



Down Payment Assistance Program Eligibility Application

The City of DeSoto Down Payment Assistance Program (**DPAP**) has funding available for First-Time Homebuyers purchasing a single-family home. The program offers grant assistance up to **\$10,000** for qualified low to moderate-income families as a 0% interest forgivable loan. The DPAP is funded through the Community Development Block Grant (CDBG) received from the U.S. Department of Housing and Urban Development (HUD).

To determine if you are eligible to purchase a City of DeSoto residential property, please complete the eligibility application and return it along with the required documents in the **Application Checklist on page 2**. Applicants will receive a notification upon receipt of your application along with additional program information. **Incomplete applications with missing/omitted information are deemed ineligible until a complete application is submitted.** In order to expedite the application process, please ensure that all documents requested on Page 2 of this application are included at the time of submittal. Applications are reviewed and processed on a first-come, first-served basis. **Submission of an application does not automatically qualify you for assistance under the program.**

ELIGIBILITY CRITERIA, you must meet all of the following:

- You must be either a first-time homebuyer or has not owned a home in the last 3 years.
- You must complete an **8-hour** Homebuyer Education course from a HUD approved provider.
- You must be a U.S. Citizen, Citizen National, or Qualified Alien
- You must intend to occupy the property as your primary residence for a minimum of 5 years.
- If you have a co-signer, he, or she, will reside in your household.
- Your annual household **must be at or below 80% of the area median income.**

# of People in Household	1	2	3	4	5	6	7	8
80% Area Median Income	\$49,850 and below	\$57,000 and below	\$64,100 and below	\$71,200 and below	\$76,900 and below	\$82,600 and below	\$88,300 and below	\$94,000 and below

* Area Median for FY 2021, as published by HUD.

In order to ensure your eligibility application is reviewed promptly, please use the checklist below when submitting your application for program eligibility.

Application Checklist

- Address of selected property intended for purchase: _____
- Provide a copy of the Prequalification **Letter from lender**
- Provide **checking** statements for each bank or other account specified (**1 month, most recent**)
- Provide **saving** statements for each bank or other account specified (**1 month, most recent**)
- Provide account number for **each** bank account reported on the eligibility application.
- Provide copy of benefit letter(s) for any assistance received, such as TANF, food stamps (SNAP), etc. (If applicable)
- Provide copy of most current award letter for Social Security Benefits (if applicable).
- Provide copies of tax returns (**2 years, most recent, consecutive**)
- Provide a copy of your most recently received benefit letter(s) for Social Security benefits (if applicable)
- Provide a copy of your most recently received benefit letter(s) unemployment benefits (if applicable)
- Provide a copy of your most recently received worker's compensation letter (if applicable)
- Provide **2 months** of pay stubs received from employer for each household member 18 years and older (**most recent, consecutive**)
- Provide copy of Business financial statements if own a business or self-employed (if applicable) (**2 months, most recent, consecutive**)
- Copies of Child Support Court Payments (if applicable) (**3 months, most recent, consecutive**)
- Applicant Certification (Must be signed by all household members 18 years and older) **Page 6.**
- "Authorization for Release of Information" form (must be signed by all household members 18 years and older) **Page 7.**
- "Authorization for Criminal Background Check". Submit a separate, signed form for all household members 18 years and older **Page 8.**
- Copies of valid photo IDs or Texas Driver's License for all household members (18 years & older)
- Copies of Social Security card or documentation of alien registration number/green card for all household members

To discuss the amount of assistance and terms available, you may contact the CDBG Coordinator using the contact information below:

City Manager's Office
211 East Pleasant Run Rd. Street.
DeSoto, Texas 75115
Phone: (972) 230-9690

The information collected below will be used to determine eligibility as a participant in the DPAP program. It will not be disclosed outside the City of DeSoto without your consent, except to your employer for verification of income or employment and to financial institutions for verification of information as permitted by law or as required under the Public Information Act. Your application may be delayed or rejected if the information is not received.

Applicant Information		
Name	Home Phone #	Cell #
Street Address:		
City	State	Zip Code
Email Address:		
Name and Address of Employer:		
Name of Co-applicant	Home Phone #	Cell #
Name and Address of Co-Applicant's Employer:		
Name of Other Adult Household Member	Home Phone #	Cell #
Name and Address of Co-Applicant's Employer:		

*List the head of household, everyone that lives in your home and the relationship of each member to head of household.

Household Composition*					
#	Member's Full Name (First/Last)	Relationship	Age	Social Security #	Driver's License #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Annual Income of Household

Do you or any household member receive Income from any of the sources listed below? *Please make sure each box is checked off.*

Wages, salaries, tips, or bonuses*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disability Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployment Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Pension, retirement, or annuities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Social Security	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Alimony	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Worker's Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Child Support	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TANF	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other source of income	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For each source of income for which you checked "yes", provide the information requested below. If more than one household member receives a certain type of income, please provide a separate entry for each person.

	Member's Full Name (First/Last)	Full Time Student? Y/N	Source of Income	Rate of Pay	Payment Basis (Weekly, Monthly, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

*This includes wages, salaries, tips, or bonuses received for full-time and part-time work, temporary/seasonal work, and military work, etc.

Assets and Asset Income*

*For **all household members**, including minors, list checking & savings accounts, IRA, CD, Bonds, Stocks, Equity in properties, life insurance policies, etc.

Name of Institution	Type of Asset	Asset Value	Account Holder	Account Number

Do you have any other assets such as a House, Land, or other Real Property? Yes No

If yes:

Type of Property	Location/Address	Asset Value	Loan Amount

*Individuals owning more than one residential property are not eligible to purchase a home through the City of DeSoto.

