



PURCHASE ASSISTANCE PROGRAM
Single Family Residence or Multi-Family Housing
APPLICATION

PLEASE PRINT OR TYPE

NAME \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SS# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ YEARS AT THIS ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ SALARY \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS EMPLOYED \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ SALARY \_\_\_\_\_

ADDRESS \_\_\_\_\_ YEARS EMPLOYED \_\_\_\_\_

SPOUSE EMPLOYER \_\_\_\_\_ SALARY \_\_\_\_\_

ADDRESS \_\_\_\_\_

YEARS EMPLOYED \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ SALARY \_\_\_\_\_

ADDRESS \_\_\_\_\_ YEARS EMPLOYED \_\_\_\_\_

ANNUAL FAMILY INCOME \$ \_\_\_\_\_ NUMBER IN FAMILY \_\_\_\_\_

LENDER NAME & ADDRESS \_\_\_\_\_

REALTY AGENCY & AGENT \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

SELLERS ASKING PRICE \$ \_\_\_\_\_

PURCHASE PRICE \$ \_\_\_\_\_

BANK LOAN/MORTGAGE \$ \_\_\_\_\_

DOWN PAYMENT FROM BUYER \$ \_\_\_\_\_

WCEDD MATCHING FUNDS \$ \_\_\_\_\_

REQUIRED FOR APPROVAL OF LOAN
INFORMATION NEEDED FOR AUTOMATIC WITHDRAWAL OF PAYMENTS:
Bank Name: \_\_\_\_\_
Routing Number: \_\_\_\_\_
Account Number: \_\_\_\_\_

I (we) attest that this information and data on this form is correct and true to the best of my (our) knowledge. By signing this application form, I (we) understand that I (we) grant unconditional approval for WCEDD to check my (our) credit, personal finances and employment records at my (our) expense, so a complete evaluation of this application can be made. I (we) also understand that if the property is sold full payment of the loan will be due immediately.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SPOUSE \_\_\_\_\_

Return to: Wright County Economic Development, First Time Home Owner Program, P.O. Box 214, Clarion, Iowa 50525

## PERSONAL FINANCIAL INFORMATION

List all current assets and liabilities.

### Current Personal Assets

Cash/Checking acct (Bank \_\_\_\_\_ ) \$ \_\_\_\_\_

Savings Account(s) (Bank \_\_\_\_\_ ) \$ \_\_\_\_\_

Stocks/Bonds/Securities \$ \_\_\_\_\_

Accounts/Notes Receivable \$ \_\_\_\_\_

Autos/Other vehicles (Model & Yr \_\_\_\_\_ ) \$ \_\_\_\_\_

Real Estate Value \$ \_\_\_\_\_

Household Furniture, etc. \$ \_\_\_\_\_

Other Assets: (list) \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

### Current personal Liabilities

Balance on car (Holder of first lien \_\_\_\_\_ ) \$ \_\_\_\_\_

Balance on property (Bank \_\_\_\_\_ ) \$ \_\_\_\_\_

Credit Card Liability (Company \_\_\_\_\_ ) \$ \_\_\_\_\_

Other Liabilities (list creditor and amount) \$ \_\_\_\_\_

TOTAL LIABILITIES \$ \_\_\_\_\_

TOTAL ASSETS \$ \_\_\_\_\_

LESS TOTAL LIABILITIES \$ \_\_\_\_\_

**NET WORTH** \$ \_\_\_\_\_

I attest that this information, and data on the attached financial statements, are correct and true to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Spouse \_\_\_\_\_

Return to: Wright County Economic Development Department, First Time Home Owners Program, P.O. Box 214, Clarion, Iowa 50525

# BUDGET WORKSHEET

Return with application

Name \_\_\_\_\_

	Current	Projected	
<b>INCOME, GROSS, Monthly Average</b>			
Payroll Deductions:			
Taxes (Federal, State, etc.)			
Savings Plan (401k, credit union, etc.)			
Other (medical, dental, etc.)			
Total Payroll Deductions			
<b>INCOME, NET (Gross minus Deductions)</b>			
Expenses:			
Personal Savings			
Housing			
Utilities			
Home Maintenance (laundry, toiletries, upkeep)			
Transportation (monthly payments)			
Auto Upkeep (gas, insurance, license, etc.)			
Food (groceries + dining out)			
Clothes			
Books, Periodicals, Online Services			
Entertainment (TV, movies, CD's, vacation)			
Debt Repayment (credit cards, school, etc.)			
Other Expenses			
Total Expenses			
<b>INCOME, NET minus all expenses</b>			