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Office 1500 E Cedar Ave Ste 86, Flagstaff, AZ 86004
Phone (928) 214-7456 **Fax** (928) 774-6937
Relay Service for Hearing Impaired 711

Home Ownership Application

Serving Coconino, Mohave & Yavapai Counties & the City of Flagstaff

Dear Prospective Homebuyer,

Thank you for reaching out to Housing Solutions of Northern Arizona (HSNA) for information and help, as you work to purchase a first home. HSNA is a HUD-approved housing counseling agency, serving Flagstaff and Northern Arizona since 1990. Our housing counseling programs are administered by trained and certified housing counselors. In addition to pre-purchase housing counseling, we also offer foreclosure mitigation counseling (separate application). Down payment and closing cost assistance programs are funded by various partners including the City of Flagstaff and the Federal Home Loan Bank of San Francisco through bank members. Down payment/closing cost assistance funds are available on a first-come, first-served basis until they are expended.

HSNA has partnered with the City of Flagstaff to administer down payment assistance programs and determine eligibility for the City of Flagstaff Affordable Homeownership Program. We ask you to complete the enclosed application if you are interested in any of the following programs:

- Down payment assistance,
- City of Flagstaff Affordable Homeownership Program,
- Housing Solutions Community Land Trust Program,
- pre-purchase housing counseling, or
- credit/budget counseling.

To apply for any of our down payment/closing cost assistance programs, or to access housing counseling, please:

1. Complete and return this application to our Homeownership Assistance Programs Department:
 - Via email to homeownership@housingnaz.org
 - Vial mail to Housing Solutions NAZ at PO Box 30134, Flagstaff, AZ 86003
 - Drop off application in person at our office, located at 1500 E. Cedar Ave., Ste. 86, Flagstaff, AZ 86004
2. Once we receive your completed application, a HSNA staff member will reach out to schedule a one-on-one housing counseling appointment to discuss our programs and answer your home-purchase questions. We do NOT need you to submit supporting documentation (paystubs, bank statements, etc.) for the initial housing counseling meeting. If you move forward with program eligibility, we will request documents, including verification of income, assets and household size.

Fee Structure

HSNA charges fees for some of its housing services. Should you have questions regarding fees, please ask your housing counselor. As is the industry standard, we do not charge fees for foreclosure counseling services. In addition, we address a client's ability to pay the fees outlined below based on their household income in relation to the federal poverty level. If a client's household income is less than 1 ½ times the federal poverty level, we waive fees and seek grant funding to offset our costs. We do not charge fees for housing counseling for individuals experiencing homelessness. We charge the following fees:

- \$100.00 fee per household to participate in our online pre-purchase homebuyer education course. This fee is determined by eHomeAmerica, the course vendor. We provide a coupon code to clients who participate in one-on-one housing counseling. Those clients, with the coupon code, pay \$75.00 for the course. The course certificate is valid for one year from the date of completion.
- \$25.00 fee per individual on a cost-recovery basis to pull a tri-merge credit report with scores.
- 4% of the assistance amount for clients who receive WISH funds through the Federal Home Loan Bank of San Francisco. This fee is charged because the WISH program does not provide administrative support to housing counseling organizations. The fee is paid at closing so clients do not have out-of-pocket upfront expenses.



Reasonable Accommodations

HSNA strives to accommodate all clients and their needs. To contact our office through a relay service for the hearing impaired, please dial 711. If you need special accommodations, please let us know. HSNA does not discriminate on the basis of age, race, color, religion, sex, gender identity (including gender expression), sexual orientation, national origin, disability, marital status, political beliefs or familial status in employment or program services.

City of Flagstaff Affordable Homeownership Program (FAHP)

This application also serves for the City’s Affordable Homeownership Program (FAHP), which includes the City’s Community Land Trust (CLT) homes and homes that are Deed Restricted. Both CLT and Deed Restricted properties ensure long-term affordability and restrict the future resale price of the home. These restrictions create a pool of long-term affordable homeownership units in exchange for a larger initial subsidy or discount in the purchase price.

