



# BRICK CAPITAL

## COMMUNITY DEVELOPMENT CORPORATION

WE BUILD COMMUNITIES BRICK BY BRICK

# HOMEOWNERSHIP PROGRAM

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## 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.

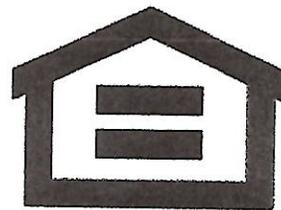
Brick Capital offers homeownership counseling which will help determine a household budget, an affordable price range for a home and approximate time frame for realizing your goals. Your current overall financial status plays a vital role in tailoring the counseling to fit your individual needs. Completion 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**

<b><u>Do Not Write In This Box – Staff Use Only</u></b>	
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 \$ \_\_\_\_\_

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:**

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**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](mailto:sreid@bc-cdc.org)  
or  
[info@bc-cdc.org](mailto: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)**