Based Paint Notification Form (required for properties built before 1978)