HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT
HOMEOWNERSHIP PROGRAM

Please complete the attached application and submit along with the required documents as listed below. Failure to submit the requested documentation may cause a delay in program acceptance.

Required documentation is for all Homeownership Program Participants including current residents, Section 8 participants and General Public

**Required Documentation:**

- Last 2 Bank Statements
- Copy of 2 most recent Utility Bills
- Proof of Income (3 consecutive paystubs, most recent award letters)
- Copy of Driver or Non-Driver License of ALL household members 18 years of age or older
- Certified birth records for ALL household members of the household
- Social Security cards for ALL household members of the household
- Copy of Credit Report (if no copy on hand go to http://www.annualcreditreport.com)
- Prequalification or Preapproval from Mortgage Company
- Letter of Enrollment Verification on each child between ages 6-18 enrolled in school
- Voter Registration Certification or Card for each household member over age 18

**Residents & Section 8 Participants Only - Program Requirements:**

(This does not apply to General Public applicants)

- Homebuyer must agree to participate in Homeownership Education Program
- Must be First-Time Homebuyer
- Must be in good standing with landlord
- **Employed Borrowers:**
  - must work at least 30 hours weekly
  - annual income of at least $15,000 (at least minimum wage)
  - must be employed 12 consecutive months
- **Social Security Benefits:**
  - must have annual income of at least $9,000 ($750 monthly)
- Must be on Section 8 at least 1 year
- Must meet minimum credit score requirement of 580 and obtain bank financing

**Additional Rules May Apply**

For More Information
Please contact Kimberley Abrams
Lease Purchase Facilitator (205) 521-0619
Homeownership Program
Application

Please complete this application and submit all the required documentation

Household Information: Complete the following information for each household member that will occupy the property:

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
<th>Relationship to the Head of Household</th>
<th>Race</th>
<th>Sex (M/F)</th>
<th>Birth Date (mm, dd, yyyy)</th>
<th>Student (Y/N)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Self</td>
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</table>

Current Address: ____________________________________________

Primary Phone: (_____)_________ Alternate Phone: (_____)_________

Which program are you applying for? ☐ Lease / Purchase Program ☐ Home Purchase Program

Are you a current resident of Section 8 or Public Housing? ☐ Yes ☐ No
If checked Yes, which program: ☐ Section 8 ☐ Public Housing

Are you enrolled in FSS / ROSS Program? ☐ Yes ☐ No

Have you ever owned a home? ☐ Yes ☐ No If Yes? When___________________

Type:
1st Choice: ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other _____________

2nd Choice: ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other _____________

Would you or anyone in your household benefit from a special needs unit?
(Mobility, vision, or hearing impairment) ☐ Yes ☐ No

Household Information
1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If YES, explain __________________________________________

Do you expect the number of household members to change in the future? ☐ Yes ☐ No
If YES, explain how many members will be added or reduced, and when that change will take place. __________________________________________
2. Have any of the household members used names or a social security number other than the names and numbers used above? □ Yes □ No
If YES, explain __________________________________________

3. Are any or ALL members of the household full-time students? □ Yes □ No
If YES, explain __________________________________________

4. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? □ Yes □ No
   If YES, provide the nature of the crime(s):
   Date: __________________ State: __________________ City: __________
   County: __________________
   Are any of the above convictions a felony? □ Yes □ No □ If YES, Please explain____________________

5. Have you ever filed bankruptcy? □ Yes □ No
6. Have you ever had a judgment filed against you? □ Yes □ No
7. What is your Marital Status? □ Single □ Married □ Separated □ Divorced

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**Income Verification**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

<table>
<thead>
<tr>
<th>Monthly Income Type</th>
<th>Monthly Amount</th>
<th>How Often</th>
<th>Person Receiving Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Wages (Gross)</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S.S.I. Benefits / Retirement / Disability</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Income</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>TANF</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>VA Benefits</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Unemployment Compensation</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Child Support</td>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>Military:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Monthly Income:</strong></td>
<td>$</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Self Employed Borrowers may be required to submit additional documentation

Current Employer: ________________________ Telephone #: ______________________
Address: __________________________ City: __________________ State: ______ Zip: ______
Start Date: ______________ Are you still employed with this company? □ Yes □ No
Gross Wages/Salary: _____________________ How often are you paid? □ Weekly □ Bi-Weekly □ Monthly

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**Zero Income Verification:**

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

□ Yes □ No □ If YES, who? ____________________________

4
Financial Information:
Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account? □ Yes □ No

<table>
<thead>
<tr>
<th>Name</th>
<th>Financial Institution</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

Do you or anyone listed above own a vehicle?