Have you disposed of any assets in the past two years? Yes No. If yes, did you receive less than fair.

market value? Yes No. If yes, please explain: _____

Do you currently owe any back taxes on property; have any outstanding City of DeSoto liens or past due City of DeSoto water bills? Yes No (A full disclosure does not necessarily disqualify a household from eligibility; however, failure to report any of the above will result in disqualification of your application).

If yes, please explain: _____

Have you or any household member ever been convicted of a Class A misdemeanor, Class B misdemeanor or Felony? Yes No. (A full disclosure does not necessarily disqualify a household from eligibility; however, failure to report any of the above will result in disqualification of your application).

If yes, please explain: _____

For reporting purposes only, please check all that apply for Head of Household.

Race	Hispanic or Latino	
	Yes	No
White: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Needs	
Disabled	<input type="checkbox"/>
Elderly:	<input type="checkbox"/>
Homeless:	<input type="checkbox"/>

How did you hear about our Program? _____

Applicant's certification

Household members age 18 and over must sign this application. I/We, the undersigned certify that the information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of such information for the purpose of income verification and program eligibility related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. The applicant also agrees to provide any other documentation needed to verify eligibility.

Signatures:

Applicant

Signature

Co-Applicant

Signature

Other Adult Member

Signature

Other Adult Member

Signature

Date: _____

TITLE 18, Section 1001 of the U.S. Code: It is a felony to knowingly and willingly make any materially false, fictitious, or fraudulent statement or representation in any matter to any department or agency of the United States as to any matter within its jurisdiction.

PLEASE REVIEW AND COMPLETE THE "AUTHORIZATION FOR THE RELEASE OF INFORMATION" FORM ON THE FOLLOWING PAGE



AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the City of DeSoto any information or materials needed to complete and verify my application for participation in the City of DeSoto Down Payment Assistance Program (DPAP). I understand and agree that this authorization or the information obtained with its use may be given to and used by staff in the Department of Housing and Community Services for the purpose of determining my eligibility to participate in the City of DeSoto's DPAP, and/or to the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|--------------------------------|--------------------------------|----------------------------------|
| Identity and Marital Status | Credit and Criminal Activity | Medical or Child Care Allowances |
| Residences and Rental Activity | Employment, Income, and Assets | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the City of DeSoto.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individual that may be asked to release the above information (depending on program requirements) may include but is not limited to:

- | | |
|---|--|
| Previous Landlords (including other Housing Agencies) | Past and Present Employers |
| Welfare Agencies | Courts and Post Offices |
| Retirement Systems | Social Security or Veterans Administration |
| Schools and Colleges | Banks and other Financial Institutions |
| State Unemployment Agencies | Medical and Child Care Providers |
| Law Enforcement Agencies | Credit Providers and Credit Bureaus |
| Utility Companies | Support and Alimony Providers |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the City of DeSoto may conduct computer matching programs to verify the information supplied for my DPAP Eligibility Application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the City of DeSoto may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the US Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the City of DeSoto and will remain in force while my DPAP Eligibility Application is being reviewed, until an official determination of eligibility or ineligibility has been made by City of DeSoto Staff. I understand I have a right to review my file and correct any information that I can prove is correct.

SIGNATURES:

X	_____	_____	_____
	Head of Household	(Print Name)	Social Security Number
X	_____	_____	_____
	Spouse or Other Adult Member	(Print Name)	Social Security Number
X	_____	_____	_____
	Other Adult Member	(Print Name)	Social Security Number
X	_____		
	Date		

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.



DESOTO CITY MANAGER'S OFFICE
PHONE 972.230.9690



AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK/ Please Complete for Each Adult 18 and over

I, _____, hereby authorize the City of DeSoto to investigate my criminal history for the purpose of evaluating whether I am qualified to receive assistance under the Down Payment Assistance program. I understand that the City of DeSoto will utilize, as many sources are deemed necessary to determine an accurate criminal history. Should my criminal history reveal any arrests or convictions for drug- related activity, violent criminal activity, or any felonious criminal activity, I understand that my assistance may be denied or terminated.

I do hereby swear and attest that all the information contained on this form is true, correct, and complete.

Signature

Date

Full Printed Name (Including Middle Name)

Date of Birth

Yes No In the past 10 years, have you used any other names (maiden/ married names, alternate spellings, shortened names, lengthened names, alternate last names, etc.)? If yes, list all names you have used below (use additional pages if necessary):

Yes No In the past 10 years, have you been arrested or convicted for ANY criminal activities? If yes, list the charge(s) or conviction(s) below (use additional pages if necessary):

Charge/Conviction Date City/State

Charge/Conviction Date City/State

Yes, No In the past 10 years, have you lived in any location(s) outside of Dallas County? If yes, list all locations below (use additional pages if necessary):

Address City State

Address City State

The space below is for the City of DeSoto Use Only:

Date of Background Check: _____ NRF: RF/OK: RF/Deny: DRD: _____

Sources used: _____ Staff Initials: _____

Down Payment Assistance Program Declarations

Do you intend to occupy the property as your primary residence for the full length of the 5-year Affordability Period?

Yes No

Have you owned a property within the last 3 years?

Yes No

If yes, how was the ownership terminated?

Divorce Property Sold Foreclosure

I have read and understand the Down Payment Assistance Program Guidelines as provided on the City of DeSoto website.

Yes No

Signatures:

Applicant

Signature

Co-Applicant

Signature

Date: _____