

**City of Emporia
NSP Homebuyer Application**

Please answer all questions. The information is necessary to determine eligibility for the program and for required statistical records. Submit to Jeff Lynch, City of Emporia, 521 Market St., Emporia, KS 66801, Phone: 620-343-4285.

Name _____

Address _____ Telephone () _____
Street, City, State/Zip

HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give the relationship of each family member to the head of your household.)

Member No.	Full Name	Relationship	Age	Social Security No.
1				
2				
3				
4				
5				
6				
7				

- Does anyone live with you now who are not listed above? Yes No
- Does anyone plan to live with you in the future who are not listed above? Yes No
Please explain if you answered "Yes" to either question above.

- Are there any Disabled Persons in your household? Yes No How Many? _____
(A disabled person is defined as a person "who has a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such impairment or is regarded as having such an impairment.")

- Racial Background of Primary Income Earner (please check one):
 WHITE BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE ASIAN ASIAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE & WHITE BALANCE/OTHER
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

- Ethnicity: Hispanic Non-Hispanic

- Is the Head of Household Female? Yes No

Name/Address of employer(s) of household members:

7. Monthly gross income: Sources:
 Husband \$ _____ from _____
 Wife \$ _____ from _____
 Other \$ _____ from _____
Total \$ _____

8. Have you been preapproved by a financial institution for a fixed rate loan in this price range?
 Yes No

9. Penalty for false or fraudulent statement: _____ Initial _____ Initial
 U.S.C. Title 18, Section 1001, provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make 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 not more than \$10,000 or imprisoned not more than five (5) years, or both."

10. Certification by applicant(s): _____ Initial _____ Initial
 The applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining financial assistance, under the Neighborhood Stabilization Program of the City of Emporia, and is true and complete to the best of the applicant's knowledge and belief, and that the applicant has read the above statement (Paragraph G) and understands the penalty for false or fraudulent statements.

Verification of any of the information contained in this application may be obtained from any source named herein.

 Date Signature of Applicant

 Date Signature of Spouse

WAIVER OF LIABILITY

I hereby release the City of Emporia, Kansas, from any and all claims of liability arising from the NSP project.

 Date Signature of Applicant

 Date Signature of Spouse

NOTE: *No application will be processed without the following documents:*

1. Proof of household income for all occupant(s) age 18 & older. Payroll stub(s) for the most recent full month worked or employer written note noting gross income for the most recent full month worked - And a Copy of last filed Income tax form. *For Social Security – need award letter from Social Security for 2013 or bank statement showing SSN automatic deposit.*
2. Copy of current bank statement.