FIRST HOME LIMA

Down Payment Assistance Application

To ensure your application is processed as quickly as possible:

- **Print application pages single sided**

- **Complete all application pages:**
  Check your completed application over, be sure every question is answered, and all signatures are complete with dates

- **Collect and submit all required documentation:**
  Review and submit the required documentation listed on the income and asset statements on pages 8 - 16. Please do not submit original documents. Be sure to include a copy of each household members' birth certificate and your lender pre-qualification/approval letter.

- **Any household members aged 18+ (regardless of student status), must be included as a co-applicant, complete their portion of the application *(including the income & asset statement)*, and submit the required documentation listed.**

- **Deliver your completed application to:**

New Lima – Housing For The Future
1003 W Spring St, Lima, OH 45805
(419) 224-9881

Office located in the management office of Shirley Daley Senior Village
A 24-hour office drop box is located to the left of the office 2-car garage

Applications submitted incomplete or without the required documentation will be returned by mail for editing and resubmission, which delays processing times

FIRST HOME LIMA

Dear Future Homeowner:

It is great to hear of your interest in becoming a homeowner in Lima!

First Home Lima is designed to help low-income households achieve their dream of homeownership by helping the first-time homebuyer accumulate funds for down payment and closing costs.

The enclosed information answers questions about the program. The Chart of Activities shows the steps needed to complete the First Home Lima down payment assistance program. Once you review the accompanying information, if you have questions regarding the First Home Lima program, please contact the City of Lima Department of Housing & Neighborhoods at (419) 221-5146. Questions or assistance with completing the application should be directed to New Lima – Housing For The Future by telephone at (419) 224-9881 or by email at sfrenger@new-lima.org.

You will be required to complete a homeownership training program (after your application has been approved). Material covered includes financial literacy, budgeted and home repair and maintenance. Once your application is approved, you will be scheduled for your training.

The amount of down payment and closing cost assistance received will be based on household income level, debt to income ratio and the purchase price of the home. This amount will be determined after a purchase contract has been signed. If you live in the house for 5 years, you will not need to repay this loan from the City of Lima. Applicants must be pre-approved by a lender and be approved for the First Home Lima program **before** entering into a real estate purchase agreement.

After reviewing the information, fill out the enclosed application packet in its entirety (if a question is not applicable to your situation – answer with N/A – avoid leaving blank spaces), collect the required documents and return the packet to us at the address listed below. If you have questions regarding completion of this application or would like to schedule time to deliver your completed application, please reach out to New Lima – Housing For The Future at (419) 224-9881:

First Home Lima
New Lima - Housing For The Future
1003 West Spring Street
Lima, OH 45805
(419) 224-9881 ● sfrenger@new-lima.org

The New Lima – Housing For The Future office is in the management office of Shirley Daley Senior Village. For your convenience, a 24-hour drop box is located to the left of the office 2-car garage

After reviewing the application and verifying your income, we will inform you by mail whether your application has been approved. At that time, we will also be sending you more detailed information about how you can begin working towards completion of the First Home Lima Down Payment Assistance program*!*

Application processing times vary depending on the accuracy of the information and completion of the application packet. The average processing times are 2-3 weeks.

Sincerely,

Scott M. Frenger

Scott M. Frenger
Executive Director, Housing Loan Originator

New Lima-Housing For The Future

6QUESTIONS AND ANSWERS ABOUT *FIRST HOME LIMA*

Q. How does this program help me become a homeowner?

A. The First Home Lima program provides education to prospective first-time homebuyers as well as linkage to down payment assistance funds

Q. Who is eligible to participate in the program?

A. One must meet the following requirements:

1. Be pre-approved for a mortgage with a lender
2. Looking to purchase a home within the City of Lima
2. Annual household income less than 80% of area median family income
3. Meet the definition of a first-time homebuyer
4. Applicants may not have already entered a real estate purchase contract before being approved for the First Home Lima down payment assistance program
5. Applicants must be up to date on City of Lima taxes in order to qualify

