



BRICK CAPITAL

COMMUNITY DEVELOPMENT CORPORATION

WE BUILD COMMUNITIES BRICK BY BRICK

HOMEOWNERSHIP PROGRAM

BRICK CAPITAL CDC HOMEOWNERSHIP PROGRAM

The Brick Capital CDC Homeownership Program provides the opportunity for families to receive assistance to purchase a home in Lee, Chatham, Harnett or Moore Counties. We are able to utilize the North Carolina Housing Finance Agency's down payment assistance program 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–Friday
9 am to 5 pm

Call for an Appointment: (919) 775-2300
HOMEOWNERSHIP APPLICATION FORM



EQUAL HOUSING
OPPORTUNITY

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 _____

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 \$ _____

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 \$ _____
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

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 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**

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 – Fri 9:00 AM – 5:00 PM

Phone: (919) 775-2300

Email: sreid@bc-cdc.org
or
info@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.**