This is an eligibility application and does not guarantee purchase of a FAHP home. Should you be determined eligible for the FAHP Program you will be provided with information on available FAHP homes for sale. Neither HSNA nor the City of Flagstaff guarantee there will be FAHP homes available for sale when you are interested in purchasing your home. Only one application per household.

The homes available through the City’s FAHP program are restricted to limit the amount of appreciation available to the owner and all future owners upon transfer, mortgage, refinance or other transactions dealing with the property. This is intended to maintain permanent affordability as a long-term benefit to the community. Homes will be sold to households earning less than 80-125% (depending on the unit purchased) of the Area Median Income (AMI), adjusted for household size. Tenure may be secured with a 99-year ground lease, which will result in at least a \$30 per month lease payment from the homeowner. The home may also be Deed Restricted, which also limits the amount of appreciation available to the owner and all future owners. The mechanism of a Deed Restriction works for homes that do not include land such as condos.

For the City’s FAHP program, households will go through two rounds of screening. The first round will determine if your household meets basic eligibility criteria to purchase the unit. For that screening, HSNA will assess the following: (1) household size, (2) household income, (3) household income as a percentage of area median income, (4) the permanent legal citizenship status of all household residents. The second round of screening will evaluate your ability to purchase the unit, through a combination of buyer contribution, mortgage and available financial assistance. For this determination, the mortgage must meet FAHP guidelines for affordability and the borrower’s housing ratio cannot exceed 35% of gross monthly income.

For your convenience, please use this checklist to ensure your application package is complete. This will expedite our ability to determine your eligibility for financial assistance programs and the City’s CLT program:

- Completed and Signed Application
- Completed and Signed Housing Counseling Disclosure Form/Authorization for Release of Confidential Info
- Completed and Signed Household Budget Form
- Completed and Signed Credit Report Authorization and Privacy Disclosure Form (if you want us to pull credit)
- Completed and Signed Community Land Trust Program Declaration of Income Form (CLT applicants only)
- Completed and Signed Community Land Trust Program Application Rider Summary (CLT applicants only)

Additional documents will be requested after the initial housing counseling appointment to determine eligibility for program participation.

Thank you for your interest in working with us. We look forward to helping you navigate the process to purchase a home.

Sincerely,
The Housing Solutions Team

Home Ownership Application

I am interested in the following pre-purchase programs. Please Check All That Apply:

- Down Payment Assistance
- City of Flagstaff Affordable Homeownership Program (City of Flagstaff only)
- Housing Solutions of NAZ Community Land Trust Program
- Pre-purchase Housing Counseling
- Credit & Budget Counseling

How did you hear about our programs:

- Lender
 Realtor
 Friend
 Other: _____

Household Information

Applicant Name:	Co-Applicant Name:
Date of Birth:	Date of Birth:
Phone: Cell Home Work	Phone: Cell Home Work
Email:	Email:
Preferred Contact Method:	Preferred Contact Method:
Address:	Address:
City: State: Zip:	City: State: Zip:
Limited English Proficient? Y / N	Limited English Proficient? Y / N
How long have you lived in Flagstaff? _____	How long have you lived in Flagstaff? _____

Other household members residing in home or dependents that applicant/co-applicant has legal custody of:

Name: _____ Relationship: _____ DOB: _____

What do you currently pay in rent? \$ _____

Have you owned a home in the last 3 years? Y / N

If so, when and where? _____ Date sold: _____

Demographic Information

Applicant:	Co-Applicant:
Education: (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/Equivalent (GED) <input type="checkbox"/> 2-year College/Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's/Doctoral Degree <input type="checkbox"/> Vocational Certification/Other Certs <input type="checkbox"/> Prefer not to Respond 	Education: (check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> No High School Diploma <input type="checkbox"/> High School Diploma/Equivalent (GED) <input type="checkbox"/> 2-year College/Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's/Doctoral Degree <input type="checkbox"/> Vocational Certification/Other Certs <input type="checkbox"/> Prefer not to Respond
Citizenship Status: (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> US Citizen 	Citizenship Status: (check one) <ul style="list-style-type: none"> <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> US Citizen

