

Employment

Applicant's employer: _____
 Address: _____ Phone #: _____ # of years: _____

Co-applicant's employer: _____
 Address: _____ Phone #: _____ # of years: _____

If less than 5 years at present employer, please provide previous employment information:

Applicant's previous employer: _____
 Address: _____ Phone #: _____ # of years: _____

Co-applicant's previous employer: _____
 Address: _____ Phone #: _____ # of years: _____

Income

LIST ALL HOUSEHOLD INCOME

<u>Source</u>	<u>Amount</u>	<u>Further Explanation</u>
Applicant's employment	\$ _____ per _____	_____
Co-applicant's employment	\$ _____ per _____	_____
Contributions from other household members	\$ _____ per _____	_____
Social Security	\$ _____ per _____	_____
SSI	\$ _____ per _____	_____
VA Benefits	\$ _____ per _____	_____
Retirement Pension	\$ _____ per _____	_____
Child Support	\$ _____ per _____	_____
Other	\$ _____ per _____	_____

Credit Information

LIST ALL DEBTS, INCLUDING CAR LOANS, FURNITURE, CREDIT CARDS, PERSONAL LOANS, ETC. USE ADDITIONAL SHEETS IF NECESSARY.

Type of Debt	Lender	Account Number	Payment	Balance

Have you ever had a home loan or a home improvement loan which resulted in foreclosure, deed in lieu of foreclosure, or judgment? Yes No

If yes: Property address: _____

Name & address of lender: _____

Have you ever had an account turned over to a collection agency which resulted in a judgment? Yes No

If yes, state when, the reason for, and how the debt was resolved: _____

Have you ever filed bankruptcy? Yes No If yes, when? _____

ATTACH ADDITIONAL INFORMATION AS NECESSARY TO EXPLAIN PAST OR PRESENT CREDIT PROBLEMS THAT MAY APPEAR ON YOUR CREDIT REPORT.

Other Regular Monthly Expenses

Rent/Mortgage \$_____ Car insurance \$_____ Health insurance \$_____

Medical expenses \$_____ Day Care \$_____ Phone \$_____ Internet \$_____

Cable \$_____ Food \$_____ Gas \$_____ Savings \$_____ Clothing \$_____

Life insurance \$_____ Other \$_____ (explain) _____

References

List three references other than relatives. You must include complete addresses and phone numbers.

Name: _____ **Phone:** _____ Association Landlord

Address _____

Name: _____ **Phone:** _____ Association _____

Address _____

Name: _____ **Phone:** _____ Association _____

Address _____

Counseling/Training

Have you previously been involved in any pre-purchase or homeownership counseling program, credit counseling program, or economic self-sufficiency program (i.e. Operation Bootstrap, Family Self-Sufficiency, FirstHome, JOBS, etc.)? Yes No

If yes, please identify the program, and briefly describe your participation in the program:

If no, are you willing to seek this type of counseling *if* required? Yes No

PROJECT DESCRIPTION

What is your offer price? \$_____

If price is below fair market value or listing price, ***of those properties which do not indicate "minimum"***, explain reason for reduced offer. (Example: Subsidy is needed to make project affordable and feasible; development cost will exceed fair market value. Support your reason by completing the Project Sources and Uses of Funds Statement on page 5.)

Is the parcel an unbuildable lot that will be used for additional yard space? Yes No
If yes, list any specific plans for maintenance or improvement.

Contractor's name, address, phone number, e-mail and TN State Contractor's License #:

Planned development will be (*check one*): new construction rehabilitation of an existing structure side yard. **(Attach a site plan and floor plan if new construction is proposed. If unavailable, these must be provided within 90 days of contract execution.)**

Briefly describe any other pertinent details of your proposed development for the parcel (example: single family, one-story home of 1,200sf with 3BR/2BA that is energy efficient and ADA Visitable).

Project completion (example: 9 months upon receipt of property):

Project Sources and Uses of Funds

Uses of Funds

Property Purchase \$ _____

New Construction / Renovation (provide separate sheet
Itemizing costs) \$ _____

List Contingencies (examples: set aside dollars for
unplanned or increased cost of items that may occur)
_____ \$ _____

List Soft Costs (examples: developer fees, site design,
permits, taxes, insurance, closing costs, etc.)
_____ \$ _____

Other (examples: mowing, utilities, etc.)
_____ \$ _____

Total Uses of Funds \$ _____

Total Use should equal Total Source

Sources of Funds

Purchaser Investment \$ _____

Loan Source (From: _____) \$ _____

Loan Source (From: _____) \$ _____

Other: _____ \$ _____

Other: _____ \$ _____

Total Source of Funds \$ _____

Information for government monitoring purposes

Applicant:

- Male Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify)

Co-Applicant:

- Male Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify)

I DO NOT WISH TO SUPPLY THIS INFORMATION
Initials: _____

I DO NOT WISH TO SUPPLY THIS INFORMATION
Initials: _____

I (we) certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information, including verification of my (our) credit report.

Signature of Applicant

Date

Signature of Co-Applicant

Date

NOTE: Applications will only be accepted for properties on the Homemakers List at the date of application. Due to the fact that competing proposals may be received at the same Homemakers Committee meeting please ensure your proposed price and development plan is your "best and final" offer for purchase. Incomplete applications will *not* be accepted.

Return to: City of Knoxville
Housing & Neighborhood Development Department
ATTN: Homemakers Program
P.O. Box 1631
Knoxville, TN 37901



Rvsd. 5/02/2023