Q. What are the income limits for this area?

A. The **minimum** gross income for the First Home Lima program is **$35,000**.

B. The **maximum** gross income limit guidelines for 2026 - by family size are:

1 - $49,250	5 - $76,000
2 - $56,250	6 - $81,600
3 - $63,300	7 - $87,250
4 - $70,300	8 - $92,850

Q. What is the definition of a "first-time homebuyer"?

A. The City of Lima defines a first-time homebuyer as **someone who has not owned a home during the past 3 years.**

Even if you owned a home during the past 3 years, you may be considered a first-time homebuyer if you are...

1. Someone meeting the definition of a "displaced homemaker" or "single parent".

   A **displaced homemaker** is an adult that has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family and is unemployed or underemployed and experiences difficulty in obtaining or upgrading employment.

   A **single parent** is an individual who is unmarried or legally separated from a spouse and has one or more minor children for whom the individual has custody or is pregnant.

2. Someone who lives in manufactured housing not permanently affixed to a foundation.

3. An owner-occupant of a home not feasible for renovation.

4. An individual or continuing married couple who holds partial title, and are transferring your interest to another party. Income received in that transaction would be counted as an income asset, but that applicant would quality as a first-time homebuyer.

   If that applicant held partial title and lived in the property, it is still seen as partial title, and therefore could be eligible as a first-time homebuyer.

Q. Are there any restrictions on which home I can buy with the help of this program?

A. Yes, the house you purchase under this program...

1. Must be located within the City limits of Lima.

2. Cannot be occupied by a renter at the time the offer is made to purchase the house. Federal regulations do not allow the renter to be involuntarily displaced. Also because of federal relocation regulations, the owner-occupant who sells a property must be informed of the fair market value of the property and that the property will not be purchased unless the seller voluntarily waives any relocation rights.

3. Cannot be located in a designated flood plain or wet lands parcel. If it is located in an historic district or has historic significance, the buyer must agree to meet the conditions regarding any rehabilitation or painting in the present or the future.

4. Must meet the City's property maintenance standards. The City must inspect the house for any property maintenance violations. The City will notify both the seller or seller's Realtor and you of any violations. ALL violations must be corrected prior to the closing or City funds will not be available.

5. Must pass a Visual Assessment for deteriorated paint on the first inspection if the house was built prior to 1978.

6. The value of the property cannot exceed $209,000 for a one-family house and $268,000 for a two-family house.

7. First Home Lima down payment funding can only be approved if the monthly mortgage and housing costs (mortgage, interest, PMI, escrows) for the new home purchase do not exceed 35% of current gross household income.

Q. Are there any other requirements after I purchase a house under this program?

A. Because HUD wants federal funds to benefit low-income households, the property is subject to recapture requirements for a period of 5 years. These restrictions are enforced through a promissory note and mortgage. There are no resale restrictions after 5 years.

B. Homeowner's insurance must be purchased and maintained for 5 years. The City of Lima will verify this each year by requesting a copy of your insurance policy as well as proof of residency.

C. You must live in the home for 5 years or repay the loan.

Q. Is this a loan or a grant?

A. It is a loan for the amount given for down payment and closing costs. But if you live in the house for 5 years you will not need to repay the loan. For each year you live in the house, 20% of the loan from the City of Lima is forgiven. If you sell, convey or transfer the property the balance of the loan is due in full. In case of a default on the loan (renting it out or it is no longer your primary residence) the original amount of the loan is due in full.