Race: (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other pacific islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Respond	Race: (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other pacific islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Respond
Ethnicity: (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Respond	Ethnicity: (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Respond
Marital Status: (check one) <input type="checkbox"/> Unmarried/Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to Respond	Marital Status: (check one) <input type="checkbox"/> Unmarried/Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to Respond
Demographic Info: (check each that applies) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Disabled <input type="checkbox"/> US Veteran <input type="checkbox"/> Prefer not to Respond	Demographic Info: (check each that applies) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Disabled <input type="checkbox"/> US Veteran <input type="checkbox"/> Prefer not to Respond
Household Type: (check only one) <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Respond	Household Type: (check only one) <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Respond
Immigrant Status: (check one) <input type="checkbox"/> Foreign Born <input type="checkbox"/> US Born <input type="checkbox"/> Prefer not to Respond	Immigrant Status: (check one) <input type="checkbox"/> Foreign Born <input type="checkbox"/> US Born <input type="checkbox"/> Prefer not to Respond

Household Debts

Include money owed to any entity for past housing, student loans, back taxes, credit cards, car payments, medical bills, alimony/child support, etc. Attach separate sheet if needed.

Company	Minimum Monthly Payment	Balance Owed
1.		
2.		
3.		
4.		
5.		

Household Assets

List all household assets including real estate, land, stocks, bonds, retirement accounts, etc.

Asset Type	Applicant	Co-Applicant	Other Adults in Household
Checking	\$	\$	\$
Savings	\$	\$	\$
Other Cash	\$	\$	\$
IRA/401K	\$	\$	\$
Stocks/Bonds	\$	\$	\$
Property/Land	\$	\$	\$
Retirement Pension	\$	\$	\$
Trust Fund	\$	\$	\$
Monetary Gifts	\$	\$	\$
Other Assets	\$	\$	\$

Are you about to receive additional funds (e.g. tax return funds, property sales, inheritance)? Check one below:

No Yes Amount: \$ _____	No Yes Amount: \$ _____	No Yes Amount: \$ _____
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Household Income

List all household income on a monthly basis.

Income Type	Applicant	Co-Applicant	Other Adults in Household
Salary/Employment	\$	\$	\$
Alimony/Child Support	\$	\$	\$
Social Security	\$	\$	\$
Disability Income	\$	\$	\$
Self-employment Income	\$	\$	\$
Pension Income	\$	\$	\$
Dependent Social Security	\$	\$	\$
Unemployment	\$	\$	\$
Other: _____	\$	\$	\$
Total Monthly Income	\$	\$	\$

Employment Information

Applicant

Current Employer: _____ Job Title: _____ Phone: _____

Address: _____ Hrs/Week: _____ Start Date: _____

Gross Monthly Income: _____ How are you paid? Weekly Bi-Weekly Twice a Month

Secondary Employer: _____ Job Title: _____ Phone: _____

Address: _____ Hrs/Week: _____ Start Date: _____

Gross Monthly Income: _____ How are you paid? Weekly Bi-Weekly Twice a Month

Co-Applicant

Current Employer: _____ Job Title: _____ Phone: _____

Address: _____ Hrs/Week: _____ Start Date: _____

Gross Monthly Income: _____ How are you paid? Weekly Bi-Weekly Twice a Month

Secondary Employer: _____ Job Title: _____ Phone: _____

Address: _____ Hrs/Week: _____ Start Date: _____

Gross Monthly Income: _____ How are you paid? Weekly Bi-Weekly Twice a Month

Financial Information

Please answer yes to questions below if they apply to the applicant OR co-applicant. If you answer yes to any of the following questions, please attach a separate letter of explanation for each one. Answering yes does not disqualify you for financial assistance or the City’s FAHP program but will help your counselor understand your readiness to qualify for a mortgage.

