



**NSP – Neighborhood Stabilization Program**

*Document Checklist for Application\**

**\*To be completed by City of Bangor Community & Economic Development Staff Only**

**Applicant(s):** \_\_\_\_\_

**Property Preference:** \_\_\_\_\_

| <b>Document</b>  | <b>Generated By</b> |
|--|---------------------|
| NSP Homebuyer Application, Sections I-IV   | <b>Homebuyer</b>    |
| State or federal issued identification for all adults; Permanent Resident Card (if applicable) | <b>Homebuyer</b>    |
| Financial Records Disclosure   | <b>Seller</b>       |
| Proof of Income ( <i>previous 30 days of pay stubs; Veterans benefits; SS; SSI</i> )           | <b>Homebuyer</b>    |
| Employment Verification Form   | <b>Homebuyer</b>    |
| Copy of 2009 W-2 form  | <b>Homebuyer</b>    |
| If self-employed, 2 years of previous W-2 forms  | <b>Homebuyer</b>    |
| Asset Verification ( <i>3 months of recent bank statements or Deposit Verification</i> )       | <b>Homebuyer</b>    |
| Letter from bank verifying mortgage financing  | <b>Homebuyer</b>    |
| Certificate from HUD approved Certified Homebuyer's Class                                      | <b>Homebuyer</b>    |
| Financial Records Disclosure form  | <b>Seller</b>       |
| Any court orders regarding child support or alimony (if applicable)                            | <b>Homebuyer</b>    |

**Completed By:** \_\_\_\_\_

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



**NSP – Neighborhood Stabilization Program Homebuyer Application**

**SECTION I: APPLICANT INFORMATION**

| Applicant  |                              |  |                 | Co-Applicant  |                              |  |                 |
|--|------------------------------|--|-----------------|---|------------------------------|--|-----------------|
| Name (Include Jr. or Sr. if applicable)  |                              |  |                 | Name (Include Jr. or Sr. if applicable)   |                              |  |                 |
| Social Security Number   | Home Phone (Incl. Area Code) | DOB<br><i>mm/dd/yy</i>                                 | Education Level | Social Security Number  | Home Phone (Incl. Area Code) | DOB<br><i>mm/dd/yy</i>                                 | Education Level |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Includes single, divorced, widowed)   |                              | Dependents (Not listed by Co-Applicant)<br>No.    Ages |                 | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Includes single, divorced, widowed)              |                              | Dependents (Not listed by Applicant #1)<br>No.    Ages |                 |
| Present Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent    ___ No. Yrs.  |                              |  |                 | Present Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent    ___ No. Yrs. |                              |  |                 |
| <i>If residing at present address for less than two years, complete the following:</i><br>Former Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent    ___ No. Yrs. |                              |  |                 | Former Address (Street, City, State, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent    ___ No. Yrs.  |                              |  |                 |

**SECTION II: HOUSEHOLD INFORMATION**

List all members of the household and give their relationship to the applicant.

| Full Name | Date of Birth | Social Security Number | Relationship to Applicant | Gender | Race* | Hispanic (Y/N) |
|-----------|---------------|------------------------|---------------------------|--------|-------|----------------|
|           |               |                        | Self                      |        |       |                |
|           |               |                        |                           |        |       |                |
|           |               |                        |                           |        |       |                |
|           |               |                        |                           |        |       |                |

(List additional household members on a supplementary sheet, if necessary.)

\* Categories for race are: (1) White    (2) Black/African American    (3) Asian    (4) American Indian/Alaskan Native  
 (5) Hawaiian/Other Pacific Islander    More than one may be used.

Are you expecting any changes to your household composition in the next 6 months?     Yes     No

If yes, please describe: \_\_\_\_\_

Are any household members Non U.S. citizens?  Yes  No Who? \_\_\_\_\_

Are any members of your household disabled?  Yes  No Who? \_\_\_\_\_

Are any household members full-time students?  Yes  No Who? \_\_\_\_\_

**SECTION III: INCOME INFORMATION**

Income and assets for all household members 18 years of age or older must be reported. Please provide the amount of income received and how often it is received. Documentation of all income and assets must be provided in the appropriate form, e.g. pay stubs for last 30 days, award letters, financial statements, divorce decrees, etc.

