



First Time Home Buyer Loan Application

PO Box 1178, Billings, MT 59103

Phone: 406-860-9126 (TTY 711)

www.billingsmt.gov/homebuyer

Information: First Time Home Buyer program assistance requires the household to occupy the purchased property as a **primary residence**. First Time Home Buyer program assistance is provided as a zero interest, deferred payment loan. **The assistance loan must be repaid in full when selling, refinancing, renting the home or no longer using the home as a primary residence.**

Directions: Please complete the following information in full, sign, and mail all pages to the above address. **The following documents must be included for all household members over the age of 18:**

- ☐ Most recent Federal Income Tax Return Form 1040 from the Internal Revenue Service (*Form 1040 EZ cannot be used to determine household eligibility*)
- ☐ Most recent W-2 Forms for all employed household members
- ☐ Income verification for the last two (2) months (wage stubs, benefit information, bank statements, etc.)

Incomplete applications or applications received without all of the above documentation will cause a processing delay.

APPLICANT INFORMATION

Please write N/A for anything not applying to you.

Full Legal Name:		Email Address:
Age:	Phone Number:	Length of Time at Current Address:
Address (Street, City, State, Zip):		
Are you a legal United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not a legal United States citizen, please explain your residency or citizenship status:
<input type="checkbox"/> Rent	Are you currently: <input type="checkbox"/> Living in subsidized housing (<i>Receiving housing support, living in non-profit housing, public housing, rent supplements, etc.</i>)	
	<input type="checkbox"/> Enrolled in the <i>Family Self Sufficiency Program</i> with the Housing Authority?	
<input type="checkbox"/> Own	<input type="checkbox"/> I own and occupy a mobile / manufactured home.	
	<input type="checkbox"/> Other (home, property share, land, etc.) – Specify type:	
Special Priority Considerations: <input type="checkbox"/> Large household with five or more members. <input type="checkbox"/> Household includes a disabled individual who requires special home modifications or other considerations based on documented medical need.		

Current Employer:	Title:
Email & Mailing Address of Human Resources contact (to verify employment):	Employment Dates:
	Phone: Fax:
Previous Employer:	Title:
Mailing Address:	Employment Dates:
	Phone: Fax:

CO-APPLICANT / OTHER HOUSEHOLD ADULT INFORMATION

Please write N/A for anything not applying to you. If more than two adults live in the home, please use the reverse side.

Full Legal Name:		Email Address:
Age:	Phone Number:	Length of Time at Current Address:
Address (Street, City, State, Zip):		
Are you a legal United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not a legal United States citizen, please explain your residency or citizenship status:
<input type="checkbox"/> Rent	Are you currently: <input type="checkbox"/> Living in subsidized housing (<i>Receiving housing support, living in non-profit housing, public housing, rent supplements, etc.</i>)	
	<input type="checkbox"/> Enrolled in the <i>Family Self Sufficiency Program</i> with the Housing Authority?	
<input type="checkbox"/> Own	<input type="checkbox"/> I own and occupy a mobile / manufactured home.	
	<input type="checkbox"/> Other (home, property share, land, etc.) – Specify type:	
Special Priority Considerations: <input type="checkbox"/> Large household with five or more members. <input type="checkbox"/> Household includes a disabled individual who requires special home modifications or other considerations based on documented medical need.		

Current Employer: Email & Mailing Address of Human Resources contact (to verify employment):	Title:
	Employment Dates:
	Phone: Fax:
Previous Employer: Mailing Address:	Title:
	Employment Dates:
	Phone: Fax:

HOUSEHOLD OCCUPANTS

Please list all individuals living in the home not listed above as applicant or co-applicant.

Name	Age	Dependent?	Relationship

PERSONAL FINANCIAL INFORMATION: Monthly Income & Expenditures

Please fill out information completely and accurately.

Monthly Income	Applicant	Co-Applicant	Other
Gross Wage / Salary (before taxes)	\$	\$	\$
Other Regular Income	\$	\$	\$
Pension, Annuities, Social Security, etc.	\$	\$	\$
Net Income from Real Estate	\$	\$	\$
Child Support / Alimony Income	\$	\$	\$
Other (explain):	\$	\$	\$
TOTALS:	\$	\$	\$

<i>Ongoing Monthly Expenditures</i> <i>Long-Term / Ongoing Obligations Only</i>	<i>Applicant</i>	<i>Co-Applicant</i>	<i>Other</i>
Car Loans	\$	\$	\$
Student Loans	\$	\$	\$
Credit Cards (Minimum Payments)	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Other Consumer Loans:	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTALS:	\$	\$	\$

Income Deductions - Anticipated Expenses for the Next 12 Months

Will your IRS Form 1040 deductions be roughly the same as last year?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please enter the amount of <i>unreimbursed expenditures</i> anticipated for this household in the following categories: expenses outside of insurance / benefits coverage, medical savings / flex accounts, etc.	Child Care	\$
	Medical	\$
	Disability Assistance	\$
Other anticipated changes (<i>new household member, adoption, business changes, etc.</i>):		

PERSONAL FINANCIAL INFORMATION: Assets

Please fill out information completely and accurately.

