

Dear Manassas Housing Trust Fund Applicant:

Please read the attached Program Guidelines and Program Features. Return all information as requested on the attached Borrower's Checklist for Loan Application. Please type or print all information in ink, make sure you sign Page 5 of the application, and the Consent to Exchange Information Page. The Notarized Affidavit Verifying First Time Homeownership Status, must be signed in front of a Notary(this can be done at time interview is setup).

If you have any problems or questions about completing the application please contact the Manassas Housing Trust Fund at 703-361-8277 Ext. 2326 and/or 540-341-0280, between the hours of 9:00 a.m. and 5:00 p.m. and a representative will make every effort to return your call within two (2) working days. We will be happy to schedule an appointment to help you complete the application, and attempt to answer any of your questions.

Your application will be reviewed in the order in which it is received, and **YOU CAN EXPECT A WRITTEN RESPONSE WITHIN 30 DAYS OF OUR RECEIPT OF THE APPLICATION.** Be sure to complete all blanks where applicable since an incomplete application will only delay our response to you.

We look forward to assisting you with your housing needs, and thank you for your application to the Manassas Housing Trust Fund.

Sincerely,

Manassas Housing Trust Fund, Inc.

***** PLEASE NOTE: The Manassas Housing Trust Fund (MHTF) does not have full time staff. If you have questions please leave a message for the MHTF at 703-361-8277 Ext. 2326 or 1-540-341-0280 and a representative will return your call within two (2) working days.**

01/2005



MANASSAS HOUSING TRUST FUND, INC.
8955 Center Street • Manassas, VA 20110
703-361-8277 Ext 2326 • 540-341-0280 • 540-341-7351 (fax)

APPLICATION OF HOUSING ASSISTANCE

NAME (S) AND PERSONAL DATA FOR EACH PERSON TO OCCUPY UNIT:

<u>NAMES</u>	<u>AGES</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY #</u>	<u>BIRTHDATE</u>
1. _____	_____	HEAD OF FAMILY _____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
OTHERS: _____				

CIRCLE ONE FOR HEAD OF FAMILY: MARRIED, SINGLE, DIVORCED,
 SEPERATED, WIDOW.
HOME PHONE: _____ WORK PHONE: _____

Other Contact If No Home Phone or Work Phone _____

CURRENT RESIDENCE:

STREET _____
CITY: _____ STATE _____ ZIP _____

TYPE OF UNIT: ___HOUSE ___APT. ___ROOM

How Long At This Location? _____ Monthly Cost: \$ _____
(Is any of the rent paid by local Government Agency? ___Yes ___No (if yes) _____ Dollar Amount
Which Agency Housing Choice Voucher _____ Section 8 Voucher _____ FSS _____

IF THESE QUESTIONS DO NOT DESCRIBE YOUR LIVING QUARTERS, PLEASE EXPLAIN: _____

NAME OF LANDLORD: _____ PHONE # _____
ADDRESS _____

PREVIOUS ADDRESSES: Please give addresses for past two (2) years if less than two (2) years at present location. Be sure to give landlord's name, address and phone # if available.

1. STREET: _____
CITY: _____ STATE: _____ ZIP: _____
Time at this location : _____ Landlord's Name: _____
Landlord's Address: Street _____ City _____
State _____ Zip _____.

2. STREET: _____
CITY: _____ STATE: _____ ZIP: _____
Time at this location : _____ Landlord's Name: _____
Landlord's Address: Street _____ City _____
State _____ Zip _____.