Vehicle Identification:
1. License #: State Issued: Make/Model/Year: 
2. License #: State Issued: Make/Model/Year: 

Monthly Expenses:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
</tr>
<tr>
<td>Electricity</td>
<td>$</td>
</tr>
<tr>
<td>Gas</td>
<td>$</td>
</tr>
<tr>
<td>Heat (other than Electric or Gas)</td>
<td>$</td>
</tr>
<tr>
<td>Telephone</td>
<td>$</td>
</tr>
<tr>
<td>Water/Garbage</td>
<td>$</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Medical/Dental Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Medical/Dental Co-Pays</td>
<td>$</td>
</tr>
<tr>
<td>Auto Car note</td>
<td>$</td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Gasoline</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Church / Contributions</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
</tbody>
</table>

Total Monthly Household Expenses: $
Applicant Statement

All questions that were answered YES on this application will be verified. It will be your responsibility to provide Housing Authority of the Birmingham District with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Signature Clause:
I understand that management is relying on this information to prove my household’s eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have Housing Authority of the Birmingham District (HABD) verify the information contained in this application for purposes of proving my eligibility for into the Homeownership Program. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting Authority of the Birmingham District eligibility criteria.

I certify that the information given to The Housing Authority of the Birmingham District (HABD) on household composition, income, net family asset, allowances and deductions is accurate and complete to the best of my knowledge and belief.
I understand that false statements or information are grounds for termination of the housing assistance program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this Housing Authority of the Birmingham District (HABD) the right to process this application for the purpose of receiving assistance into the Homeownership Program. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

__________________________  ________________________  
Signature                                                  Date

__________________________  ________________________  
Signature                                                  Date

For Office Use Only

<table>
<thead>
<tr>
<th>Check here if Pre-Application is on file.</th>
<th>Application Date Rec’d:</th>
<th>Time:____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Application Received By:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Status:____________________</td>
<td></td>
</tr>
</tbody>
</table>

Determinations:  
☐ Withdrawn  
☐ Non-Response  
☐ Falsified Information  
☐ Does not meet requirements  
☐ Exceeds Income Limits  
☐ Other  
☐ Approved

Notes: ______________________________________________________

__________________________________________________________
AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose:
The Housing Authority of the Birmingham District (HABD) may use this authorization, and the information obtained with it, to administer and enforce program rules and policies.

Consent:
I consent to allow The Housing Authority of the Birmingham District (HABD) to request and obtain information to complete and verify my eligibility and continued participation in federal and/or state housing assistance programs. I understand and agree that this authorization or the information being requested is deemed necessary and/or appropriate to determine eligibility and compliance with The Housing Authority of the Birmingham District (HABD) various federal and/or state housing programs. This authorization cannot be used to obtain information that is not pertinent to my eligibility and continued participation in a housing assistance program. It is understood that I must be given the opportunity to contest any adverse action which may result from information secured by this authorization.

Inquires may be made about but not limited to:

<table>
<thead>
<tr>
<th>Criminal Activity</th>
<th>Family Composition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity</td>
<td>Income</td>
</tr>
<tr>
<td>Past and Present Rental History</td>
<td>Child Care</td>
</tr>
<tr>
<td>Credit History</td>
<td>Past and Present Employment</td>
</tr>
<tr>
<td>Child Support</td>
<td>Pension</td>
</tr>
<tr>
<td>Assets</td>
<td>Government Benefits</td>
</tr>
<tr>
<td>Educational Records</td>
<td>Disability Assistance Expenses</td>
</tr>
<tr>
<td>Social Security Numbers</td>
<td>Social Security / SSI / SSD Benefits</td>
</tr>
<tr>
<td>Past and Present Utility Obligations</td>
<td></td>
</tr>
</tbody>
</table>

Individual or Organizations that may release information include, but are not limited to:

<table>
<thead>
<tr>
<th>Courts</th>
<th>Law Enforcement Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>County/District Attorney</td>
<td>Department of Corrections</td>
</tr>
<tr>
<td>Department of Human Services</td>
<td>Past and Present Employers</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>Colleges / Universities / Educational Institutions</td>
</tr>
<tr>
<td>Housing Agencies</td>
<td>Landlords</td>
</tr>
<tr>
<td>Utility Companies</td>
<td>Veterans Administration</td>
</tr>
<tr>
<td>Banks/ Credit Unions/Financial Institutions</td>
<td>Retirement/Pension Companies</td>
</tr>
</tbody>
</table>

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with The Housing Authority of the Birmingham District (HABD) and shall remain effective until revoked in writing or within 15 months from the date entered below. Any information secured by this authorization is deemed confidential. Housing Authority of the Birmingham District (HABD) shall comply with any and all privacy acts governing the use of this information.