B. This is a one-time per person loan opportunity as defined by "First Time Homebuyer" (see definition).

Chart of Activities

	ACTIVITY	ACCOMPANYING DOCUMENTIONATION - NEEDED WITH VERIFICATION SHEET	DATE COMPLETED
1	Complete application and submit to New Lima. Be accepted into the program.	N/A	
2	Successfully complete the Home Ownership Training program offered by WOCAP.	Certificate of successful completion signed by official.	
3	Completion of a monthly balanced budget with WOCAP.	Certificate of completion signed by official.	
4	Minimum $1000 in Designated Savings required. Money can be used toward closing only with verification of use. Early withdrawal for use other than towards closing costs will void credit issued for this mandatory activity.	Copies of saving account statements – Verification sheet needs signed by the banking representative.	
5	Attend home maintenance class offered by New Lima – Housing For The Future.	Certificate signed by class instructor.	
6	Submit & have approved home maintenance plan.	Form signed by New Lima – Housing For The Future instructor.	
7	MOU - Maximum House Payment	Form signed by WOCAP representative along with a copy of the MOU	

HOME BUYER ASSISTANCE APPLICATION

Have you already entered a real estate purchase contract or an agreement to purchase real estate? Yes ___ No ___
Applicants who entered a purchase agreement/contract before becoming approved for our program are ineligible.

Are you currently working with or looking to utilize home purchase programs available through Habitat for Humanity or Allen Metropolitan Housing Authority? Yes___ No___

***Household members aged 18 & over must be included as applicants/co-applicants if they live in the home full-time ***

Applicant

Last Name First Initial Date of Birth Social Security #

Race: ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ White

Student: ☐ Yes ☐ No **Disabled:** ☐Yes ☐ No **Sex:** ☐ Male ☐ Female **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Street City State Zip

Home Phone Cell Phone Work Phone Email Address

Co-Applicant

Last Name First Initial Date of Birth Social Security #A

Race: ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ White

Student: ☐ Yes ☐ No **Disabled:** ☐Yes ☐ No **Sex:** ☐ Male ☐ Female **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Street City State Zip

Home Phone Cell Phone Work Phone Email Address

Co-Applicant

Last Name First Initial Date of Birth Social Security #

Race: ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ White

Student: ☐ Yes ☐ No **Disabled:** ☐Yes ☐ No **Sex:** ☐ Male ☐ Female **Ethnicity:** ☐ Hispanic ☐ Non-Hispanic

Street City State Zip

Home Phone Cell Phone Work Phone Email Address

Other Household Members

Name	Sex	Age

Previous Homeownership

Have you owned a home during the last 3 years? [ ] Yes [ ] No

If Yes:

- Do you meet the definition of a displaced homemaker or single parent? **[ ] Yes [ ]No**
- Do you live in manufactured housing not permanently affixed to a foundation? **[ ] Yes [ ] No**
- Are you the owner-occupant of a home that cannot be feasibly renovated? **[ ] Yes [ ] No**

Are there any additional household members, not listed above, that will be joining your household in the next 12 months? ☐ Yes ☐ No If yes, please provide the persons name, date of birth, sex, age, and date they will be joining the household and an explanation of why they are not included above:_____

_____

Applicant:	**Job #1**	**Job #2**
Occupation:		
Employer's Name:		
Employer's Address:		
Employer Phone #:		
Monthly Income:	$_____ Hire Date:_____	$_____ Hire Date:_____

Co-Applicant #1:	**Job #1**	**Job #2**
Occupation:		
Employer's Name:		
Employer's Address:		
Employer Phone #:		
Monthly Income:	$_____ Hire Date:_____	$_____ Hire Date:_____

Co-Applicant #2:	**Job #1**	**Job #2**
Occupation:		
Employer's Name:		
Employer's Address:		
Employer Phone #:		
Monthly Income:	$_____ Hire Date:_____	$_____ Hire Date:_____

Additional Household Questions

Does anyone in your household **receive** child support? ☐ YES ☐ NO If yes, who receives child support?_____

Are any "other" household members receiving non-employment income (i.e. social security benefits)? ☐ YES ☐ NO
If yes, list whom and monthly amount:_____

Are any household members foster children or foster adults? ☐ YES ☐ NO If yes, who?_____

Does your household benefit from a trust account? ☐ YES ☐ NO *If yes,* complete the information below:

Is the account in control of the family (i.e. can any family member change or cash in the trust): ☐ YES ☐ NO

Are any distributions being received from the trust? ☐ YES ☐ NO *If yes,* amount & frequency:_____

Contact information for the administrator of the trust account:_____

I/we understand the information contained on this application form will be used in determining my/our eligibility for home buyer assistance as a first-time homebuyer and hereby certify the information is true and correct to the best of my/our knowledge and belief. I/we have reviewed and agree to and understand the program requirements.