<i>Bank / Financial Institution</i>	<i>Account Type</i>	<i>Balance</i>
		\$
		\$
		\$
		\$
		\$
<i>Stocks, Bonds, IRAs, 401Ks:</i>		<i>Current Income</i>
		\$
		\$
<i>Receivables (money paid or due to be paid to household member(s) for goods / services):</i>		<i>Value</i>
		\$
		\$
<i>Other Real Estate Owned / Location – Indicate Title Owner:</i>		<i>Market Value</i>
		\$
		\$
TOTAL ASSETS		\$

<div>CERTIFICATIONS</div> <div><i>The undersigned applied for home buyer programs managed through the City of Billings.</i></div>		<div>All Adult Applicants Must Initial</div>
<p>TRUE STATEMENTS: All statements made in this application are true and correct and are made for the purpose of evaluating household eligibility.</p>		
<p>VERIFICATION: Any source named in this application may be contacted for verification of truthfulness.</p>		
<p>APPLICATION: The original application will be retained by the City even if a loan is not approved.</p>		
<p>BROCHURE: I / We have thoroughly read and understand the First Time Home Buyer Program brochure which contains important information about the program including eligibility, procedures and more. If the information contained in the brochure is not fully understood, I have been instructed to contact City staff for assistance.</p>		
<p>INFORMATION: I / We understand that First Time Home Buyer Program information can be obtained by visiting the website: http://billingsmt.gov/homebuyer or by calling 406-860-9126</p>		
<p>HOMEBUYER EDUCATION: I / We understand homebuyer education is REQUIRED BEFORE CLOSING. Information presented at the class is necessary to be an informed consumer, homebuyer and homeowner. Certified workshops are given by The Home Center; register online at https://thehomecenter.org/home-buyers/ or call 406-247-4732. I understand the City needs my Certificate of Completion.</p>		
<p>FUNDS AVAILABILITY: I / We understand that First Time Home Buyer funds are available on a first-come first-served basis and are available until funds are depleted. Receiving preliminary approval for the First Time Home Buyer Program does not commit funds to me, the applicant. The funds are committed to those qualified applicants once they are able to receive a loan from a lender and find a home that qualifies for purchase under the City's guidelines.</p>		
<p>LEAD-BASED PAINT: I / We understand that when purchasing a home built before 1978, there is a strong likelihood that the home may contain lead-based paint. I / We acknowledge receipt of a lead-based paint booklet and am responsible for reading and understanding the information provided therein. I / We also understand the City will not provide assistance to purchase homes with chipping, peeling and / or deteriorating paint.</p>		
<p>ASSISTANCE IS A LOAN: I / We understand that monthly payments are not required to pay back this loan and interest is not charged for use of these funds. However, First Time Home Buyer funds MUST BE PAID BACK TO THE CITY when I / we: move out of the home; sell the home; or refinance the home. This loan is secured by a recorded Trust Indenture and Deed Restriction on the property purchased.</p>		
<p>PRIMARY RESIDENCE: I / We understand the First Time Home Buyer program requires me / us to occupy the property purchased as a PRIMARY RESIDENCE.</p>		
<p>ILLEGAL USE: I / We certify the property purchased may not be used for any illegal or restricted purpose.</p>		
<p>CERTIFICATION OF ZERO INCOME: The total income of all household members over the age of 18 is used to determine program eligibility. Any household members over the age of 18 that do not provide income verification documents (Federal tax return, W-2s, pay stubs, etc.) certify that they do not individually receive income from any of the following sources:</p> <ul style="list-style-type: none"> • Wages from employment (including commissions, tips, bonuses, fees, etc.) • Income from operation of a business • Rental income from a real or personal property • Interest or dividends from assets 		

<ul style="list-style-type: none"> • Social Security payments, annuities, insurance policies, retirement funds, pensions or death benefits • Unemployment or disability payments • Public assistance payments • Periodic allowances such as alimony, child support, or gifts received from persons not living in my household • Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.) • Any other source not named above <p>I hereby certify that I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.</p> <p>I hereby certify that I will be using the following sources to pay for any necessities (please list below):</p>	
<p>FIRST TIME HOME BUYER STATUS: I hereby declare my status as a First Time Home Buyer for the City of Billings assistance program using the following definition(s):</p> <p><input type="checkbox"/> I / We have not owned a home in the past three (3) years.</p> <p><input type="checkbox"/> I / We own and occupy a mobile home.</p> <p><input type="checkbox"/> I am a displaced homemaker who owned a home with my spouse while I was married.</p>	
<h2 style="text-align: center; background-color: #005580; color: white; padding: 5px;">SIGNATURES</h2>	
<p>I / We fully understand it is a federal crime, punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above parts as applicable under the provisions of Title 18 US Code - Section 1014.</p>	
<p>Applicant:</p>	<p>Date:</p>
<p>Co-Applicant:</p>	<p>Date:</p>

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is required by the Federal Government to monitor this program's compliance with Equal Opportunity and Fair Housing laws. The law provides that a lender may not discriminate on the basis of this information, whether or not it is furnished. **FURNISHING THIS INFORMATION IS OPTIONAL.**

IF YOU DO NOT WISH TO FURNISH THE FOLLOWING INFORMATION, PLEASE SIGN YOUR NAME BELOW.

APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</i>		Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as a person of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.</i>	
I am a disabled individual. <input type="checkbox"/> Yes <input type="checkbox"/> No I have dependent(s) living in the home who are disabled. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as having a physical or mental condition limiting movements, senses or activities.</i>		I am a disabled individual. <input type="checkbox"/> Yes <input type="checkbox"/> No I have dependent(s) living in the home who are disabled. <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Defined as having a physical or mental condition limiting movements, senses or activities.</i>	
Please mark only one of the following categories:		Please mark only one of the following categories:	
<input type="checkbox"/>	White - A person having origins in any of the original peoples of Europe, North Africa, or Middle East.	<input type="checkbox"/>	White - A person having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/>	Black or African American - A person having origins in any of the black racial groups of Africa.	<input type="checkbox"/>	Black or African American - A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	<input type="checkbox"/>	Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
<input type="checkbox"/>	American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.	<input type="checkbox"/>	American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains affiliation or community attachment.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander - A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander - A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	American Indian or Alaska Native & White - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	American Indian or Alaska Native & White - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	Asian & White - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	Asian & White - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	Black or African American & White - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	Black or African American & White - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	American Indian or Alaska Native & Black or African American - A person having these multiple race heritages as defined above.	<input type="checkbox"/>	American Indian or Alaska Native & Black or African American - A person having these multiple race heritages as defined above.
<input type="checkbox"/>	Other Multi-Racial - For reporting individual responses not included in any of the other categories listed above.	<input type="checkbox"/>	Other Multi-Racial - For reporting individual responses not included in any of the other categories listed above.
<input type="checkbox"/> I do not want to furnish this information.			
Applicant:		Date:	
Co-Applicant:		Date:	



COMMUNITY DEVELOPMENT DIVISION
Release of Information for Eligibility Verification

PO Box 1178, Billings, MT 59103 Phone: 406.860.9126 TTY 7-1-1

www.billingsmt.gov/FTHB

Purpose: Signatures on this Release of Information form authorizes the City of Billings to obtain information from a third party relative to your eligibility and continued participation in the City's First Time Home Buyer program.

Instructions: Each adult member of the household must sign this Release of Information for Eligibility Verification form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

Information Covered: Inquiries may be made about items initialed by applicant(s). Failure to provide information may result in a delay or rejection of your eligibility approval.

All Sources	Applicant Initials	Co-Applicant Initials
Income		
Assets		
Credit Report		

Authorization: I authorize the City of Billings to obtain information about me and my household that is pertinent to eligibility for participation in the City's First Time Home Buyer program.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) requires the collection of the information derived from this form to determine an applicant's eligibility in a federally-funded program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on this federally-funded program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN.

- I acknowledge:
- A photocopy of this form is as valid as the original.
 - I / We have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
 - I / We have the right to copy information from this file and to request correction of information I / we believe inaccurate.
 - All adult household members are required to sign this form and cooperate in this process.

Person(s)	Printed Name	Signature	Date
Applicant			
Co-Applicant			
Other Adult Family Member			
Other Adult Family Member			
Other Adult Family Member			



COMMUNITY DEVELOPMENT DIVISION

Media Waiver & Release

PO Box 1178, Billings, MT 59103

Phone: 406.860.9126

TTY 7-1-1

www.billingsmt.gov/FTHB

Dear Applicant:

Stories are important to funders of the First Time Home Buyer program!

Please consider allowing City staff to utilize your photograph and story to help further the program by signing the consent below.

Thank you!

Community Development Staff

I / We, the undersigned, as applicant(s) for the First Time Home Buyers Program, hereby offer and authorize the City of Billings to utilize any of the images, recordings, photographs, or video, of myself and / or my child(ren) taken during my participation in the First Time Home Buyers Program in Billings for future training, promotional, and / or educational purposes.

I / We understand that images, likenesses, and / or comments may be reproduced and included in any media utilized by the City of Billings to achieve promotional purposes, including but not limited to television, print, and internet media.

I / We specifically grant the City of Billings the absolute right and permission to use names, recorded voices, comments, images, likenesses and biographic information for no consideration and at no cost to the City of Billings. I understand that all interviews, photographs, and video footage shall remain the sole property of the City of Billings. I hereby waive any claims that I may have, and specifically release the City of Billings and its employees and staff from liability of claims arising out of the use of my image or likeness.

Printed Name

Signature

Date

Printed Name

Signature

Date