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’s energy-effect homes feature kitchens with all appliances, central heat and air, and two full bathrooms in a choice of several floorplans and in locations, available and affordable, to the homebuyer. The monthly mortgage payments are kept affordable with down payment assistance for those who qualify.

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.

Brick Capital offers homeownership counseling which will help determine a household budget, an affordable price range for a home and approximate time frame for realizing your goals. Your current overall financial status plays a vital role in tailoring the counseling to fit your individual needs. Completion the Homebuyer Education Course prior to taking ownership of their new home is required all program participants. Brick Capital provides 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 new Happy Homeowner!

403 W. MAKEPEACE ST.
SANFORD, NC

OFFICE HOURS: Monday–Thursday
9 am to 5 pm
APPLICATION FORM

Call for an Appointment: (919) 775-2300

Date_____________________

NAME OF APPLICANT ___________________________________________             _______ - _______ - _______

NAME OF CO-APPLICANT ___________________________________________             _______ - _______ - _______

ADDRESS

______________________________________________________________

NAME OF APPLICANT                                             SOCIAL SECURITY #

NAME OF APPLICANT                                             SOCIAL SECURITY #

NAME OF APPLICANT                                             SOCIAL SECURITY #

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

_________________________________________ ___________________________________________ ___________________________________________

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NAME OF APPLICANT                                             SOCIAL SECURITY #

DATE OF BIRTH

DATE OF BIRTH

DATE OF BIRTH

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) ___________________________

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____
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 $____________

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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 $____________

Internal Revenue Service  BACK PAYMENTS/JUDGEMENTS - LIST BELOW:

BAL________ PAYMENT/MO $____________

TOTAL # OF CREDITORS _____ TOTAL DEBT BALANCE___________ TOTAL PAYMENT/MO $______________

LEAVE BLANK * FOR STAFF USE

TOTAL DEBT FROM ALL CREDIT SOURCES $____________

TOTAL MONTHLY PAYMENTS $____________
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:                      CO-APPLICANT

_____ 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 this information from outside sources as necessary to reach the goals of home ownership.

APPLICANT SIGNATURE ______________________  DATE ______________

APPLICANT SIGNATURE ______________________  DATE ______________

UNSIGNED & UNDATED APPLICATIONS CAN NOT BE EVALUATED
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  

Documents  

Needed for your first Appointment  

1. Current Paycheck Stubs (2 months)  
2. Current Bank Statements (2 months)  
3. All Monthly Expenses  
4. Last Two Tax Returns (2 years)  
5. Seventy-five dollars ($75) for Home Ownership Program includes Credit Reports, Home Buyer Education Classes and One-on-One Housing Counseling for one year.