

**TCAC HOME PROGRAM  
HOMEBUYER APPLICATION**

*This is a preliminary application to determine homebuyer program qualification; it holds no purchase obligations. All information will be verified by TCAC staff prior to an applicant being placed on the eligibility waiting list for consideration for the program. All applicants must meet established eligibility criteria.*



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

**A. PERSONAL INFORMATION**

Head of Household: \_\_\_\_\_ Age: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address: \_\_\_\_\_ Email \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Marital Status:     Single             Married             Divorced             Widowed

List all persons living with you:

<i>Full Name</i>	<i>Relationship</i>	<i>Soc. Sec #</i>	<i>Age</i>	<i>Sex</i>

Does anyone in household receive any disability benefits?     Yes             No

Is anyone in household a veteran?             Yes             No

Are you or your spouse related to any individual who is employed the agency administering this grant?  
 Yes             No

Where would you like your new home to be located? County/city: \_\_\_\_\_

Have you ever owned a home?     Yes             No

**B. PRESENT HOUSING INFORMATION:**

How long have you lived at your present address? \_\_\_\_\_

If you presently rent, how much is your rent? \$ \_\_\_\_\_ per \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**C. DEBTS**

List all current debts, including loans, credit purchases, credit cards, hospital/doctor bills, etc. Attach a separate sheet if necessary.

<i>Company/Lender Name</i>	<i>Total Amount Still Owed – Balance Left</i>	<i>Payment Amount</i>	<i>Frequency</i>

Have ever failed to pay a debt, had a foreclosure, taken bankruptcy, or had a judgement against you for debt?  
If yes, explain details \_\_\_\_\_

**D. REFERENCES**

List two (2) people who we may use as secondary contacts for you:

<i>Name</i>	<i>Address</i>	<i>Telephone</i>

**F. CERTIFICATION AND AGREEMENT**

1. Applicant authorizes verification or re-verification of any information contained in this application that may be made at any time by TCAC, either directly or from documents received from the lender/realtor in connection with purchasing a home.
2. Applicants must meet program requirements provided by the U.S. Department of Housing and Urban Development (HUD) and TCAC for eligibility. This application, or any information contained herein, and documentation submitted with application (paystubs, bank statements, etc) may be forwarded for use by a financial lending institution to assist in determining eligibility and/or processing a loan utilizing TCAC's homebuyer program.
3. To the best of my knowledge, I certify that the information in this application for federal assistance through the HOME program is true and correct. I further certify that the address listed is my principal residence. I will comply with the HOME program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Applicant

\_\_\_\_\_  
Date



**E. INDIVIDUAL INCOME CALCULATION**

*Use one sheet for each family member,* including those without income. Mark N/A for areas which are not applicable to the individual. Signature of family member (or guardian for those under 18) is required.

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Last 4 digits Social Security # \_\_\_\_\_ Do you receive Food Stamps? Yes \_\_\_ No \_\_\_

**1. DO YOU WORK? LIST ALL EMPLOYERS AND WAGES BELOW. Attach 60 days most recent pay stubs:**

EMPLOYER	TYPE OF WORK	HOW OFTEN PAID	GROSS PAY FROM CHECK STUB

**2. DO YOU RECEIVE A BENEFIT CHECK (SOCIAL SECURITY, SSI, VA, TANF, UNEMPLOYMENT, RETIREMENT, ETC.)? Attach current benefits statements or 2 recent check stubs.**

WHO IS CHECK FROM?	TYPE OF CHECK	HOW OFTEN PAID	GROSS PAY

**3. ARE YOU SUPPOSED TO RECEIVE CHILD SUPPORT, ALIMONY, OR REGULAR GIFTS OF MONEY? Attach court order, payment records.**

TYPE OF SUPPORT	AMOUNT	HOW OFTEN PAID	FOR WHICH FAMILY MEMBER?

**4. DO YOU HAVE SAVINGS, CHECKING ACCOUNTS, STOCKS, RETIREMENT, ADDITIONAL PROPERTY, OR OTHER ASSETS (DO NOT LIST YOUR CAR OR HOUSE) Attach IRS 1099 forms, bank statements, deeds.**

TYPE OF ASSET	NAME OF COMPANY OR BANK	CURRENT VALUE	INTEREST EARNED FROM ASSET

**5. IF YOU RECEIVE NO INCOME, FILL IN THE BOX BELOW:**

NAME	ARE YOU A MINOR?	IF OVER 18, HOW LONG UNEMPLOYED?

I certify that the information about me in this application for housing assistance is true and correct and that the address listed is my principal residence. If assistance is approved, I will comply with all HOME rules and regulations. I am aware that providing false information on this application can subject me to criminal sanctions up to and including a Class B Felony.

Signature: \_\_\_\_\_

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



**AUTHORIZATION TO OBTAIN CREDIT REPORT INFORMATION**

By my signature below, I, \_\_\_\_\_ and/or adults in my household, have applied for the homebuyer assistance program from Tennessee's Community Assistance Corporation (TCAC). As part of this process or in considering my eligibility for the program, such as mortgage readiness, credit counseling, and down payment assistance, TCAC may verify information contained in my request for assistance and in other documents required in connection with the request. This authorization is valid for such lawful purpose as covered under the Fair Credit Reporting Act (FCRA).

I, or another adult in my household, AUTHORIZE Tennessee's Community Assistance Corporation of 740 E. Main Street, Morrystown, TN 37814-6627 to obtain a Background Check and/or Consumer Credit Report on me.

This authorization is valid for verification purposes, I authorize TCAC to obtain the following applicable information:

- Past and present employment or income records
- Bank account, stock holdings, and any other asset balances
- Past and present landlord references
- Consumer Credit Report and verify other credit information

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., TCAC is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to TCAC without further notice or authorization, but will not be disclosed or released by TCAC to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the grant or program assistance compliance period. The information TCAC obtains is only to be used to process my request for a loan or grant.

By my signature below, I hereby authorize all corporations, former employers, landlords, credit agencies, educational institutions, law enforcement agencies, city/state/county and federal courts and agencies, military services and persons to release all information they may have about me.

This authorization shall be valid in original or in copy form.

Applicant's Name (printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Date first resided there: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates resided there from/to: \_\_\_\_\_