- | | | |
|--|---|---|
| 1. Are there any outstanding judgments, liens or taxes against you? | Y | N |
| 2. Are there any unpaid debts from any other residences you have owned? | Y | N |
| 3. Have you had property foreclosed upon in the last 3 years? | Y | N |
| 4. Are you party to a lawsuit? | Y | N |
| 5. Are you a co-signer/endorser of a loan or note? | Y | N |
| 6. Do you currently have accounts in collection? | Y | N |
| 7. Do you currently have past due accounts (including rent, utilities, telephone)? | Y | N |
| 8. Do you have any outstanding medical bills? | Y | N |
| 9. Are you obligated to pay alimony, child support, or separate maintenance? | Y | N |
| Monthly Amount: \$ _____ | | |
| 10. Have you ever declared bankruptcy? | Y | N |
| Type: _____ Date filed: _____ Date discharged: _____ | | |

Realtor & Mortgage Information

If you have contacted or are working with a Realtor or mortgage lender, please provide that information below:

Lender Name: _____ Realtor Name: _____
 Lender Company: _____ Real Estate Company: _____
 Phone: _____ Phone: _____
 Email: _____ Email: _____

Authorizations

Under penalty of perjury, I hereby certify that all the statements I have made on this application are true to the best of my knowledge. I understand that false statements can be cause for disqualification for assistance programs and/ or the City’s FAHP program. I understand all information will be held in confidence by Housing Solutions and the City of Flagstaff’s Housing Section. A credit report may be requested to verify information provided. I certify that no member of my family has a financial interest in the City of Flagstaff’s Affordable Homeownership Program.

I authorize the City of Flagstaff and Housing Solutions to:

- Obtain verification of all information from any source named in this application
- Check my credit and employment history
- Examine my personal documents and to inquire into my financial affairs in order to determine my qualification for assistance under the housing programs provided by the City of Flagstaff or Housing Solutions of N. Arizona and/or to determine my financial ability to purchase a FAHP home.

 Applicant Date

 Co-Applicant Date

Housing Solutions of NAZ Housing Counseling Disclosure Form

I (We), _____, understand that Housing Solutions of N. Arizona, Inc., a private nonprofit organization located in Flagstaff, AZ, provides the following services in order to meet its mission to increase access to safe, decent and affordable housing:

1. Workshops, including pre-purchase and post-purchase workshops. These may be offered online.
2. One-on-one housing counseling to help households understand their home options and overcome any barriers to affordable housing. This includes foreclosure mitigation counseling.
3. Financial assistance for down payment and/or closing costs through ongoing programs to income-eligible households, according to the guidelines of the funding sources.
4. Development of homes, which are sold and/or rented to low- and moderate-income households. Eligibility to purchase or rent a home developed/built by HSNA is determined by the funding sources and/or the HSNA Board of Directors.

I understand that housing education and counseling services are available to all individuals and households regardless of income and the family's interest in or ability to purchase or rent a home through HSNA. These services are independent of other HSNA programs and, while I may become aware of homes sold or rented by HSNA or financial assistance programs, I am under no obligation to purchase one of these units or participate in financial assistance programs.

Housing Solutions of N. Arizona has subsidiary organizations which may provide you with services. Specifically, we own Flagstaff Neighborhood Realty and AHC Construction, LLC. Housing counseling clients are not obligated to receive, purchase or utilize any other services offered by HSNA, or its exclusive partners, in order to receive housing counseling services. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by HSNA, its subsidiaries, affiliates, directors, officers, employees or agents may also be offered by other providers and you are under no obligation to accept Affiliate Services. HSNA, Inc. has a financial affiliation with the City of Flagstaff, the State of Arizona, Coconino County and various financial institutions. Past and current financial lenders who fund housing counseling include: National Bank of Arizona, Chase, Bank of America, Sunwest Bank, Alliance Bank, PNC Bank and Wells Fargo.

HSNA strives to accommodate all clients and their needs. To contact our office through a relay service for the hearing impaired, please dial 711. If you need special accommodations, please let us know.

Authorization for Release of Confidential Information

I understand that it may be necessary for Housing Solution of Northern Arizona, Inc. (HSNA) and its authorized agents to obtain information from other agencies and entities in order to make me eligible for the services I have requested from HSNA.

Accordingly, I authorize and request any public, governmental, or private institution and its authorized agents, including, but not limited to:

• Other social service agencies	• Employers
• Utility companies	• Hospitals
• Credit bureaus	• Landlords and their agents
• Advocacy agencies	• Military personnel

To furnish to HSNA, Inc. or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit reports, states of charges or otherwise, or rental records, regarding any incident about which you may have knowledge, information or access, or about which you may have rendered services or consultation.