I/we authorize the City of Lima and/or New Lima – Housing For The Future Lima to release to or request from any individual, agency or organization information relating to my/our participation in the first-time homebuyer's program (personal identity, employment, income and assets, medical and childcare allowances/income, background screenings, and/or rental and credit history. A copy of this authorization and release shall have the same force and effect as the original.

Signature of Applicant(s) _____ Date _____

_____ Date _____

_____ Date _____

Applicant Income and Asset Statement

Instructions:

- All household members 18 years of age or older, regardless of student status, are required to be listed on the application as a co-applicant and is also required complete a separate income and asset statement
- For any "YES" answers, submit the documentation listed in the "Documents to Submit" column

Additional Documents to include with your completed application:

- Lender pre-qualification/pre-approval letter
- A copy of each household members birth certificate

Household Member Name: _____

INCOME QUESTIONIONAIRE:

Income Source	Income Received?	Monthly Amount	Document(s) to Submit	Comments
Job - #1, employer name:	☐ YES ☐ NO	$	The most recent **9 weeks** of consecutive pay documents (i.e. paycheck copies)	
Job - #2, employer name:	☐ YES ☐ NO	$	The most recent **9 weeks** of consecutive pay documents (i.e. paycheck copies)	
Are you self-employed; includes employment for app-based services (drivers, deliveries, e-commerce, video platforms, etc.), list sources:	☐ YES ☐ NO	$	1) Past 2 years of tax documents (including a schedule C), **AND (one of the following):** 2) Written/signed statement of expected 12-month (gross & net) earnings, **OR** 3) Accountant/bookkeeper statement of 12-month earnings (gross & net)	
Social Security Benefits	☐ YES ☐ NO	$	Current (dated within the last 120 days) Social Security award letter	
Supplemental Social Security (SSI)	☐ YES ☐ NO	$	Current (dated within the last 120 days) Supplemental Social Security award letter	
Pension/Veteran's Pay	☐ YES ☐ NO	$	Current (dated within the last 120 days) pension benefit letter showing gross amount	
TANF - *Cash Assistance*	☐ YES ☐ NO	$	Award letter for current month **OR** benefit printout from Job & Family Services	
AFDC - *Food Stamps*	☐ YES ☐ NO	$	No documentation is required	
Child Support	☐ YES ☐ NO	$	Financial transaction report printed for the last 12 months	
Alimony	☐ YES ☐ NO	$	Financial transaction report printed for the last 12 months	
Unemployment Benefits	☐ YES ☐ NO	$	The last 2 weekly pay documents	
Educational Financial Assistance	☐ YES ☐ NO	$	Contact our office (419-224-9881) to discuss what to submit	
Income received from Trusts, Annuities, Insurance policies, Pensions, or other periodic payments, list source(s):	☐ YES ☐ NO	$	Submit documentation related to the income received (i.e. agreements, award letters, transaction reports, etc.)	
Additional income not listed above, list source(s):	☐ YES ☐ NO	$	Contact our office (419-224-9881) to discuss	

Will any of your income sources be ending in the next 12 months and not repeat in the future? ☐ YES ☐ NO

If so, which ones and when will they end?_____

Provide documentation of the income source(s) ending (i.e. a written statement from the third party who provides the payment to you)

Do you receive assistance with your housing payment? ☐ YES ☐ NO *If yes,* Agency name:_____

Are you currently a student (either full or part-time) enrolled in an institution of higher learning? ☐ YES ☐ NO

How is schooling paid for:_____

Are you receiving financial assistance, if yes, what type(s):_____

_____

Do you receive funding from a state Medicaid agency (including through a managed care entity) or another state/federal agency, to enable a family member who has a disability to reside in the home with you?

