



COUNTY OF MERCER
 HOUSING AND COMMUNITY DEVELOPMENT
 McDADE ADMINISTRATION BUILDING
 640 SOUTH BROAD STREET
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 Director
 Housing and Community Development

ELIZABETH MAHER MUOIO
 Director
 Economic Development & Sustainability

**FIRST TIME HOMEBUYER PROGRAM
 DOWNPAYMENT /CLOSING COST ASSISTANCE APPLICATION**

Date: _____

Applicant's Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number _____

Maiden Name (or any other name credit was granted under): _____

Current Address: _____

Number of years at this address: _____ Number of Dependents: _____

Previous Address (if less than three years): _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

TOTAL MONTHLY SALARY (gross): \$ _____

Co-Applicant's Name: (Last) _____ (First) _____ (Middle) _____

Social Security Number _____

Maiden Name (or any other name credit was granted under): _____

Current Address: _____

Number of years at this address: _____ Number of Dependents: _____

Previous Address (if less than three years): _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

_____ Applicant's Initials

_____ Co-Applicant's Initials

Co-Applicant continued

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

Place of Employment: _____

Address of Employment: _____

Salary: \$ _____ Years Worked: _____

TOTAL MONTHLY SALARY (gross): \$ _____

Income Verification: Place a check next to the item(s) that applies to your personal income profile including annual amounts. (Use additional pages as needed)

- _____ Employment \$ _____
- _____ Business \$ _____
- _____ Social Security Benefits \$ _____
- _____ Pension & Annuities \$ _____
- _____ VA Benefits \$ _____
- _____ Unemployment Benefits \$ _____
- _____ Public Assistance \$ _____
- _____ Child Support Payments \$ _____
- _____ Alimony/Separation Payments \$ _____
- _____ Cash Contributions \$ _____
- _____ Military Service \$ _____
- _____ Assets on Deposit \$ _____

Household Information: List all household members ie: Name, Age, Relationship, Income and Source of Income (Use additional pages as needed)

Name	Age	Relationship	Income	Source of Income

Home Phone: _____ Work Phone: _____

Address of property to be purchased: _____

Bedroom/unit size: _____ Name of Development (if known): _____

Purchase Price: \$ _____

Estimated Monthly Mortgage Payments: \$ _____ Monthly Property Tax: \$ _____

Monthly Homeowners Association Dues (if applicable): \$ _____

Down Payment required: (_____%) \$ _____

Estimated Closing Cost: \$ _____

Amount applicant currently has available for Down/Payment: \$ _____

BANK ACCOUNTS

Bank _____ Savings # _____ Balance \$ _____

Bank _____ Savings # _____ Balance \$ _____

_____ Applicant's Initials

_____ Co-Applicant's Initials

MONTHLY EXPENSES

Credit Cards	Name: _____	Balance \$ _____
	Name: _____	Balance \$ _____
Auto Loan	Name: _____	Payment \$ _____
Alimony/Child Support		Payment \$ _____
Other		Payment \$ _____
TOTAL		Payment \$ _____

NAME, ADDRESS AND PHONE NUMBER OF BANK (OR MORTGAGE COMPANY) APPLICANT IS APPLYING TO FOR A MORTGAGE.

Date mortgage application was submitted _____

Is the above Community Reinvestment Act participating lender for the agency's 5% down program?

Yes _____ No _____

Name, Address and Phone Number of Applicant's Attorney / Settlement Agent.

ESTIMATED CLOSING DATE: _____

Do you currently live in a rental unit? _____ Current monthly rent: \$ _____

Are you a First Time Homebuyer?* _____ A First Time Homebuyer is and individual and his/her spouse who have not owned a home during the three (3) year period prior to purchase of a home with down payment and closing cost assistance.

Are you a Displaced Homemaker?* _____ A displaced homemaker is an individual who owned a home with his/her spouse or resided in a home owned by his/her spouse within the previous three (3) year period.

Are you a Single Parent?* _____ A single parent is an individual who, while married, owned a home with his/her spouse or lived in a home owned by his/her spouse during the previous three (3) years.

* Please call the Mercer County Housing Office for additional information regarding these areas.

Include a copy of the following documents with this application:

1. Sales contract for purchase of property.
2. Copy of 4 consecutive weeks, current pay stubs.
3. Copy of last 2 years tax returns with W2's.
4. Two consecutive month's current checking account statements.
5. Two consecutive month's current savings account statements.
6. Signed employment verification forms.
7. Financial Institution's interest statement for 1 full year for all interest bearing accounts.

Assistance received from this program cannot be combined with assistance from any other program/source. Mercer County does not refund items paid prior to closing.

The information on this application is true and correct and may be investigated for accuracy. I agree that a Consumer Credit Report may be requested from one or more consumer credit agencies or bureaus and may be used in connection with this application. My signature on this application in no way constitutes a commitment on the part of the County of Mercer.

Applicant Signature

Date

Witness Signature

Co-applicant Signature

Date

Witness Signature



**MERCER COUNTY
FIRST TIME HOME BUYER PROGRAM**

PARTICIPATING LENDERS

Bank of America	Mary Signoretta	(609) 689-7607
Carnegie Mortgage, LLC	Paul DeUmberto, Jr.	(609) 731-9198
Chase Home Finance	Marian Saline-Treitel	(856) 396-2817
Gateway Funding	Amy Procaccino Wendy Frace	(609) 586-0020 x 222 (609) 586-0020 x 224
Investors Savings Bank	John Kaba	(732) 270-3900
PNC Bank	Vanessa Nazario	(609) 631-2028
TD Bank	Roxanne Vivanco	(201) 739-4125
Wells Fargo Home Mortgage	Lillian Hernandez	609-278-3854 X 101

As of May 20, 2009