



**COUNTY OF MERCER**  
 HOUSING AND COMMUNITY DEVELOPMENT  
 McDADE ADMINISTRATION BUILDING  
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 County Administrator

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 Director  
 Housing and Community Development

**ELIZABETH MAHER MUOIO**  
 Director  
 Economic Development & Sustainability

**FIRST TIME HOMEBUYER PROGRAM  
 DOWNPAYMENT /CLOSING COST ASSISTANCE APPLICATION**

Date: \_\_\_\_\_

**Applicant's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Maiden Name (or any other name credit was granted under): \_\_\_\_\_

Current Address: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Previous Address (if less than three years): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Years Worked: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Years Worked: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Years Worked: \_\_\_\_\_

TOTAL MONTHLY SALARY (gross): \$ \_\_\_\_\_

**Co-Applicant's Name:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Maiden Name (or any other name credit was granted under): \_\_\_\_\_

Current Address: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Previous Address (if less than three years): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Years Worked: \_\_\_\_\_

\_\_\_\_\_ Applicant's Initials

\_\_\_\_\_ Co-Applicant's Initials

**Co-Applicant continued**

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Years Worked: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Years Worked: \_\_\_\_\_

TOTAL MONTHLY SALARY (gross): \$ \_\_\_\_\_

**Income Verification:** Place a check next to the item(s) that applies to your personal income profile including annual amounts. (Use additional pages as needed)

- \_\_\_\_\_ Employment \$ \_\_\_\_\_
- \_\_\_\_\_ Business \$ \_\_\_\_\_
- \_\_\_\_\_ Social Security Benefits \$ \_\_\_\_\_
- \_\_\_\_\_ Pension & Annuities \$ \_\_\_\_\_
- \_\_\_\_\_ VA Benefits \$ \_\_\_\_\_
- \_\_\_\_\_ Unemployment Benefits \$ \_\_\_\_\_
- \_\_\_\_\_ Public Assistance \$ \_\_\_\_\_
- \_\_\_\_\_ Child Support Payments \$ \_\_\_\_\_
- \_\_\_\_\_ Alimony/Separation Payments \$ \_\_\_\_\_
- \_\_\_\_\_ Cash Contributions \$ \_\_\_\_\_
- \_\_\_\_\_ Military Service \$ \_\_\_\_\_
- \_\_\_\_\_ Assets on Deposit \$ \_\_\_\_\_

**Household Information:** List all household members ie: Name, Age, Relationship, Income and Source of Income (Use additional pages as needed)

Name	Age	Relationship	Income	Source of Income

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address of property to be purchased: \_\_\_\_\_

Bedroom/unit size: \_\_\_\_\_ Name of Development (if known): \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_

Estimated Monthly Mortgage Payments: \$ \_\_\_\_\_ Monthly Property Tax: \$ \_\_\_\_\_

Monthly Homeowners Association Dues (if applicable): \$ \_\_\_\_\_

Down Payment required: ( \_\_\_\_\_%) \$ \_\_\_\_\_

Estimated Closing Cost: \$ \_\_\_\_\_

Amount applicant currently has available for Down/Payment: \$ \_\_\_\_\_

**BANK ACCOUNTS**

Bank \_\_\_\_\_ Savings # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Savings # \_\_\_\_\_ Balance \$ \_\_\_\_\_

\_\_\_\_\_ Applicant's Initials

\_\_\_\_\_ Co-Applicant's Initials

**MONTHLY EXPENSES**

Credit Cards	Name: _____	Balance \$ _____
	Name: _____	Balance \$ _____
Auto Loan	Name: _____	Payment \$ _____
Alimony/Child Support		Payment \$ _____
Other		Payment \$ _____
<b>TOTAL</b>		Payment \$ _____

**NAME, ADDRESS AND PHONE NUMBER OF BANK (OR MORTGAGE COMPANY) APPLICANT IS APPLYING TO FOR A MORTGAGE.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date mortgage application was submitted \_\_\_\_\_

Is the above Community Reinvestment Act participating lender for the agency's 5% down program?

Yes \_\_\_\_\_ No \_\_\_\_\_

**Name, Address and Phone Number of Applicant's Attorney / Settlement Agent.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ESTIMATED CLOSING DATE: \_\_\_\_\_

Do you currently live in a rental unit? \_\_\_\_\_ Current monthly rent: \$ \_\_\_\_\_

Are you a First Time Homebuyer?\* \_\_\_\_\_ A First Time Homebuyer is and individual and his/her spouse who have not owned a home during the three (3) year period prior to purchase of a home with down payment and closing cost assistance.

Are you a Displaced Homemaker?\* \_\_\_\_\_ A displaced homemaker is an individual who owned a home with his/her spouse or resided in a home owned by his/her spouse within the previous three (3) year period.

Are you a Single Parent?\* \_\_\_\_\_ A single parent is an individual who, while married, owned a home with his/her spouse or lived in a home owned by his/her spouse during the previous three (3) years.

\* Please call the Mercer County Housing Office for additional information regarding these areas.

**Include a copy of the following documents with this application:**

1. Sales contract for purchase of property.
2. Copy of 4 consecutive weeks, current pay stubs.
3. Copy of last 2 years tax returns with W2's.
4. Two consecutive month's current checking account statements.
5. Two consecutive month's current savings account statements.
6. Signed employment verification forms.
7. Financial Institution's interest statement for 1 full year for all interest bearing accounts.

**Assistance received from this program cannot be combined with assistance from any other federal source. Mercer County does not refund items paid prior to closing.**

**The information on this application is true and correct and may be investigated for accuracy. I agree that a Consumer Credit Report may be requested from one or more consumer credit agencies or bureaus and may be used in connection with this application. My signature on this application in no way constitutes a commitment on the part of the County of Mercer.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