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EMPLOYMENT: Please provide the information requested below for all household members currently employed:

Name of Applicant: _____
Present Employer: _____
Address: Street _____ City _____ State _____ Zip _____
TYPE OF WORK: _____ HOW LONG ON JOB _____
INCOME: (Weekly, By-Weekly, Hourly, Monthly, or Semi-Monthly) : \$ _____

EMPLOYMENT: Please provide the information requested below for all household members currently employed:

Name of Applicant: _____
Present Employer: _____
Address: Street _____ City _____ State _____ Zip _____
TYPE OF WORK: _____ HOW LONG ON JOB _____
INCOME: (Weekly, By-Weekly, Hourly, Monthly, or Semi-Monthly) : \$ _____

EMPLOYMENT: Please provide the information requested below for all household members currently employed:

Name of Applicant: _____
Present Employer: _____
Address: Street _____ City _____ State _____ Zip _____
TYPE OF WORK: _____ HOW LONG ON JOB _____
INCOME: (Weekly, By-Weekly, Hourly, Monthly, or Semi-Monthly) : \$ _____

IF EMPLOYED ON CURRENT JOB FOR LESS THEN TWO (2) YEARS, PLEASE PROVIDE PREVIOUS EMPLOYER INFORMATION:

NAME OF APPLICANT: _____
PREVIOUS EMPLOYER: _____ PHONE NO. _____
ADDRESS: STREET _____
CITY _____ STATE _____ ZIP _____
HOW LONG ON THE JOB _____ LINE OF WORK _____

IS ANYONE IN THE FAMILY CURRENTLY RECEIVING INCOME FROM:

SOCIAL SECURITY ____ YES ____ NO HOW MUCH: \$ _____
DISABILITY ____ YES ____ NO HOW MUCH: \$ _____
(PLEASE EXPLAIN TYPE OF DISABILITY).

WORKMAN'S COMP. ____ YES ____ NO HOW MUCH: \$ _____
CHILD SUPPORT (BORROWER) ____ YES ____ NO HOW MUCH: \$ _____
CHILD SUPPORT (CO-BORROWER) ____ YES ____ NO HOW MUCH: \$ _____
T.A.N.F. ____ YES ____ NO HOW MUCH: \$ _____
FOOD STAMPS ____ YES ____ NO HOW MUCH: \$ _____

ANY OTHER SOURCES OF INCOME? _____

DO ANY OF THE HOUSEHOLD MEMBERS CURRENTLY HAVE ANY TYPE OF GARNISHMENT AGAINST THEIR WAGES? ____ YES ____ NO

IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES: _____

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CURRENT ASSETS: CHECKING & SAVINGS ACCOUNTS. PLEASE LIST TYPE OF ACCOUNT, NAME OF BANK, ACCOUNT #'S, AND CURRENT BALANCES FOR ALL HOUSEHOLD MEMBERS:

1. TYPE OF ACCOUNT: CHECKING SAVINGS
BANK NAME: _____ ACCT. # _____
CURRENT BALANCE: _____

2. TYPE OF ACCOUNT: CHECKING SAVINGS
BANK NAME: _____ ACCT. # _____
CURRENT BALANCE: _____

3. TYPE OF ACCOUNT: CHECKING SAVINGS
BANK NAME: _____ ACCT. # _____
CURRENT BALANCE: _____

IRA, KEOGHS, AND/OR 401K RETIREMENT PLANS

1. TYPE OF ACCOUNT: CHECKING SAVINGS
ACCOUNT. # _____ CURRENT BALANCE: _____

STOCK BONDS:

NAME OF CO.: _____ # OF SHARES: _____ VALUE: \$ _____
NAME OF CO.: _____ # OF SHARES: _____ VALUE: \$ _____

ANY REAL ESTATE CURRENTLY OWNED: YES NO

IF YES, PLEASE LIST:

ADDRESS: STREET: _____
CITY: _____ STATE _____, ZIP _____
CURRENT VALUE: \$ _____ CURRENT LOAN BALANCE \$ _____
CURRENT MORTGAGE PAYABLE TO: _____
ADDRESS: STREET: _____
CITY: _____ STATE _____, ZIP _____

AUTOMOBILES: LIST THOSE OWNED AND ONES CURRENTLY FINANCED:

TYPE OF CAR: _____ VALUE: \$ _____
TYPE OF CAR: _____ VALUE: \$ _____

ANY CASH VALUE ON LIFE INSURANCE?: YES NO

IF YES, CURREN CASH VALUE: \$ _____

OTHER ASSETS: (JEWELRY, BOAT, MOTORCYCLE, TRAILER, ETC.)