☐ YES ☐ NO *If yes*, for whom do you receive this payment and the amount:_____

Are periodic withdrawals being made from a retirement account? ☐ YES ☐ NO

If yes, the amount of withdrawals:_____ How often are withdrawals taken:_____

ASSET QUESTIONIONAIRE:

Type of Asset & Where is the Asset Held	**Do you have this asset?**	**Current Balance & Interest Rate**		**Document(s) to Submit**	**Comments**
Checking account #1:	☐ YES ☐ NO	$	%	Submit current bank statement	
Checking Account #2:	☐ YES ☐ NO	$	%	Submit current bank statement	
Savings Account #1:	☐ YES ☐ NO	$	%	Submit current bank statement	
Savings Account #2:	☐ YES ☐ NO	$	%	Submit current bank statement	
Certificate of Deposit (CD):	☐ YES ☐ NO	$	%	Submit proof of purchase/trade confirmation	
Type of Asset & Where is the Asset Held	**Do you have this asset?**	**Cash Value**	**Annual Earnings**	**Document(s) to Submit**	**Comments**
Money Market or Mutual Funds:	☐ YES ☐ NO	$	$	Submit a current statement	
Cryptocurrency (i.e. bitcoin):	☐ YES ☐ NO	$	$	Submit proof of purchase/trade confirmation	
Stocks/Bonds/Trusts or Annuities:	☐ YES ☐ NO	$	$	Submit a current statement for each	
Treasury Bills:	☐ YES ☐ NO	$	$	Submit a current statement for each	
Whole or Universal Life Insurance:	☐ YES ☐ NO	$	$	Submit a current policy summary from insurance company	
Other assets not listed:	☐ YES ☐ NO	$	$	Contact our office (419-224-9881) to discuss	

Additional Asset Questions

Do you have cash on hand	☐ YES ☐ NO	Amount: $ Comments:	
Do you have a benefit or direct pay card (i.e. a card where you receive your benefits):	☐ YES ☐ NO	Amount: $ Comments:	
Do you have a safety deposit box: Where Held:	☐ YES ☐ NO	Indicate the contents and cash value of what is held:	Cash value of box contents:
Have you received lump sum amounts (i.e. inheritances, insurance settlements, lottery winnings, etc.):	☐ YES ☐ NO	Indicate the source, date and amount of the funds received:	
Have you sold, given away, transferred ownership (other than a divorce or separation) for more than $1,000 in the last 2 years?	☐ YES ☐ NO	If yes, please list the items and the date of transfer:	

Do you have any non-necessary personal property* (i.e. recreational vehicles/RV's, boats, collectibles, gems, precious metals, artwork, collectible cars, etc.)? If yes, indicate the item below as well as the cash value: ☐ YES ☐ NO

***Do not include personal property such as: vehicles used for day-to-day transportation, furniture, appliances, electronics, wedding & engagement rings, healthcare related supplies, professional tools used in your trade, exercise equipment, phones, etc. If you have questions on specific items, please call our office at (419) 224-9881.**

Are any of the above listed asset's part of an IRS recognized retirement account (i.e. 401K, 403B, etc.) ☐ YES ☐ NO
If yes, which assets?_____
Who administers the retirement accounts?_____

Have you received a tax return, in the last 12 months, that was deposited into one of your asset accounts listed above? ☐ YES ☐ NO *If yes:* Which account was the return deposited to & amount:_____
_____

Additional Comments:

_____
Applicant Signature Printed Name Date

Staff Use Only:

Total of household member assets: $_____

Applicant Income and Asset Statement

Instructions:

