

**City of Akron**  
**Department of Planning & Urban Development**  
**Neighborhood Stabilization Program**  
**161 South High Street, Suite 201**  
**Akron, OH 44308**  
**Phone: (330) 375-2696 Fax: (330) 375-2649**

**Homebuyer Application**

NSP Reference #: \_\_\_\_\_

Do you have a homebuying Certificate? Y\_\_\_\_ N\_\_\_\_

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**Personal Information: (Please type or print in ink)**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

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

Driver's License No.: \_\_\_\_\_

Spouse or Co-Applicant: \_\_\_\_\_

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

Driver's License No.: \_\_\_\_\_

Number of People in Family: \_\_\_\_\_

List Family Members Living in Home (including yourself):

Name	Age	Sex	Name	Age	Sex
1. _____			2. _____		
3. _____			4. _____		
5. _____			6. _____		
7. _____			8. _____		

Are you employed by the City of Akron? \_\_\_\_\_ Department: \_\_\_\_\_

Are any of your relatives living in the household employed by the City of Akron: \_\_\_\_\_

If so, please give name and department: \_\_\_\_\_

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**Income Information:**

Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Number of Years with Employer: \_\_\_\_\_ Yearly Income: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Household Income/Assets**

**Annual Gross Amounts**

- |  |          |
|--|----------|
| <input type="checkbox"/> Wages   | \$ _____ |
| <input type="checkbox"/> Alimony   | \$ _____ |
| <input type="checkbox"/> Child Support                                       | \$ _____ |
| <input type="checkbox"/> Unemployment Benefits                               | \$ _____ |
| <input type="checkbox"/> AFDC/TANF ( <i>Temp Assist for Needy Families</i> ) | \$ _____ |
| <input type="checkbox"/> Social Security Benefits                            | \$ _____ |
| <input type="checkbox"/> Social Security Disability Ins.                     | \$ _____ |
| <input type="checkbox"/> Workman's Compensation                              | \$ _____ |
| <input type="checkbox"/> Food Stamps   | \$ _____ |
| <input type="checkbox"/> VA Benefits   | \$ _____ |
| <input type="checkbox"/> Other   | \$ _____ |

**Total** \$ \_\_\_\_\_

Do you have one or both of the following? If yes, please indicate **institution name, account number** and **amount**.

<u>Name</u>	<u>Account #</u>	<u>Amount</u>
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Checking Account: \_\_\_\_\_

Savings Account: \_\_\_\_\_

Checking Account: \_\_\_\_\_

Savings Account: \_\_\_\_\_

Have you owned a home before or had shared ownership interest in a residential property? \_\_\_\_\_

If yes, please give the Date: \_\_\_\_\_ Address: \_\_\_\_\_

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**Statistical Information:** This information is for statistical purpose only. It will not be considered in determining eligibility.

Head of Household: Male ( ) Female: ( )

Senior Citizen (over 65 years of age): Yes ( ) No ( )

Please Check One:

- |  |     |   |     |
|--|-----|---|-----|
| White                                  | ( ) | Asian & White                                 | ( ) |
| Black/African American                 | ( ) | Black/African American & White                | ( ) |
| Asian                                  | ( ) | Am. Indian/Alaskan Native & Black African Am. | ( ) |
| American Indian/Alaskan Native         | ( ) | Other Multi-Racial                            | ( ) |
| Native Hawaiian/Other Pacific Islander | ( ) | Asian/Pacific Islander                        | ( ) |
| American Indian/Alaskan Native/White   | ( ) | Hispanic                                      | ( ) |

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**The applicant certifies that all information in this application, and all information furnished in support of this application is true and complete to the best of the applicant's knowledge and belief. Any false statements will result in the application being denied. The applicant has received a copy of the terms and conditions and agrees to abide by those requirements in connection with any loan that may be made by the City of Akron pursuant to this application. The applicant further certifies that the property assisted by these Neighborhood Stabilization Program (NSP) funds will serve as his/her/their principle residence.**

**Failure to complete all areas of this application will result in immediate denial.**

	Date		Date
Witness: _____		Applicant: _____	
Witness: _____		Applicant: _____	