I also understand that it may be necessary for HSNA, Inc. or its authorized **agents to release information obtained from or authorized sources to HUD** and/or other assistance programs in order to obtain housing counseling through HSNA, Inc. and the various assistance programs which it administers.

Though I hereby waive any privilege I have to this information to HSNA, Inc., you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential community statutes).

A photo static, fax, scanned copy or other chemical reproduction of this authorization shall serve in its stead.

Applicant	Date
Co-Applicant	Date

Household Budget Form

(2 pages – required to be completed)

Monthly Expenses	Applicant	Co-Applicant	Other Adult	
Fixed Expenses				
Housing				
Mortgage(s)/Rent				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
Transportation				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
Insurance				
Health (<i>medical & dental, if not payroll deduct</i>)				
Life				
Disability				
Other:				
Childcare				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				

Periodic Fixed Expenses				
Housing				
Homeowners Insurance (<i>if not in mortgage</i>)				
Taxes (<i>if not in mortgage payment</i>)				
Water or Sewage				
Trash Service				
Other:				
Transportation				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates & Registration Fees				
Other:				
Periodic Fixed Expenses Sub-Total				

Flexible Expenses				
Food				
Groceries				
School Lunches				
Work-Related (<i>lunches and snacks</i>)				
Other:				
Housing				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
Medical				
Doctor				
Dentist				
Prescriptions				
Other:				
Savings				
Savings Account				
College Funds				
Emergency Fund				
Monthly Expenses				

Flexible Expenses (Continued)

Clothing				
Clothing				
Laundry and Dry Cleaning				
Education				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons (<i>sports, dance, music</i>)				
Other:				
Donations				
Religious or Charity				
Other (<i>if not payroll deducted</i>):				
Gifts				
Birthday				
Major Holidays				
Personal				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco, Beer, Wine, Liquor				
Other:				
Entertainment				
Movies, Sporting, Events, Concerts, Theater, etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
Miscellaneous				
Checking Account Fees, Money Order Fees, etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other				
Flexible Expenses Sub-Total				

Monthly Debts

Credit Card (<i>monthly minimum</i>)				
Credit Card (<i>monthly minimum</i>)				
Credit Card (<i>monthly minimum</i>)				
Credit Card (<i>monthly minimum</i>)				
Student Loans				
Medical Bills				
Personal Loans				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Monthly Debts Sub-Total				

Discretionary Income

Total Monthly Expenses				
Subtract Total Net Income				
Equals:				
Discretionary Income or Additional Savings				

Signature _____

Date _____

Signature _____

Date _____



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Relay Service for Hearing Impaired 711

Credit Report Authorization and Privacy Disclosure Form

I hereby authorize and instruct Housing Solutions of Northern Arizona, Inc. to obtain and review my credit report. I understand and agree that Housing Solutions of Northern Arizona, Inc. intends to use the credit report for the purpose of evaluating my financial readiness to engage in counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Housing Solutions of Northern Arizona, Inc. in connection with such evaluation.

Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I hereby

- authorize
- do not authorize

Housing Solutions of Northern Arizona, Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Housing Solutions of Northern Arizona, Inc. in writing.

Client's Name (Print)

Client's Signature

Social Security Number

Address

City, State, Zip

Date

Client's Name (Print)

Client's Signature

Social Security Number

Address

City, State, Zip

Date

Complete remaining documents ONLY if you are applying for the City of Flagstaff's Affordable Homeownership Prgm.

CITY OF FLAGSTAFF Affordable Homeownership Program Declaration of Income

Print Full Name: _____

City of Flagstaff funding sources require you to report all income and assets (including property), currently being received, or that you know you will be receiving within the next 12 months, by all person, related or unrelated, who are living in, or temporarily absent from, your household. Exception: if you are currently living at home with parents and intend to move out of their home into one of your own, their income information does not need to be included.

