

## Homemaker Program Application Part 2 (to be completed by individuals/owner-occupants)

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City of Knoxville
Community Development Department



Address of property:				_ CL	T #:	
Knoxvi	lle, TN 379_					
AP	PLICANT	INFC	RMA	ATION		
Applicant:						
Address:						
Home Phone:	_ Work Phone:			Cell Phone	Cell Phone:	
Driver's License #:	SS#: XXX-XX			E-Mail:		
Co-applicant (spouse or other a	ndult)					
Home Phone:	Work Phone:			Cell Phone	Cell Phone:	
Driver's License #:	SS#: XXX-XX E			E-Mail:		
Have you ever owned a Home?	°□Yes □ N	No If ye	s, whe	en?		
Do you □ own or □ rent? How long have you lived at current address?						
Previous address, if less than 5	years at pre	sent ad	dress:			
COMPLETE LIST OF ALL THOSE WHO WILL LIVE IN THE NEW HOUSING UNIT, INCLUDING APPLICANT:						
Name	Relation to Applicant	Age	Sex	Occupation	School/Employer	
	Self					

	Phone a	# # of years
		# # of years
Phone #		# # of years
sent emp n.	oloyer, give pre	evious employment information o
	Income	
СОМЕ		
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	per	
	P5'	
	COME  Amour \$ \$ \$ \$ \$ \$ \$ \$	Income  COME  Amount \$per_ \$per

LIST **ALL** DEBTS, INCLUDING CAR LOANS, FURNITURE, CREDIT CARDS, PERSONAL LOANS, ETC. USE ADDITIONAL SHEETS IF NECESSARY.

Type of Debt	Lender	Account Number	Payment	Balance

Have you ever had a home load foreclosure, deed in lieu of fore If yes: Property address:	closure, or judgment?	l Yes □ No
Name & address of lender:		
Have you ever had an account judgment? ☐ Yes ☐ No If yes, state when, the reason for		on agency which resulted in a sresolved:
Have you ever filed bankruptcy	? □ Yes □ No If yes,	when?
ATTACH ADDITIONAL INFORMATION PROBLEMS THAT MAY APPEAR OF		LAIN PAST OR PRESENT CREDIT
Other I	Regular Monthly E.	xpenses
Life insurance \$	per mon	th for coverage of \$
Car insurance \$	per month Health in	nsurance \$ per month
Medical expenses \$	Food \$ Phone	e \$ Clothing \$
Gas \$ Savings \$_	Day Care \$	Cable \$
Other \$ (ex	plain)	
	References	
List three references other than and phone numbers.	<u>an relatives</u> . You must	include complete addresses
Name:	Phone:	Association <u>Landlord</u>
Address		
Name:	Phone:	Association
Address		
Name:	Phone:	Association
Address		

Counseling/Training
Have you previously been involved in any pre-purchase or homeownership counseling program, credit counseling program, or economic self-sufficiency program (i.e. Operation Bootstrap, Family Self-Sufficiency, FirstHome, JOBS, etc.)? ☐ Yes ☐ No
If yes, please identify the program, and briefly describe your participation in the program:
If no, are you willing to seek this type of counseling if required? ☐ Yes ☐ No
PROJECT DESCRIPTION
What is your offering price? \$  If price is below fair market value or listing price, of those properties which do not indicate
"minimum", explain reason for reduced offer. (Example: Subsidy is needed to make project affordable and feasible; development cost will exceed fair market value. Support your reason by completing the Project Sources and Uses of Funds Statement on page 5.)
Is the parcel an unbuildable lot that will be used for additional yard space? ☐ Yes ☐ No If yes, list any specific plans for maintenance or improvement.
Name, address, phone number and e-mail of Proposed Developer (qualifications and experience of proposed developer must be attached):
Planned development will be ( <i>check one</i> ): □ new construction □ rehabilitation of an existing structure □ side yard. (Attach a site plan and floor plan if new construction is proposed. If unavailable, these <u>must</u> be provided within 90 days of contract execution.)
Briefly describe any other pertinent details of your proposed development for the parcel.

## **Project Sources and Uses of Funds**

## Uses of Funds **Property Purchase** Construction / Renovation List Contingencies (examples: set aside dollars for unplanned or increased cost of items that may occur) List Soft Costs (examples: developer fees, site design, permits, taxes, insurance, closing costs, etc.) Other (examples: mowing, utilities, etc.) **Total Uses of Funds Total Use should equal Total Source Sources of Funds** Purchaser Investment Loan Source (From:\_\_\_\_\_) Loan Source (From:\_\_\_\_\_) Other \_\_\_\_\_ Other \_\_\_\_\_ **Total Source of Funds**

## Information for government monitoring purposes

Applicant:	Co-Applicant:
Male Female American Indian/Alaskan Native Asian Pacific Islander Hispanic Black White Other (specify)	Male Female American Indian/Alaskan Native Asian Pacific Islander Hispanic Black White Other (specify)
I DO NOT WISH TO SUPPLY THIS INFORMATION Initials:	I DO NOT WISH TO SUPPLY THIS INFORMATION Initials:
I (we) certify that all information in this application, and is true and complete to the best of my (our) knowledge information, including verification of my (our) credit rep	
Signature of Applicant	Date
Signature of Co-Applicant	Date
date of application. Due to the fact that comp Homemakers Committee meeting please ense	ure your proposed price and development se. Incomplete applications <i>may</i> be accepted,

Return to: City of Knoxville

for purchase will receive priority.

Community Development Department

ATTN: Homemakers Program

P.O. Box 1631 Knoxville, TN 37901