ASSET: _____ VALUE: \$ _____
ASSET: _____ VALUE: \$ _____
ASSET: _____ VALUE: \$ _____

CURRENT LIABILITIES: LIST ALL CREDIT CARD, BAK, FINANCE COMPANIES ETC. TO WHOM YOU CURRENTLY OWE MONEY. BE SURE TO LIST CURRENT BALANCES, AND MONTHLY PAYMENTS INDICATING FOR WHOM AND INCLUDING ALL HOUSEHOLD MEMBERS:

TYPE OF ACCOUNT: _____ BALANCE: \$ _____
MONTHLY PAYMENT: \$ _____ ACCOUNT #: _____
NAME OF CREDITOR: _____

TYPE OF ACCOUNT: _____ BALANCE: \$ _____
MONTHLY PAYMENT: \$ _____ ACCOUNT #: _____
NAME OF CREDITOR: _____ 01/05

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TYPE OF ACCOUNT: _____ BALANCE: \$ _____
MONTHLY PAYMENT: \$ _____ ACCOUNT #: _____
NAME OF CREDITOR: _____

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MONTHLY PAYMENT: \$ _____ ACCOUNT #: _____
NAME OF CREDITOR: _____

TYPE OF ACCOUNT: _____ BALANCE: \$ _____
MONTHLY PAYMENT: \$ _____ ACCOUNT #: _____
NAME OF CREDITOR: _____

ANY CHILD SUPPORT OR ALIMONY PAID?: YES NO
IF YES, HOW MUCH PER MONTH: \$ _____

ANY MONTHLY CHILD CARE EXPENSE?: YES NO
IF YES, HOW MUCH PER MONTH: \$ _____

DECLARATIONS: PLEASE CHECK APPROPRIATE BLOCK, USE SPACE BELOW TO INDICATE WHICH APPLICANT ANSWERS "YES" AND TELL WHY, WHEN APPLICABLE:

ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU? YES NO

HAVE YOU BEEN BANKRUPT WITHIN THE PAST SEVEN (7) YEARS? YES NO

HAVE YOU HAD A PROPERTY FORECLOSURE IN THE PAST SEVEN (7) YEARS?
 YES NO

ARE YOU A PARTY TO A LAW SUIT? YES NO

ARE YOU A CO-MAKER OR ENDORSER ON A NOTE? YES NO

EXPLANATIONS TO ANY QUESTIONS ABOVE ANSWERED WITH "YES":

PLEASE CHECK APPROPRIATE BLOCK:

ARE ALL APPLICANTS U.S. CITIZENS? YES NO

ARE ANY APPLICANTS RESIDENT ALIENS? YES NO

PLEASE GIVE EXPLANATION IF LAST QUESTION WAS ANSWERED WITH A "YES":

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BY SIGNING THIS APPLICATION YOU AGREE TO THE FOLLOWING:

