

# Brick Capital Community Development Corporation



## HOMEOWNERSHIP PROGRAM

THIS HOMEOWNERSHIP PROGRAM PACKET CONTAINS THE FOLLOWING ITEMS:

- INTRODUCTION LETTER
- PROGRAM APPLICATION
- THE BRICK CAPITAL CDC BROCHURE
- A HOUSING COUNSELOR BUSINESS CARD

PLEASE READ ALL THE ENCLOSED INFORMATION CAREFULLY. IF YOU HAVE QUESTIONS REGARDING THE PACKET, OR NEED ASSISTANCE IN FILLING OUT THE APPLICATION, PLEASE CALL (919) 775-2300 OR VISIT OUR OFFICE LOCATED AT 403 W. MAKEPEACE ST. SANFORD, NC. OUR OFFICE HOURS ARE MONDAY – FRIDAY FROM 9:00 AM UNTIL 5:00 PM

## **BRICK CAPITAL CDC HOMEOWNERSHIP PROGRAM**

The Brick Capital CDC Homeownership Program provides the opportunity for eligible families to purchase a new, energy efficient brick home in the Brick Capital Redevelopment Area as well as other locations within Lee County. Our homes currently feature modern kitchens with appliances, central heat and air, and two full bathrooms in a choice of three or four bedroom floorplan. Your monthly mortgage payments are kept very affordable because of our down payment assistance feature.

The first step towards achieving homeownership is to complete this application and return it to Brick Capital CDC. We suggest that you fill the application out in pencil and sign and date in ink. Please answer all the questions completely and honestly so our staff can make an accurate evaluation of your application.

Brick Capital CDC uses the following criteria to evaluate each application:

- credit history (based on your individual credit report that we obtain)
- employment/income verification (verified by your employer).
- debt-to-income ratio (determined by your income and monthly expenditures)

We offer homeownership counseling which will help you determine a budget, an affordable price range for a home and approximate time frame for realizing your goals. Your current overall financial status will play a vital role in tailoring the counseling to fit your individual needs. We require all program participants to complete our Homebuyer Education Course prior to taking ownership of their new home. We also provide post-homeownership counseling to address any concerns you may have after you move into your new home.

Brick Capital Community Development Corporation is a non-profit organization, so our services are free, we ask that you provide the time, commitment and desire to let us help you become our next

**Happy Homeowner!**



# APPLICATION FORM

Date \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF CO-APPLICANT \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ Applicant WORK PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_ E MAIL Address \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_

LIST DEPENDENTS BELOW:

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER (m/f) \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER (m/f) \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GENDER (m/f) \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT CURRENT ADDRESS \_\_\_\_\_ RENT \$ \_\_\_\_\_ UTILITIES \$ \_\_\_\_\_

NAME/ADDRESS/PHONE # OF CURRENT LANDLORD \_\_\_\_\_

IF LESS THAN TWO YEARS AT CURRENT ADDRESS, LIST PREVIOUS LANDLORD'S INFO \_\_\_\_\_

ARE YOU CURRENTLY RESIDING IN PUBLIC HOUSING? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CURRENTLY PARTICIPANTING IN ANY SELF-SUFFICIENCY PROGRAM SUCH AS OPERATION BOOTSTRAP, FAMILY SELF-SUFFICIENCY, JOBS ETC.? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE PROGRAM: \_\_\_\_\_

HAVE YOU OWNED A HOME (MOBILE HOMES EXCLUDED) IN THE PAST THREE YEARS?  
YES \_\_\_\_\_ NO \_\_\_\_\_

## INCOME

**Do Not Write In This Box – Staff Use Only**

Total Combined Annual Income \$ \_\_\_\_\_

Total Combined Monthly Income \$ \_\_\_\_\_

**APPLICANT'S INCOME:**

HOURLY WAGE \_\_\_\_\_ WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_ ANNUAL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOURS WORKED PER WEEK \_\_\_\_\_ HOW LONG AT CURRENT JOB \_\_\_\_\_

IF LESS THAN TWO YEARS, PREVIOUS EMPLOYER \_\_\_\_\_

**CO-APPLICANT'S INCOME:**

HOURLY WAGE \_\_\_\_\_ WEEKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_ ANNUAL \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOURS WORKED PER WEEK \_\_\_\_\_ HOW LONG AT CURRENT JOB \_\_\_\_\_

