***Note: If your household’s total gross monthly income from all sources exceeds the income limits on page 2 of this application, you are not eligible for this program.***

Are any household members disabled and/or special needs? ❑ Yes ❑ No If Yes, list the type of disability and/or special needs:



1. **Household Composition and Income (List income for all members living in your home age 18 & older)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Age** | **Relationship to applicant** | **gross monthly income** | **source of income** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Date of application

Ethnic background: ❑ Native American ❑ Asian ❑ Black ❑ Anglo ❑ Hispanic ❑ Other ❑ Decline to state

**B. Asset Information (state estimated net value of each asset type held for all members living in your home age 18 and older)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ADULT HOUSEHOLD MEMBERS** | **CHECKING** | **SAVINGS** | **OTHER REAL ESTATE** | **STOCKS & BONDS** | **OTHER** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

**PART I: HOUSEHOLD COMPOSITION AND INCOME**

**APPLICATION FOR ASSISTANCE**

Current Address

Do you own ❑ or rent ❑ the home you currently live in? Do you currently own another home? ❑ Yes ❑ No ***The maximum loan amount under this program is $25,000 or 10% of purchase price, whichever is less.***

Co-applicant Telephone Number Co-applicant E-Mail Marital Status ❑ Married ❑ Unmarried ❑ Separated

|  |  |  |
| --- | --- | --- |
| M:\Homebuyer program\Outreach, schedule, application forms, etc\Outreach materials\Symbols & Pics from Vint\HAP logo black and white.jpg | **RETURN APPLICATION TO:** LOS ALAMOS HOUSING PARTNERSHIP, INC.  1475 Central Avenue, Suite 220  Los Alamos, NM 87544  OFFICE: (505) 662-8918  HOURS: Monday-Friday 8:30–5:30  Saturday (By appointment)  Los Alamos County and LAHP are Equal Housing Lenders |  |



Applicant Telephone Number Applicant E-Mail

Applicant Name Applicant SSN

Co-applicant Name Co-applicant SSN

2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |
| **Very Low Income**  (50% AMI) | $38,100 | $43,550 | $49,000 | $54,400 | $58,800 | $63,150 | $71,850 |
| **Low Income**  (80% AMI) | $60,960 | $69,680 | $78,400 | $87,050 | $94,080 | $101,040 | $108,000 |

**C. Applicant Certification and Authorization**

I (We) certify that all of the information in this application is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of employment and any other information presented herein. I (we) understand that LAHP requires proof of income and assets including: last three pay stubs, benefit statements and award letters from Social Security, VA, court ordered child support, etc., copy of last 2 federal tax returns and copy of last 3 monthly statements for all financial accounts and assets which had been identified in Part 1B. I (we) authorize LAHP to conduct a credit report to verify debt and other financial obligations, including collections & judgments.

**B. Financial Information**

Applicant signature Date

Co-applicant signature Date

**INCOME LIMITS BY HOUSEHOLD SIZE FOR LOS ALAMOS COUNTY**

**(effective Apr 14, 2017)**

Number of Persons in Family

1. **Applicant Consumer Debt Information**

|  |  |  |
| --- | --- | --- |
| **Debt Source** | **Balance ($)** | **Monthly payments ($)** |
| Credit card |  |  |
| Automobile loans |  |  |
| Student loans |  |  |
| Other |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Has a household budget been submitted? | * Yes | * No | 6. Do you face any outstanding judgements | * Yes | * No |
| 1. Has a homebuyer training certificate been received? | * Yes | * No | 7. Have you filed bankruptcy in last 3 years? | * Yes | * No |
| 1. Have you received a pre-qualification letter from your lender? | * Yes | * No | 8. Are you a party to a current lawsuit? | * Yes | * No |
| 1. If you pay utilities, are your bill payments current? | * Yes | * No | 9. Will you bring at least $1,500 downpayment to closing? | * Yes | * No |
| 1. Do you have any non-medical collection accounts? | * Yes | * No |  | | |

1. Applicants are required to contact Steve Brugger, LAHP at 662-8918 to arrange to meet with him before completing the application.
2. Applications will be reviewed for completeness and program eligibility within 5 business days after receipt and applicants will be notified of their project status.
3. LAHP may request additional information to validate the information presented herein and as required to further process the application.
4. Complete applications which meet all HAP eligibility requirements will be placed on a waiting list.
5. Staff will meet with the applicant to inform them of the options for financial assistance.
6. Homebuyer shall begin receiving homebuyer training and will prepare a household budget.
7. Applicant will search for a home which meet their household needs and financial situation.
8. Loan Review Committee is held to consider application and make funding recommendation to County Manager for final approval. If home not selected at this point, approval will be conditional.
9. Funding approval/rejection letter is sent to applicant.
10. If conditional approval is granted, applicant has 6 months to select home, and close on home purchase.
11. If conditional approval is granted, applicant provides staff with final information on selected home under contract, and staff determines if conditions of approval have been met.
12. Staff works with the homebuyer, first mortgage lender, and title company to coordinate loan and home purchase closing.

**PART IV: NEXT STEPS**

Address of home to be purchased \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a purchase contract been executed and provided with this application? ❑ Yes ❑ No

Type of home: ❑ Single Family Detached ❑ Duplex ❑Town home ❑ Condominium ❑ Modular ❑ Manufactured ❑ Other

If home is manufactured, is it on a permanent foundation? ❑ Yes ❑ No

If home is a condo, is there a functioning condominium association? ❑ Yes ❑ No

Purchase price of home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1st Mortgage amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Downpayment amount from applicant’s own funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed monthly principal, interest, taxes, and insurance (PITI) \_\_\_\_\_\_\_\_\_\_\_\_ Proposed private mortgage insurance (PMI) \_\_\_\_\_\_\_\_\_\_\_\_

Is this property under corrective action for a violation of County Code? ❑ Yes ❑ No

Has a home inspection report been prepared? ❑ Yes ❑ No

Is the mortgage loan a fixed rate loan? ❑ Yes ❑ No

Has a title commitment been delivered? ❑ Yes ❑ No

Have any liens other than mortgage liens been filed against the property? ❑ Yes ❑ No

Will warranty deed be provided? ❑ Yes ❑ No

Source: US Department of Housing and Urban Development; Los Alamos County  
These income limits may change as HUD annual income limits are released each year

***Applicant must have received a pre-qualification letter from mortgage lender in order to apply for the HAP.***

**PART II: FINANCIAL INFORMATION**

**PART III: CHARACTERISTICS OF HOME FOR PURCHASE (IF ONE HAS BEEN IDENTIFIED)**