**EMPLOYER**

| Applicant  |                                  |  | Co-Applicant   |                                  |  |
|--|----------------------------------|--|--|----------------------------------|--|
| Name & Address of Employer<br><input type="checkbox"/> Self-Employed | Yrs./Mos. on this job            | Yrs./Mos. employed in this line of work/profession | Name & Address of Employer<br><input type="checkbox"/> Self-Employed | Yrs./Mos. on this job            | Yrs./Mos. employed in this line of work/profession |
|  |                                  |  |  |                                  |  |
| Position/Title/Type of Business                                      | Business Phone (Incl. Area Code) |  | Position/Title/Type of Business                                      | Business Phone (Incl. Area Code) |  |

  

| Other Adult  |                                  |  | Other Adult  |                                  |  |
|--|----------------------------------|--|--|----------------------------------|--|
| Name & Address of Employer<br><input type="checkbox"/> Self-Employed | Yrs./Mos. on this job            | Yrs./Mos. employed in this line of work/profession | Name & Address of Employer<br><input type="checkbox"/> Self-Employed | Yrs./Mos. on this job            | Yrs./Mos. employed in this line of work/profession |
|  |                                  |  |  |                                  |  |
| Position/Title/Type of Business                                      | Business Phone (Incl. Area Code) |  | Position/Title/Type of Business                                      | Business Phone (Incl. Area Code) |  |

(List additional adults within household on a supplementary sheet, if necessary.)

**GROSS MONTHLY INCOME**

| Source of Income                      | Applicant | Co-Applicant | Other Adult | Other Adult | Total |
|---------------------------------------|-----------|--------------|-------------|-------------|-------|
| Wages                                 |           |              |             |             |       |
| Overtime                              |           |              |             |             |       |
| Tips, Bonuses, Commissions, etc.      |           |              |             |             |       |
| Self Employment                       |           |              |             |             |       |
| Social Security, SSI, SSD             |           |              |             |             |       |
| Pensions, Disability, VA              |           |              |             |             |       |
| Workers Comp., Unemployment           |           |              |             |             |       |
| TANF, Food Stamps, General Assistance |           |              |             |             |       |
| Child Support, Alimony                |           |              |             |             |       |
| Other (please specify)                |           |              |             |             |       |
| <b>Total</b>                          |           |              |             |             |       |

**ASSETS**

| Source                        | Institution | Account No. | Owner(s) | Balance/Value |
|-------------------------------|-------------|-------------|----------|---------------|
| Checking                      |             |             |          |               |
| Savings                       |             |             |          |               |
| Investments                   |             |             |          |               |
| 401(k), IRA, Stocks, Bonds    |             |             |          |               |
| Whole Life Insurance          |             |             |          |               |
| Other <i>(please specify)</i> |             |             |          |               |
| <b>Total</b>                  |             |             |          |               |

**SECTION IV: ADDITIONAL REQUIREMENTS**

Can you provide proof that you pre-qualify for a standard fixed-rate 15-30 year mortgage to purchase a home under the FHA, VA, or any other conventional mortgage program?  Yes  No

Have you successfully completed a HUD certified Homeownership Class offered by Penquis or another HUD-approved organization?  Yes  No

**SECTION V: REQUIRED DOCUMENTATION**

**For all household members copies of each of the following items must be included with application, if applicable:**

- State or federal issued identification for all adults within household; Permanent Resident Card (if applicable)
- Proof of income: pay stubs for the past 30 days
- Most recent benefit award letters for social security, veterans' benefits, unemployment
- Three months of recent statements for all bank accounts and assets
- Certificate of proof of completion from HUD Certified Homeownership Class (Applicant and Co-Applicant only)
- A letter from a financial institution showing pre-qualification for mortgage financing
- Copy of 2009 W-2 form
- If self-employed, two years previous W-2 forms
- Any court orders regarding child support or alimony

**For all adult household members, the following original documents must also be completed, signed, and included with the application:**

- Employment Verification Form for all current jobs (each employed adult household member)
- Financial Records Disclosure form (signed by only Applicant and Co-Applicant)

**SECTION VI: HOUSEHOLD CERTIFICATION & SIGNATURES**

I/we understand that the program I/we are applying for is to assist income-qualified households become homeowners. The information on this form will be used to determine eligibility for the Neighborhood Stabilization Program (NSP). I/we have provided accurate information regarding family composition, income, and assets. I/we agree to notify the City of Bangor immediately if there are any changes in household composition or income.