IF LESS THAN TWO YEARS, PREVIOUS EMPLOYER \_\_\_\_\_

**OTHER INCOME SOURCES:**

CHILD SUPPORT PER MONTH (IF COURT ORDERED) \$ \_\_\_\_\_

APPLICANT: PENSION \$ \_\_\_\_\_ DISABILITY \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

CO-APPLICANT: PENSION \$ \_\_\_\_\_ DISABILITY \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

**TOTAL INCOME PER MONTH FROM ALL SOURCES \$ \_\_\_\_\_**

**ASSETS**

APPLICANT'S SAVINGS \$ \_\_\_\_\_ CHECKING \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

CO-APPLICANT'S SAVINGS \$ \_\_\_\_\_ CHECKING \$ \_\_\_\_\_ OTHER \$ \_\_\_\_\_

CASH AVAILABLE FOR DOWN PAYMENT \$ \_\_\_\_\_

**TOTAL ASSETS \$ \_\_\_\_\_**

BANK ACCOUNT VERIFICATION * FOR STAFF USE ONLY		
CHECKING ACCT - BANK _____	ACCT # _____	AMOUNT \$ _____
SAVINGS ACCT - BANK _____	ACCT # _____	AMOUNT \$ _____
CHECKING ACCT - BANK _____	ACCT # _____	AMOUNT \$ _____
SAVINGS ACCT - BANK _____	ACCT # _____	AMOUNT \$ _____

**DEBT**

LIST ALL OUTSTANDING DEBTS, TO INCLUDE CREDIT CARDS, LOANS, AUTO PAYMENTS, STORE CARDS. **DO NOT LIST** INSURANCE, UTILITIES, FOOD, CABLE ETC.

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

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CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

TOTAL # OF CREDITORS \_\_\_\_\_ TOTAL DEBT BALANCE \_\_\_\_\_ TOTAL PAYMENT/MO \$ \_\_\_\_\_

**COLECTIONS OR JUDGEMENTS AGAINST YOU, IF ANY:**

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

CREDITOR \_\_\_\_\_ BALANCE \$ \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_

**LIST I. R. S. BACK PAYMENTS/JUDGEMENTS HERE: BAL \_\_\_\_\_ PAYMENT/MO \$ \_\_\_\_\_**

TOTAL # OF CREDITORS \_\_\_\_\_ TOTAL DEBT BALANCE \_\_\_\_\_ TOTAL PAYMENT/MO \$ \_\_\_\_\_

<p style="text-align: center;"><b>LEAVE BLANK * FOR STAFF USE ONLY</b></p> <p>TOTAL DEBT FROM ALL CREDIT SOURCES \$ _____</p> <p>TOTAL MONTHLY PAYMENTS \$ _____</p>
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**MONTHLY DAYCARE EXPENSE \$ \_\_\_\_\_**

**HOUSING NEEDS AND PERFERENCES:**

SPECIAL NEEDS (HANDICAP, ELDERLY) \_\_\_\_\_

\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**\* Reminder - please bring the following items to your first appointment:**

- last 2 pay stubs (pay vouchers) from your current job(s)
- most recent statement from all your bills (debts and utilities)

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loan applications related to a dwelling, in order to monitor compliance with equal opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

**APPLICANT**

**CO-APPLICANT**

RACE/NATIONAL ORIGIN:

RACE/NATIONAL ORIGIN:

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Black, Non-Hispanic
- \_\_\_\_\_ White, Non-Hispanic
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Asian/Pacific Islander
- \_\_\_\_\_ Other

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Black, Non-Hispanic
- \_\_\_\_\_ White, Non-Hispanic
- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Asian/Pacific Islander
- \_\_\_\_\_ Other

\_\_\_\_\_ I do not wish to furnish this information

\_\_\_\_\_ I do not wish to furnish this information

**CERTIFICATION:**

I hereby authorize Brick Capital Community Development Corporation to obtain any and all information regarding my mortgage with National City Mortgage Company. I further authorize Brick Capital Community Development Corporation to obtain a Credit Bureau Report in my name, and/or to request verification of income, employment, residency and to obtain and share other information from outside sources as necessary.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**UNSIGNED & UNDATED  
APPLICATIONS CAN  
NOT BE EVALUATED**

**RETURN COMPLETED APPLICATIONS TO:**

By Mail:      Brick Capital CDC  
                  Post Office Box 568  
                  Sanford, NC 27331

In Person:  
403 W Makepeace St., Sanford  
Hours: Mon – Fri 9:00 AM – 5:00 PM (919) 775-2300

