



OLD PUEBLO COMMUNITY SERVICES
HOUSING DEVELOPMENT DEPT.
4501 E. 5th STREET, TUCSON, AZ 85711
520/ 546-0122
Fax- 520/ 777-4512

APPLICATION FOR OPCS GRANT ASSISTANCE PROGRAM

1 Applicant Name _____

2 Co-Applicant Name _____

3 Street Address _____

4 City, State, Zip Code _____

5 Daytime Phone Number _____

6 E-mail Address _____

Important note: this information is requested to comply with federal equal opportunity reporting requirements. This information will not affect your eligibility for assistance and is voluntary.

Race/Ethnicity of Applicant (please check one)

<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander
<input type="checkbox"/> American Indian or Alaska Native & White	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Black or African American & White	<input type="checkbox"/> American Indian or Alaska Native and Black or African American	<input type="checkbox"/> Other Multi Racial

Ethnicity of Applicant: Hispanic Yes No Choose not to respond

Yes No Do you or the co-applicant currently own a home, or have you or the co-applicant owned a home during the past three years?

Do you rent? Y___ N___ Section 8? Y ___ N ___ Other? _____

Lender to which applying for a mortgage loan: _____

Address of property being purchased (if known): _____

Has the property been foreclosed? Yes No Don't know

B. Commitment to Program

1. I have at least \$ _____ in savings or investments that I will contribute towards the purchase of a home.

2. I understand that I must complete home purchase counseling and a First Time Home Buyer Education Class in order to be eligible to use the Program.

C. Identification of All Household Members

In the space below provide the information requested on all members of the household. Please include information on the applicant and co-applicant

Name	Date of Birth	Social Security Number	Relationship to Applicant
			Self

D. Income Information

Income Sources	Applicant	Co-Applicant	Other HH Members over 18	Total
Gross Monthly Income	\$			
Overtime				
Commissions/Bonuses				
S. S. Payment/Pension				
Child Support/Alimony				
Other Income				
Total Household Income				

G. Certification To Occupy Property as a Principal Residence:

This is to certify that I (we) are First Time Homebuyers (have not owned a home in the last three years) and will occupy the property we acquire with the assistance of the Grant Program as my (our) principal residence. This certification is made in accordance with my (our) understanding that to be qualified as an eligible household under the Grant Program, I (we) must intend to occupy the property as a principal residence.

Printed Name of Applicant	Printed Name of Co-Applicant
Signature of Applicant	Signature of Co-Applicant
Date	Date

H. Release of Information and Applicant Certifications:

IMPORTANT – READ BEFORE SIGNING

I/we certify that the statements made in this application are true, accurate, and complete to the best of my/our knowledge and belief. I/we authorize the agency to obtain verifications from any source named in this application and further, to check my/our credit and employment history and to ask questions about me/us. I/we acknowledge and authorize the contacted agencies to answer questions and provide verification about their credit experience with me/us. I/we hereby give permission to the agency, city, and/or state of Arizona to examine personal documents of mine/ours and to inquire into my/our financial affairs in order to determine my/our qualification for assistance under any of the housing programs provided by agency, city, and/or the state of Arizona. I/we also give permission to agency to release any pertinent information to a lending institution for the purposes of determining eligibility for private funding. I/we realize that the completing of this application does not imply that I/we am/are assured of receiving financial assistance, and I/we also realize that any conversations, inspections, or other actions do not imply that my/our assistance has been approved. I/we understand that the assistance, and all details of the work discussed, has been approved only when all final contracts and other legal documents are fully executed. I understand that providing false statements and/or information may be grounds for termination of this application.

PENALTY FOR FALSE OR FRADULANT STATEMENT: U.S.C. Title 18, Sect. 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements of representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.”

Printed Name of Applicant	Printed Name of Co-Applicant
Signature of Applicant	Signature of Co- Applicant
Date	Date

FOR HOUSEHOLDS WITH ADDITIONAL OCCUPANTS OVER THE AGE OF 18.

Printed Name of Adult Household Member	Printed Name of Adult Household Member
Signature of Adult Household Member	Signature of Adult Household Member
Date	Date

The counseling services, lending products, affordable housing and other forms of assistance that may be offered by Old Pueblo Community Services, its subsidiaries, affiliates, or directors, officers, employees, agents or partners may also be offered by other providers and you are under no obligation to utilize services from Old Pueblo Community Services, regardless of the recommendations made by the counselors .

At the time of your appointment, please bring “copies” (we do not accept original copies) of the following documents.

Income Verification Documents:

Please provide the required information for each household member 18 years of age or older:

- ID's:** Driver's license, social security cards for everyone in household, & birth certificates for everyone 18 and under. Legal guardianship papers must be provided for any other children.
- Employment Income** 1) A copy of last year's federal tax return, including copies of W-2's and all schedules. AND 2. A letter of income, verifying current income, from each employer **OR** copies of last two months pay check stubs **OR** a current pay stub indicating year-to-date income.) **Self employment: copy of W-2's, Federal Income tax return**, showing income earned and business deductions (Schedule C).
- Dividend/ interest income (everyone in household):** Copies of most last recent bank statements, brokerage, or other account statement(s). Provide one copy of each of the most recent checking, savings, and investment account statement(s).
- Pension/Social Security Income (everyone in household):** Copy of most recent award letter **OR** copy of last Social Security or Pension check.
- Veteran's Administration Benefits:** Copy of check, check stub or award letter.
- Unemployment compensation:** Copy of check, check stub or award letter.
- Public assistance:** Copy of most recent award letter, specifying the amount of assistance.
- Alimony, child support, or separate maintenance income:** Copy of award letter(s) divorce decrees from the courts.

If you have any questions or concerns, please contact us at:

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