1. All applicants will be asked to sign a release form (form attached to this application) allowing the Trust Fund to exchange information with other agencies stated on the release form. If discrepancies are found between information given to the Manassas Housing Trust Fund (MHTF) and information given to other agencies an explanation will be required. Discrepancies that cannot be resolved to the satisfaction of the Board may result in denial of assistance through the MHTF, and any discrepancies may be reported to any applicable agency or organization. The return of the signed release form is a requirement in order for you application to be processed.
2. The applicant(s) have not participated in the MHTF or any other First Time Homeownership Assistance Program.
3. The applicant(s) will occupy the property as their primary residence.
4. All applicants agree to attend regular budget/financial, pre and post counseling and/or educational programs as per MHTF guidelines.
5. All applicants agree to allow the MHTF and/or representative lender to order a credit report and verify employment and financial data contained in this application.
6. All applicants agree to hereby authorize your Lending Institution, to supply all documentation for you loan to The MHTF as we may deem necessary in order to process your grant request.
7. Applicant also authorizes their Realtor to be able to verify enrollment and participation in all Financial Clinics and Home Ownership Seminars required by the Trust Fund, but by signing this application this in no way authorizes their Realtor to discuss any information about the financial status of the applicant.
8. Applicant agrees to allow a representative from The MHTF to inspect the property twice a year, specifically to insure that the properties physical state is a safe living enviroment for all family members and that property is own-occupied. Upon inspection and if any problems of this nature are found you will be given thirty (30) days notice to make arrangements to repair all living condition hazards. Failure to meet his criteria could ultimately result in the Trust Fund foreclosing on the property, **pg. 2, #9 and pg. #14 of your Forgivable Loan Deed of Trust** to be executed for this grant.

OTHER COMMENTS: (please describe any background information about yourself/(s) leading up to your present situation that may be helpful to the Manassas Housing Trust Fund:

HOW DID YOU HEAR ABOUT THE MANASSAS HOUSING TRUST FUND? _____

WE CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AS OF THIS DATE BELOW, AND MY/OUR SIGNATURE(S) ON THIS APPLICATION INDICATE THAT WE UNDERSTAND THAT ANY INTENTIONAL MISREPRESENTATION OF SAID INFORMATION CONTAINED HEREIN WILL RESULT IN OUR BEING DENIED BY THE MANASSAS HOUSING TRUST FUND FOR THE SERVICES AND/OR FUNDS REQUESTED.

APPLICANT

DATE

CO-APPLICANT

DATE

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**THE FOLLOWING INFORMATION IS OPTIONAL AND IS TO BE USED FOR STATISTICAL PURPOSES ONLY,
PLEASE CHECK THE APPROPRIATE BOXES:**

APPLICANT

White	Hispanic
Black, African American	Non Hispanic
Black, African American & White	
Asian Asian & White	
American Indian/ Alaskan Native	Male
American Indian/Alaskan Native & White	Female
American Indian/Alaskan Native & Black/African American	
Native Hawaiian/Other Pacific Islander	
Other	

CO-APPLICANT

White	Hispanic
Black, African American	Non-Hispanic
Black, African American & White	
Asian Asian & White	
American Indian/ Alaskan Native	Male
American Indian/Alaskan Native & White	Female
American Indian/Alaskan Native & Black/African American	
Native Hawaiian/Other Pacific Islander	
Other	

The Manassas Housing Trust Fund, Inc. (MHTF) does not discriminate against applicants because of race, color, creed, religion, ancestry, national origin, sex, disability or other handicap, age, marital/familial status, or status with regard to public assistance.

BORROWER'S CHECKLIST FOR LOAN APPLICATION

APPLYING FOR A MORTGAGE LOAN REQUIRES A LOT OF PAPER WORK, TO SIMPLIFY THE PROCESS, WE'VE COMPILED A LIST OF ITEMS YOU'LL NEED TO ATTACH TO PROVIDE THE MHTF DEPENDING UPON YOUR CIRCUMSTANCES, YOU MAY NEED TO BRING ADDITIONAL DOCUMENTS TO SUPPORT YOUR APPLICATION WITH THE MANASSAS HOUSING TRUST FUND.