Do you or other household members have, or anticipate having, any of the following:

- | YES | NO | |
|-----|-----|--|
| ___ | ___ | Employment: ___ Full-time Part-time (this includes temporary service) |
| ___ | ___ | Self-employed, includes odd jobs and babysitting |
| ___ | ___ | Unemployment benefits |
| ___ | ___ | Disability compensation (Workmen's Comp, State, etc.) |
| ___ | ___ | T.A.N.F. (Temporary Assistance for Needy Families) |
| ___ | ___ | Food Stamps |
| ___ | ___ | D.E.S. Child Support Payments (pass-thru) |
| ___ | ___ | Child Support, Alimony, Spousal Maintenance |
| ___ | ___ | Foster Child Support or Adoption Support Payments |
| ___ | ___ | General Assistance (G.A.) |
| ___ | ___ | Social Security (SSI or SSDI) |
| ___ | ___ | Veteran Benefits, Disability or Pension |
| ___ | ___ | Pensions, Retirement Benefits or Annuities |
| ___ | ___ | Checking Accounts (bank, credit union or other financial institutions) |
| ___ | ___ | Savings Accounts (bank, credit union or other financial institutions) |
| ___ | ___ | Other Assets: 401K, IRA, mutual funds, stocks, bonds, certificates of deposit, notes, etc. |
| ___ | ___ | Military Pay and/or Allowances |
| ___ | ___ | College Grants, Scholarships, Stipends or Work Study |
| ___ | ___ | Government Funded Programs (WIN, CETA, VISTA, etc.) |
| ___ | ___ | Real Estate or Income from Property and/or Business |
| ___ | ___ | Monetary gifts from any source (trust fund, annual or sustained gifting, etc.) |
| ___ | ___ | Have you disposed of (sold) any assets in the last two years? |
| ___ | ___ | Do you have any other income or assets not listed above? If yes explain below: |

Identify below any special modifications required for the accommodation of physical challenges.

CITY OF FLAGSTAFF

Affordable Homeownership Program

Application Rider Summary/Restrictions

This summary is for informational purposes only; it is not a substitute for independent legal advice. This document is intended to highlight some of the obligations a purchaser will have as set forth in the Community Land Trust Ground Lease or a Deed Restriction. Certain restrictions may apply to individual units.

1. **Income and Assets:** In order to purchase a home through the Flagstaff Affordable Homeownership Program, buyers must not exceed the maximum allowable income for households at 80-125% (depending on the unit purchased) of the Area Median Income (AMI) for the Flagstaff area, as determined by HUD. Applicants must meet income restrictions at time of closing. If income exceeds HUD allowable maximum at time of closing, the applicant will be disqualified and the unit will be offered to the next eligible applicant.
2. **Use Restriction:** A Flagstaff Affordable Homeownership Program unit must be owner-occupied. Renting, subletting or using the unit as a secondary or commercial dwelling is not allowed except as outlined in the ground lease agreement.
3. **Right of First Refusal:** If the owner of Flagstaff Affordable Homeownership Program unit plans to sell the unit, he/she must give written notification to the City of Flagstaff prior to the sale of the unit. The City of Flagstaff has right of first refusal and will actively seek to match an eligible buyer to the unit for sale.
4. **Maximum Resale Price:** A Flagstaff Affordable Homeownership Program unit must be sold to another eligible buyer at the price determined by the resale formula outlined in the ground lease agreement.
5. **Ground Lease Agreement:** I understand that if I am selected to purchase a Community Land Trust Program unit, I must continue to comply with conditions set forth in the ground lease agreement, which I will sign at the time of purchase. I understand that I will be purchasing the improvements (structure) and leasing the land through a 99-year renewable land lease. I understand that I will be obligated to pay a monthly lease fee of at least \$30 upon the purchase of my home and this lease fee may be adjusted throughout my ownership period as outlined in the ground lease document.
6. **Additional Requirements:** The above list is meant as a summary only. If you are offered a Flagstaff Affordable Homeownership Program unit, the ground lease and other restrictions will be given to you for review prior to signing the purchase and sales agreement. You may want to have an attorney review these documents with you. The ground lease is available on the City of Flagstaff website at www.flagstaff.az.gov/housing and upon request.

I have read and understand the provisions above.

Applicant _____ Date _____

Co-Applicant _____ Date _____