



**SALISBURY COMMUNITY DEVELOPMENT CORPORATION
1400 WEST BANK STREET, SALISBURY, NC 28144**

Thank you for contacting Salisbury Community Development Corporation regarding our Homeownership program.

Home ownership is a financial goal most families share. It is the largest purchase families are likely to make and one of the most important financial assets they can acquire. Finances aside, it is also an emotional fulfillment, the "American Dream." Salisbury Community Development Corporation is dedicated to helping families turn that dream into reality. Through a collaboration of local, state, and national partnerships, the Salisbury CDC provides families a single source to:

- ***Learn about the home buying process***
- ***Resolve problems that prevent home ownership***
- ***Make contact with community professionals who will assist them***
- ***Maintain and enhance the homeownership experience***

Salisbury Community Development takes families from where they are to being pre-approved and ready to purchase a home. Family members receive homebuyer education and counseling to acquire the knowledge and confidence needed to navigate the home buying process and become successful homeowners.

For more information or a list of classes, please contact us at 704-216-2738.

Listed below is the 2016 Income Limits set by HUD showing 80% of median income for various household sizes.

<i>One Member Household</i>	<i>- \$29,550.00</i>
<i>Two Member Household</i>	<i>- \$33,750.00</i>
<i>Three Member Household</i>	<i>- \$37,950.00</i>
<i>Four Member Household</i>	<i>- \$42,150.00</i>
<i>Five Member Household</i>	<i>- \$45,550.00</i>
<i>Six Member Household</i>	<i>- \$48,900.00</i>
<i>Seven Member Household</i>	<i>- \$52,300.00</i>
<i>Eight + Member Household</i>	<i>- \$55,650.00</i>

If you're income does not exceed 80% of median income (see above) and you're ready to take the next step, fill out the Homeownership Program form. Once completed, please contact 704-216-2738 to schedule an appointment.

Please have your most recent tax return and 30 days of paystubs for every member of the household working



Intake Information Form

(SCDC Use
Only)
File #:
Date:

Program:

****PLEASE COMPLETE FORM IN ITS ENTIRETY****

Your name
Street address
City State
Zip County
Phone
E-mail
Social Security # Race
Age Date of Birth
Current employer
Phone #
Job Title
Rate of pay Hours worked per week
Monthly gross income
Monthly net income
Additional monthly income
Spouse/Co-Borrower
Social Security # Race
Age Date of Birth
Current employer
Phone # Extension
Job title
Rate of pay Hours worked per week
Monthly gross income
Monthly net income
Additional monthly income
(Circle one) Single Married Separated Divorced Widowed
How many dependents? Ages?
How long have you live at this address?
Are you? Renting Buying Own Other
Mortgage company or landlord:
If buying is your loan? FHA Conventional VA FMHA
Loan # Interest rate:
Estimated Home Value:
Estimated Mortgage Balance:
Do you have a second mortgage or Equity Line? Yes No
Second Mortgage Company:
Second Loan # Interest rate:
Estimated Mortgage Balance:

Have you ever filed Bankruptcy? When?
Do you have judgments?
Who? When?
Have you ever had a loan modification?
How did you hear about the service?
Make & year of your car
Who financed the vehicle
Vehicle's current value
Balance of the loan
Make & year of your car
Who financed the vehicle
Vehicle's current value
Balance of the loan
Make & year of the boat, RV, etc.
Who financed the vehicle
Vehicle's current value
Balance of the loan
Are you or your spouse a Veteran? Yes No
Name of Veteran?
Do you have cash value life insurance?
Do you own any other type of investment?

Salisbury Community Development Corporation will honor your right to privacy. All information contained in this set of forms will be held in strict confidence.

If there is any information you feel uncomfortable in providing, contact our agency. We seek only to understand your situation and to serve you better.

Applicant	EMPLOYMENT INFORMATION		Co-Applicant
Name and Address of Employer / Self-Employed? Yes or No (Circle) Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone: _____ Supervisor's Name: _____ Years on this job _____ Dates (From – To) _____ Years Employed in this line of work/profession _____ Position/Title _____ Salary _____ Per Week or Month (Circle)	Name and Address of Employer / Self-Employed? Yes or No (Circle) Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone: _____ Supervisor's Name: _____ Years on this job _____ Dates (From – To) _____ Years Employed in this line of work/profession _____ Position/Title _____ Salary _____ Per Week or Month (Circle)		
IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS OR IF EMPLOYED IN MORE THAN ONE POSITION, COMPLETE THE FOLLOWING:			
Name and Address of Employer / Self-Employed? Yes or No (Circle) Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone: _____ Supervisor's Name: _____ Years on this job _____ Dates (From – To) _____ Years Employed in this line of work/profession _____ Position/Title _____ Salary _____ Per Week or Month (Circle)	Name and Address of Employer / Self-Employed? Yes or No (Circle) Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Work Phone: _____ Supervisor's Name: _____ Years on this job _____ Dates (From – To) _____ Years Employed in this line of work/profession _____ Position/Title _____ Salary _____ Per Week or Month (Circle)		

APPLICANT(S) CERTIFICATION:

The applicant(s) certifies that all information on this application, and all information furnished in support of this application, is given for the purpose of being considered for the Salisbury Community Development Corporation Homeownership Program, and is true and complete to the best of applicant(s)' knowledge, and verification may be obtained from any source named herein.

I do do not ___currently own property.

Signature

Date

Signature

Date

RACE/NATIONAL ORIGIN

APPLICANT

Alaskan Native/Native
American

Asian or Pacific Islander

Black Non-Hispanic

Hispanic

White Non-Hispanic

CO-APPLICANT

Alaskan Native/Native American

Asian or Pacific Islander

Black Non-Hispanic

Hispanic

White Non-Hispanic

PENALTY FOR FALSE OR FRAUDULENT STATE: U.S.C Title 18, Section 1001 provides: “whoever, in a manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies . . . or makes any false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisonment more than five years, or both.”

CREDIT APPLICATION

Applicant's Full Name
Social Security Number
Date of Birth

Telephone Number

Co- Applicant Name
Social Security Number
Date of Birth

Present Address

If at present address less than two years;
Former Address

EQUAL CREDIT OPPORTUNITY AND FAIR CREDIT REPORTING ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of; race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law is the Department of Housing and Urban Development, 415 N. Edgeworth Street, Greensboro, North Carolina 27401.

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payments if you choose not to do so.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do any income on which you are relying to qualify for the loan for which you are applying.

We advise that an investigation may be made regarding information as to character, general reputation, personal characteristics and mode of living. Information of the nature and scope of the report is available upon written request.

I/We do hereby give Salisbury Community Development Corporation permission to check my/our credit history for the purpose of evaluating my/our payment record.

Signature of Applicant

Signature of Co-Applicant

Date

Date