**SECTION 1001 OF TITLE 18, UNITED STATES CODE PROVIDES: "WHOEVER, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF THE UNITED STATES KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME, OR DEVICE A MATERIAL FACT, OR MAKES ANY FALSE, FICTITIOUS OR FRAUDULENT STATEMENTS OR REPRESENTATIONS, 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 UNDER THIS TITLE OR IMPRISONED NOT MORE THAN FIVE YEARS, OR BOTH."**

NOTE TO APPLICANT: IF ANY INFORMATION ON THIS APPLICATION IS FOUND TO BE FALSE OR INCOMPLETE, SUCH FINDING, IN ADDITION TO POSSIBLE LIABILITY UNDER CIVIL AND CRIMINAL STATUS, MAY BE GROUNDS FOR DENIAL OF ELIGIBILITY FOR THE REQUESTED PROGRAM AND MAY BE A BASIS FOR DEBARMENT FROM PARTICIAPTION IN ALL FEDERAL PROGRAMS UNDER 7 C.F.R. PART 3017

\_\_\_\_\_  
Date

X\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X\_\_\_\_\_  
Signature of Co-Applicant

# NSP PROGRAM GUIDANCE

## SECTION 3 CLAUSE

- I. All contractors and subcontractors and the City itself when acting as a contractor shall be asked to indicate a good faith effort to meet the Section 3 requirement by signing contracts which contain the clause set forth in 24 CFR 135.20(b) as follows:
  - A. The work to be performed under this contract is on a project assisted under a program providing direct Federal financial assistance from the Department of Housing and Urban Development and is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u. Section 3 requires that to the greatest extent feasible opportunities for training and employment be given lower income residents of the project area and contracts for work in connection with the project be awarded to business concerns which are located in, or owned in substantial part by persons residing in the area of the project.
  - B. The parties to this contract certify and agree that they are under no contractual or other disability which would prevent them from complying with these requirements.
  - C. The contractor will send to each labor organization or representative of workers with which he has a collective bargaining agreement or other contract or understanding, if any, a notice advising the said labor organization or workers' representative of his commitments under this Section 3 clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.
  - D. The contractor will include this Section 3 clause in every subcontract for work in connection with the project and will, at the direction of the application for or recipient of Federal financial assistance, take appropriate action pursuant to the contract upon a finding that the subcontractor is in violation of regulations issued by the Secretary of Housing and Urban Development 24 CFR Part 135. The Contractor will not subcontract with any subcontractor where it has notice of knowledge that the latter has been found in violation of regulations under 24 CFR Part 135 and will not let any subcontract unless the subcontractor has first provided it with a preliminary statement of ability to comply with the requirements of these regulations.
  - E. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR Part 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract, shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance its successors, and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, its contractors and subcontractors, its successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal Assistance is provided, and to such sanctions.

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Signature of Co-Applicant

### To be Completed by City of Bangor Community & Economic Development Staff Only:

Application received on: \_\_\_\_\_

Application completed on: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



FINANCIAL RECORDS DISCLOSURE

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et. seq., the City of Bangor is authorized to access my financial records held by financial institutions in connection with the consideration or administration of the City of Bangor Neighborhood Stabilization Program.

I also understand that financial records involving my transaction will be available to the City of Bangor without further notice or authorization, but will not be disclosed or released by the City of Bangor to another government agency or department or used for another purpose without my consent except as required or permitted by law.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date



EMPLOYMENT VERIFICATION FORM

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_

\_\_\_\_\_  
Address of Employer

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

This form is to certify that \_\_\_\_\_ (Name of Employee) is currently employed as \_\_\_\_\_ (Title of Position). This permanent employment commenced on \_\_\_\_\_ (Date of Employment). At this time, he/she is employed in a part time/full time (please circle one) position on a permanent basis. His/her annual salary is \_\_\_\_\_ /hour which is equivalent to \_\_\_\_\_ /year.

