



Housing & Community Development

Address: 150 North Capitol Boulevard
Boise, Idaho 83702

Phone: 208/570-6830
Fax: 208/384-4195
TTY/Relay: 800/377-3529
Website: hcd.cityofboise.org

Affordable Homeownership Program Application

Mail or hand deliver the application and required documents to 150 N Capitol Boulevard, 2nd Floor, or **PO Box 500, Boise, Idaho 83701-0500**, 8:00 a.m. – 5:00 p.m. After your loan application is received and processed, a representative will contact you.

Please return the following documents with this completed application:

- A loan approval or commitment from a lender of your choice
- A copy of one (1) valid photo identification
- Provide three (3) months current paystubs
- Two (2) months of bank statements
- Payment for a credit report (\$18.80 Single, \$29.80 Married)

QUALIFICATION CRITERIA

- Home is located inside Boise City-limits
- 80% of Area Median Income or less
- Middle credit score above 620
- Housing debt cannot exceed 35% of income
- All debt cannot exceed 42% of income

Number in Family: _____ Preferred Language: _____ Date: _____

Applicant Name: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____

Current Address: _____ Zip Code: _____

Previous Address (if above less than 2 years): _____ Zip Code: _____

Check One: ___ Married ___ Single ___ Separated ___ Widowed

Co-Applicant Name: _____ Phone Number: _____

Email Address: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____

Personal Information

Applicant Current Employer: _____

Phone Number: _____ Monthly Gross Income: _____

Social Security Number: _____ *(Must have even if not employed)*

Co-Applicant Current Employer: _____

Phone Number: _____ Monthly Gross Income: _____

Social Security Number: _____ *(Must have even if not employed)*



Property Information

Address of Property to be Purchased: _____
 Closing Date: _____ (must be within 45 days of this approval)
 Title Company: _____ Closing Agent: _____
 Phone Number: _____ Fax Number: _____
 Realtor: _____ Phone Number: _____
 Lender: _____ Phone Number: _____
 Loan Officer: _____

Financial Information

ASSETS		LIABILITIES	
	Balance	Payment	Balance
Checking Account		Auto Loan to	
Bank Branch		Finance Company	
Savings Account		Furniture	
Bank Branch		Real Estate	
Credit Union		Alimony/Child Support	
Savings Bonds		Credit Union	
Auto Maker & Year		Student Loan	
Other Assets		Credit Cards (list separately)	
Household Belongings			
TOTAL ASSETS		TOTAL LIABILITIES	

Wage Information

Applicant _____

Complete all information as it pertains to your income:

- Wages _____
- Soc. Sec. (SSI,SSD,SS) _____
- Unemployment _____
- Child Support _____
- TAFI _____
- VA Benefits _____
- Other _____

Formula to calculate Monthly Gross Income:

Hourly rate \$ _____ x 173.33 = _____

Formula to calculate Annual Income:

Hourly rate \$ _____ x 2080 = _____

Total income (hourly + all other sources listed above)

\$ _____

Co-Applicant _____

Complete all information as it pertains to your income:

- Wages _____
- Soc. Sec. (SSI,SSD,SS) _____
- Unemployment _____
- Child Support _____
- TAFI _____
- VA Benefits _____
- Other _____

Formula to calculate Monthly Gross Income:

Hourly rate \$ _____ x 173.33 = _____

Formula to calculate Annual Income:

Hourly rate \$ _____ x 2080 = _____

Total income (hourly + all other sources listed above)

\$ _____



CDBG/HOME Beneficiary Data Record

Date Closed: _____

Median Income: _____

Please provide the following required information regarding your household; the total number of family members, the breakdown of male and female household members, whether the Head of Household is female, and how many household members are elderly.

1. Program Applied For: Affordable Housing Loan	
2. Total Households applying for housing or services:	
3. Is the Head of Household female? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Elderly Status: <i>How many members in household are over age 62?</i>	
5. Ethnic Categories	
How many household members are of Hispanic or Latino ethnicity:	
How many household members are NOT of Hispanic or Latino ethnicity:	
Total (should total number of clients listed in question #2)	
6. Racial/Multi-Racial Categories (please indicate number of household members that apply to each racial category)	
American Indian or Alaska Native	
American Indian or Alaska Native and White	
American Indian or Alaska Native and Black and African American	
Asian	
Asian and White	
Black or African American	
Black or African American and White	
Native Hawaiian or Other Pacific Islander	
White	
Other Multi-racial (please specify):	
Total (should total number of clients listed in question #2 and #5 above)	

Disability Survey

- The U.S. Department of Housing and Urban Development requires periodic reports on the race, ethnicity, and disability status of applicants. This data is for statistical analysis with respect to reporting civil rights compliance for the City of Boise. **Submission of this information is voluntary.**
- Mark only "Yes" or "No" and indicate the number of disabled persons in your household, if any.
- **Please DO NOT indicate the type of disability, or provide us with any information regarding the nature of severity of the disability.**

7. Disability Status	
Does anyone in the applicant household have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many persons in your household have a disability? Enter number, if any:	



Financial Privacy Notice to Applicants

- This is notice to you as required by the Right to Financial Privacy Act of 1978 that the City of Boise City has a right of access to financial records held by any financial institution in connection with the consideration of administration of the Affordable Homeownership Loan Program, for which you have applied.
- Financial records involving your transactions will be available to the City of Boise City during the term of the loan and three years thereafter without further notice or authorization but will not be disclosed or released to another Government agency or department, without your written consent except as required or permitted by law.

I/We have read this notice and understand our rights:

Applicant Signature

Date

Co-Applicant Signature

Date

