



# City of Kingston, NY

## Office of Economic & Community Development

### FIRST-TIME HOMEBUYER PROGRAM MORTGAGE ASSISTANCE APPLICATION

The City of Kingston, New York is providing mortgage assistance to eligible low- to moderate-income first-time homebuyers in the City of Kingston through the Department of Housing and Urban Development's Community Development Block Grant (CDBG) program.

All applications will be evaluated on a first-come/first-served basis, as long as funds are available. Applicants are not guaranteed approval in this program.

Please Print or Type Information

**Applicant's Name:** \_\_\_\_\_  
(First) (MI) (Last)

Applicant's Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email (Optional): \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Co-Applicant's Name:** \_\_\_\_\_  
(First) (MI) (Last)

Co-applicant's Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mobile Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email (Optional): \_\_\_\_\_

Co-applicant's Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **LEAD WARNING STATEMENT**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. Any household receiving federal funds for rehabilitation must receive the enclosed federally approved pamphlet on lead poisoning prevention.

By signing this application you are acknowledging that you have received the pamphlet “Protect Your Family from Lead in Your Home”.

All vendors/contractors are urged to take the Lead Safety Work Practices Course offered by the Ulster County Health Department prior to commencing any work on your home. Performing small to large building renovations/repairs without lead testing and precautionary measures may harm the occupants and cost the contractor in serious fines by the DEC.

This First-Time Homebuyer financial assistance will not cover the following: appraisal fees, application fees, cost of credit reports, homeowners insurance, any deposits or binders for the purchase and sale agreement for real estate.

If eligible, you are required to complete a Homebuyer Education Course which consists of two three-hour sessions or one six-hour session and attend at least one session of Credit Counseling. When the course is completed, the Partnership will finish processing your application.

Prior to loan assistance, we must receive proof that the following have been done:

- A completed and signed application
- A verification of employment/income
- A verification of assets
- A credit report check
- A contract for purchase
- A course completion certificate
- A lender final approval letter
- A lender’s control sheet
- An appraisal

The home you have selected for purchase must be affordable under the HUD definition of affordability for Ulster County. The payments may not exceed 30% of an amount representing the percentage of the median adjusted gross income limits adjusted for family size.

**INFORMATION FOR HUD MONITORING PURPOSES**

The following information is requested to monitor compliance with fair housing. You are not required to furnish this information, but it is helpful to continue receiving the funding for our work. The City may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, the City may note the race and sex on the basis of visual observation or surname.

- Race/Ethnicity (select one or more)
- Native American or Native Alaskan
  - Hispanic or Latino
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - Caucasian

- Gender (select only one)
- Male
  - Female

**MONTHLY INCOME**

Source	Applicant	Others	Staff use
Social Security	\$_____ per month	\$_____ per month	
Pension	\$_____ per month	\$_____ per month	
Wages and Overtime	\$_____ per month	\$_____ per month	
Commission/Tips	\$_____ per month	\$_____ per month	
Interest/Dividends	\$_____ per month	\$_____ per month	
Business/Rental Income	\$_____ per month	\$_____ per month	
Unemployment Benefits	\$_____ per month	\$_____ per month	
Worker's Compensation	\$_____ per month	\$_____ per month	
Alimony/Child Support	\$_____ per month	\$_____ per month	
Welfare Payments	\$_____ per month	\$_____ per month	
Other	\$_____ per month	\$_____ per month	

**HOUSEHOLD**

List all household members that will be living in the property, excluding the applicant(s)

<i>Name</i>	<i>Social Sec Number</i>	<i>Gender &amp; Age</i>
1. _____	_____/_____/_____	_____
2. _____	_____/_____/_____	_____
3. _____	_____/_____/_____	_____
4. _____	_____/_____/_____	_____
5. _____	_____/_____/_____	_____
6. _____	_____/_____/_____	_____

Total Household Size (including the applicant and co-applicant): \_\_\_\_\_

Circle the number of bedrooms in the home: 1      2      3      4

**PERSONAL ASSETS**

Type	Amount
Checking Account	\$ _____
Savings Account	\$ _____
Stocks/Bonds	\$ _____
Other	\$ _____

**ESTIMATED HOUSING EXPENSE**

Item	Amount	Staff use
Monthly Mortgage Payment	\$ _____ per month	
Annual Homeowner's Insurance	\$ _____ per year	
Annual Property Taxes	\$ _____ per year	
Annual School Taxes	\$ _____ per year	
Monthly Utility Cost	\$ _____ per month	
<b>Staff use</b>		

**FUEL**

Check the type of fuel by use	Natural Gas	Propane (Bottled Gas)	Electric	Oil	Staff Use
Heating					
Cooking				N/A	
Hot Water					

**CERTIFICATIONS**

Are you an employee, agent, consultant, officer, or elected official or appointed official of the City of Kingston or of any other local agencies receiving the City’s CDBG funds (Y or N)? \_\_\_\_\_

If yes, please specify your association with the agency. \_\_\_\_\_

Female Head of Household (Y or N)? \_\_\_\_\_

Are you currently residing in Kingston? (must be within the City limits) Yes\_\_\_\_ No\_\_\_\_\_

If yes, how long have you been a Kingston resident? \_\_\_\_\_

Please attach to this application one (1) year’s documentation of Kingston residency (i.e. water bills, lease agreement, other utility bills).

I hereby certify that:

1. I am twenty one (21) years of age or older, and
2. I am a citizen of the U.S. or have declared such intentions, and
3. I am not presently a homeowner or the owner of other residential property, or I am a single parent, or a displaced homemaker, and
4. I meet the minimum income requirements.

I hereby submit my application for the City of Kingston’s First Time Homebuyer Mortgage Assistance Program. I further certify that all information in this application and all information furnished in support of this application is true and complete to the best of my knowledge and belief. Verification of information contained in this application may be obtained from any source named herein. I understand that my application is subject to termination if it is determined that I knowingly made a false statement or misrepresentations. I further agree and understand the City of Kingston will utilize the information in this questionnaire ONLY for the purpose of approval or denial of my mortgage assistance application.

**APPLICANT’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**JOINT APPLICANT’S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*\*The City of Kingston is an equal opportunity community and does not discriminate against any individual based on race, color, creed, gender, national origin, sexual orientation, ancestry, age or disability.*

**DO NOT COMPLETE BELOW THIS LINE - FOR OFFICE USE ONLY**

Household Size: \_\_\_\_\_

Monthly Household Income: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Income Category: Extremely Low (0-30%), Low (31-50%), Moderate (51-80%)

Estimated Monthly Housing Expenses: \_\_\_\_\_

Percent of Income on Housing: \_\_\_\_\_%

Action Taken: \_\_\_\_\_ Approved

\_\_\_\_\_ Conditionally Approved

\_\_\_\_\_ Rejected – Reason \_\_\_\_\_

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_