\_\_\_\_\_  
Name of Authorized Supervisor (Please Print)

\_\_\_\_\_  
Title of Position

\_\_\_\_\_  
Signature of Authorized Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Seal (if applicable)

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**SUPPLEMENTARY SHEET**  
**SECTION II: HOUSEHOLD INFORMATION**

List all members of the household and give the relationship of all members to the applicant.

| Full Name | Date of Birth | Social Security Number | Relationship to Applicant | Gender | Race* | Hispanic (Y/N) |
|-----------|---------------|------------------------|---------------------------|--------|-------|----------------|
|           |               |                        | Self                      |        |       |                |
|           |               |                        |                           |        |       |                |
|           |               |                        |                           |        |       |                |
|           |               |                        |                           |        |       |                |
|           |               |                        |                           |        |       |                |

\* Categories for race are: (1) White (2) Black/African American (3) Asian (4) American Indian/Alaskan Native (5) Hawaiian/Other Pacific Islander More than one may be used.

**SUPPLEMENTARY SHEET  
SECTION III: INCOME INFORMATION**

**EMPLOYER**

|                                 |  |  |                                 |  |                       |
|---------------------------------|--|--|---------------------------------|--|-----------------------|
| <b>Other Adult</b>              |  |  | <b>Other Adult</b>              |  |                       |
| Name & Address of Employer      | <input type="checkbox"/> Self-Employed | Yrs./Mos. on this job                              | Name & Address of Employer      | <input type="checkbox"/> Self-Employed | Yrs./Mos. on this job |
|                                 |  | Yrs./Mos. employed in this line of work/profession |                                 |  |                       |
| Position/Title/Type of Business | Business Phone (Incl. Area Code)       |  | Position/Title/Type of Business | Business Phone (Incl. Area Code)       |                       |

|                                 |  |  |                                 |  |                       |
|---------------------------------|--|--|---------------------------------|--|-----------------------|
| <b>Other Adult</b>              |  |  | <b>Other Adult</b>              |  |                       |
| Name & Address of Employer      | <input type="checkbox"/> Self-Employed | Yrs./Mos. on this job                              | Name & Address of Employer      | <input type="checkbox"/> Self-Employed | Yrs./Mos. on this job |
|                                 |  | Yrs./Mos. employed in this line of work/profession |                                 |  |                       |
| Position/Title/Type of Business | Business Phone (Incl. Area Code)       |  | Position/Title/Type of Business | Business Phone (Incl. Area Code)       |                       |

**GROSS MONTHLY INCOME**

| Source of Income                      | Applicant | Co-Applicant | Other Adult | Other Adult | Total |
|---------------------------------------|-----------|--------------|-------------|-------------|-------|
| Wages                                 |           |              |             |             |       |
| Overtime                              |           |              |             |             |       |
| Tips, Bonuses, Commissions, etc.      |           |              |             |             |       |
| Self Employment                       |           |              |             |             |       |
| Social Security, SSI, SSD             |           |              |             |             |       |
| Pensions, Disability, VA              |           |              |             |             |       |
| Workers Comp. Unemployment            |           |              |             |             |       |
| TANF, Food Stamps, General Assistance |           |              |             |             |       |
| Child Support, Alimony                |           |              |             |             |       |
| Other (please specify)                |           |              |             |             |       |
| <b>Total</b>                          |           |              |             |             |       |

**ASSETS**

| Source                        | Institution | Account No. | Owner(s) | Balance/Value |
|-------------------------------|-------------|-------------|----------|---------------|
| Checking                      |             |             |          |               |
| Savings                       |             |             |          |               |
| Investments                   |             |             |          |               |
| 401(k), IRA, Stocks,<br>Bonds |             |             |          |               |
| Whole Life Insurance          |             |             |          |               |
| Other (please specify)        |             |             |          |               |
| <b>Total</b>                  |             |             |          |               |