BRICK CAPITAL CDC HOMEOWNERSHIP PROGRAM

The Brick Capital CDC Homeownership Program provides the opportunity for families to receive assistance to purchase a new, energy efficient home in Lee Chatham, Harnett or Moore Counties. Brick Capital CDC homes feature kitchens with appliances, central heat and air, and two full bathrooms in a choice of several floorplans. The 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. Please answer all the questions completely, so our staff can make an accurate evaluation of your application.

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, we ask that you provide the time, commitment and desire to let us help you become our next Happy Homeowner!

403 W. MAKEPEACE ST. Call for an Appointment
SANFORD, NC (919) 775-2300

OFFICE HOURS: Monday–Thursday
APPLICATION FORM
Date __________________

NAME OF APPLICANT ___________________________ SOCIAL SECURITY # ___________________________ DATE OF BIRTH _______-_______-_______

NAME OF CO-APPLICANT ___________________________ SOCIAL SECURITY # ___________________________ DATE OF BIRTH _______-_______-_______

ADDRESS

_________________________________________ STATE ________________________________________

CITY ______________________________________________________ STATE ___________ ZIP CODE ____________

HOME PHONE # ___________________________ Applicant WORK PHONE # ___________________________ CELL PHONE # ___________________________ E MAIL Address ______________________________________

MARITAL STATUS ___________________________

LIST DEPENDENTS BELOW:

_________________________ AGE Gender (m/f)

NAME ___________________________ ___________________________ ___________________________

NAME ___________________________ ___________________________ ___________________________

NAME ___________________________ ___________________________ ___________________________

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 PARTICIPATING 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 _______
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  $ _______________________________

INCOME

Do Not Write In This Box – Staff Use Only

Total Combined Annual Income $___________
Total Combined Monthly Income $___________
ASSETS

APPLICANT’S SAVINGS $__________________     CHECKING $ _________________     OTHER $ _____________

CO-APPLICANT’S SAVINGS $_________________    CHECKING $ _________________     OTHER $ ___________

CASH AVAILABLE FOR DOWN PAYMENT $ _________________

TOTAL ASSETS  $_______________________

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 $______________
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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 $______________
BACK PAYMENTS/JUDGEMENTS - LIST BELOW:

BAL_________ PAYMENT/MO $______________

TOTAL # OF CREDITORS ______ TOTAL DEBT BALANCE_________ TOTAL PAYMENT/MO $______________

MONTHLY DAYCARE EXPENSE $_______________________

HOUSING NEEDS AND PREFERENCES:

SPECIAL NEEDS (HANDICAP, ELDERLY) ______________________________________________________________

____________________________________________________________________________________________________

OTHER COMMENTS: _________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

* Reminder – Please see document list on the last page for the items to bring to your first appointment:

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

RACE/NATIONAL ORIGIN:                                      RACE/NATIONAL ORIGIN:

_____ American Indian                                               _____ American Indian
_____ Black, Non-Hispanic                                        _____ Black, Non-Hispanic
_____ White, Non-Hispanic                                        _____ White, Non-Hispanic
_____ Hispanic                                                   _____ Hispanic
_____ Asian/Pacific Islander                                     _____ Asian/Pacific Islander
_____ Other                                                      _____ 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 financial documents and credit. 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, and residency and to obtain and share other information from outside sources as necessary.
RETURN COMPLETED APPLICATIONS TO:

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

In Person:
Brick Capital CDC Offices
403 W. Makepeace Street
Sanford, NC 27330

Hours:
Mon – Thur 9:00 AM – 5:00 PM

Phone:
(919) 775-2300

Email:
krumely@bc-cdc.org

Brick Capital Community Development Corporation
Homeownership Program

List of Documents

Needed for your first Appointment

1. Current Paycheck Stubs (2 months)
2. Current Bank Statements (2 months)
3. All Monthly Expenses
4. Last Tax Returns (2 years)
5. $75 for Home Ownership Program per year includes credit reports, classes and one-on-one counseling.