SIGNATURE:

______________________________  _________________________
Head of Household                Date

____________________________________
Social Security Number
REQUEST FOR CRIMINAL HISTORY NCIC CHECK

In accordance with Public Law 104-120, the Agreement between the US Department of Housing and Urban Development and the US Department of Justice, a copy of which is on file with this Housing Authority and this law enforcement agency, and the agreements between this Housing Authority and the Alabama Criminal Justice Information Center (ACJIC) relating to access to the National Crime Information Center (NCIC) data, the Housing Authority of the Birmingham District hereby requests that this law enforcement agency conduct a name test to determine whether or not

Name: ____________________________________________

Race: ____________________    Sex: ____________________

Date of Birth: ____________________    Social Security No. ____________________

Has a criminal history record indexed in the Interstate Identification Index (III). A copy of the consent form signed by the above-named person is attached.

__________________________________________
Applicant/Participant

Please note: A picture ID is required to process this information.

THE INFORMATION BELOW IS TO BE COMPLETED BY LAW ENFORCEMENT AND RETURNED TO THE HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT HOMEOWNERSHIP PROGRAM ADMINISTRATOR

_____ There is no information in the NCIC for the above named person.

_____ There may be a criminal history/record of the named person and the Housing Authority of the Birmingham District should refer the named person to a state or local law enforcement agency for fingerprinting and further checks with the FBI through the Identification Division of the Alabama Department of Public Safety

__________________________________________    ____________________
Law Enforcement Representative    Date
FIRST TIME HOMEBUYER AFFIDAVIT

This form must be completed and signed with a notary public present.

Please check one of the following:

I/We hereby certify that I/We am a first time homebuyer:

☐ I/We have not had ownership in a principal residence during the past three (3) years;
☐ Displaced homemaker and have only owned a home with a former spouse;
☐ Single parent who has only owned a home with a former spouse while married;
☐ An individual who has only owned a property that was not in compliance with state, federal, local or model building codes, or other applicable codes and that cannot be brought into compliance with such codes for less than the cost of constructing a permanent structure.

__________________________________________  ______________________________
Homebuyer Signature                          Printed Name

__________________________________________
Date

Notary Public Authorization

STATE OF ______________________
COUNTY OF ______________________

I, ____________________________, Notary Public, do hereby certify the foregoing instrument was acknowledged before me this ______ day of ______________________, 2018

______________________________, who declared to me to be the person(s) described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed, and who is personally known to me or has produced identification and the statement contained therein are true and correct.

__________________________________________  ______________________________
Notary Public Signature                          Printed Name

My Commission Expires: ______________________
My County of Residence: ______________________
REQUEST FOR RENTAL HISTORY

TO: LANDLORD

RE: APPLICANT

The above identified persons have applied for residency at the Housing Authority of the Birmingham District and indicated to us that you now have (or recently had) this applicant and co-applicant as a tenant in your property located at: __________________________

As indicated by the signatures noted below, the applicant consents to release of information pertaining to his/her rental history to the Housing Authority of the Birmingham District. We would greatly appreciate your cooperation.

Please answer the following questions regarding the applicant and co-applicant's rental history.

1. How long has the above named applicant resided at this address?
   __________ years/months number of bedrooms: __________

2. Monthly rent amount? _____ Any past due now? ______ If so, amount due _____

3. Has the applicant ever been behind in monthly rent payments? __________

4. Does the applicant get along with neighbors in area? __________

5. Does applicant maintain desirable living conditions (i.e., well-kept home)? __________

6. Is applicant destructive to property? __________

7. Rate the applicants overall conduct while residing at your property (below):
   Excellent ___ Good___ Fair____ Poor___

8. If applicant and co-applicant moved and reapplied in the future, would you rent to him/her?
   __________ If not, Why? __________________________________________

9. Did applicant and co-applicant own a pet? ______ Any problems? __________

Additional Comments __________________________________________

________________________________________________________________

Landlord Signature / Date

Please return this form to Homeownership Administrator
Housing Authority of the Birmingham District
1826 3rd Avenue South
Birmingham, AL 35203