BORROWER'S INFORMATION X = RETURN EVERYTHING APPLICABLE TO YOUR CASE

[X] Name (first, middle, last), Social Security No. & age of Applicants, **copy of Driver's License and Social Security Card**

[X] Name (first, middle, last), Social Security No. & age of Co-applicant, **copy of Driver's License and Social Security Card**

[X] Name (first, middle, last), Social Security No. & age of dependents and copy of Social Security Card for all dependents

[X] Date of Birth for all Household Members

[X] Address, telephone numbers, previous address if less than two (2) years at current address

[X] Must be U.S. Citizens, U.S. non-citizen national or qualified alien legally admitted to the US. with proof and valid USCIS document. If not U.S. Citizen, copy of Resident Alien Registration ("green card"), copy of current work permits for both applicant and co-applicant

[X] Copy of current credit report for each applicant and co-applicant as applicable

[X] Verification of dependants residence – copy of school records

EMPLOYMENT INCOME

[X] Most recent pay stubs for applicant and co-applicant for thirty days to include most recent pay stub.

[X] Complete income tax return for years, 2002, 2003 and 2004 to include W2's; they must have label or name printed on returns, signed and dated for all household members working

[X] If you are self-employed, provide personal and business Federal Income Tax Returns for past three (3) years, year to date Profit and Loss Statement and Current Balance Sheet

[X] Explanation of any employment gaps and/or changes – **WRITTEN 2 YEAR WORK HISTORY MUST GIVE NAMES DATES AND ADDRESSES AND PHONE NUMBERS**

DOCUMENTATION OF OTHER INCOME

[X] Evidence of receipt of Food Stamp monies and TANF support for the past twelve months

[X] Award letter and evidence of payments received from Social Security, Veterans Benefits, or any Disability and Retirement Benefits, Pension Benefits Letter

[X] If you are relying on alimony or child support payments as income, provide a copy of the divorce decree and/ or child support paperwork. Evidence of payments received for the past twelve- (12) months. (Either canceled checks or bank statements showing deposits of support payments)

BANK ACCOUNTS/INVESTMENTS/ASSETS

[X] **Complete** checking and savings accounts statements for past six months, these must be statements from the bank or a history run by the Bank and certified true and correct information with a Bank Signature

[X] Copy of Escrow Account if current participant in City or County Housing Choice Voucher participants in the FSS Program.

[X] Copy of current thrift plan or retirement benefits statement (including IRA's and Keoghs 401K Accounts) to include money markets, accounts/stocks, or copies of stock certificate

CREDITORS

- [X] Proof of payment in full of all judgments, liens and/or collections or any outstanding delinquent amounts due on outstanding credit accounts with repayment terms
 - [X] Credit cards and loans name and address of creditor, account number, monthly payment and outstanding balance
 - [X] Satisfactory explanation letter for any late payments as noted on attached credit report.
 - [X] Copy of Bankruptcy Discharge papers (must show all accounts included in bankruptcy)
- LETTER OF EXPLANATION FOR BANKRUPTCY
- [X] Copy of twelve months cancelled checks showing you are not making payments on co-signed note
 - [X] Letter of credit from utility companies, cable, Insurance, etc.
 - [X] Copy of original agreement for purchase of time share property, copy of deed for time share property and statement and/or assessment showing the value of property at this time

REAL ESTATE INFORMATION

- [X] Your landlord's name and address and **a copy of your lease**
- [X] Letter stating current living situation and proposed living situation concerning household members listed on application.
- [X] Copy of the accepted sales contract, IF APPLICABLE
- [X] Name of Real Estate Agent being used for this purchase and name of Mortgage Lender if one has been contacted.

PLEASE BE AWARE THAT AS PART OF THE PROCESS YOU WILL BE REQUIRED TO CONTACT THE VIRGINIA COOPERATIVE EXTENSION SERVICE, PRINCE WILLIAM OFFICE, 8033 ASHTON AVENUE, # 150, MANASSAS, VA (703) 792-6287, FOR A "FINANCIAL CHECK-UP INTAKE CLINIC" WHICH MAY REQUIRE LONG TERM COUNSELING AND THE HOME OWNERSHIP AND MAINTANENCE SEMINARS BEFORE YOU WILL BE CONSIDERED FOR APPROVAL FOR ASSISTANCE WITH THE MANASSAS HOUSING TRUST FUND.