- All household members 18 years of age or older, regardless of student status, are required to be listed on the application as a co-applicant and is also required complete a separate income and asset statement
- For any "YES" answers, submit the documentation listed in the "Documents to Submit" column

Additional Documents to include with your completed application:

- Lender pre-qualification/pre-approval letter
- A copy of each household members birth certificate

Household Member Name: _____

INCOME QUESTIONIONAIRE:

Income Source	Income Received?	Monthly Amount	Document(s) to Submit	Comments
Job - #1, employer name:	☐ YES ☐ NO	$	The most recent **9 weeks** of consecutive pay documents (i.e. paycheck copies)	
Job - #2, employer name:	☐ YES ☐ NO	$	The most recent **9 weeks** of consecutive pay documents (i.e. paycheck copies)	
Are you self-employed; includes employment for app-based services (drivers, deliveries, e-commerce, video platforms, etc.), list sources:	☐ YES ☐ NO	$	1) Past 2 years of tax documents (including a schedule C), **AND (one of the following):** 2) Written/signed statement of expected 12-month (gross & net) earnings, **OR** 3) Accountant/bookkeeper statement of 12-month earnings (gross & net)	
Social Security Benefits	☐ YES ☐ NO	$	Current (dated within the last 120 days) Social Security award letter	
Supplemental Social Security (SSI)	☐ YES ☐ NO	$	Current (dated within the last 120 days) Supplemental Social Security award letter	
Pension/Veteran's Pay	☐ YES ☐ NO	$	Current (dated within the last 120 days) pension benefit letter showing gross amount	
TANF - *Cash Assistance*	☐ YES ☐ NO	$	Award letter for current month **OR** benefit printout from Job & Family Services	
AFDC - *Food Stamps*	☐ YES ☐ NO	$	No documentation is required	
Child Support	☐ YES ☐ NO	$	Financial transaction report printed for the last 12 months	
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Additional income not listed above, list source(s):	☐ YES ☐ NO	$	Contact our office (419-224-9881) to discuss	

Will any of your income sources be ending in the next 12 months and not repeat in the future? ☐ YES ☐ NO

If so, which ones and when will they end?_____

Provide documentation of the income source(s) ending (i.e. a written statement from the third party who provides the payment to you)

Do you receive assistance with your housing payment? ☐ YES ☐ NO *If yes,* Agency name:_____

Are you currently a student (either full or part-time) enrolled in an institution of higher learning? ☐ YES ☐ NO

How is schooling paid for:_____

Are you receiving financial assistance, if yes, what type(s):_____

_____

Do you receive funding from a state Medicaid agency (including through a managed care entity) or another state/federal agency, to enable a family member who has a disability to reside in the home with you?

☐ YES ☐ NO *If yes*, for whom do you receive this payment and the amount:_____

Are periodic withdrawals being made from a retirement account? ☐ YES ☐ NO

If yes, the amount of withdrawals:_____ How often are withdrawals taken:_____

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Savings Account #2:	☐ YES ☐ NO	$	%	Submit current bank statement	
Certificate of Deposit (CD):	☐ YES ☐ NO	$	%	Submit proof of purchase/trade confirmation	
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Money Market or Mutual Funds:	☐ YES ☐ NO	$	$	Submit a current statement	
Cryptocurrency (i.e. bitcoin):	☐ YES ☐ NO	$	$	Submit proof of purchase/trade confirmation	
Stocks/Bonds/Trusts or Annuities:	☐ YES ☐ NO	$	$	Submit a current statement for each	
Treasury Bills:	☐ YES ☐ NO	$	$	Submit a current statement for each	
Whole or Universal Life Insurance:	☐ YES ☐ NO	$	$	Submit a current policy summary from insurance company	
Other assets not listed:	☐ YES ☐ NO	$	$	Contact our office (419-224-9881) to discuss	

Additional Asset Questions

Do you have cash on hand	☐ YES ☐ NO	Amount: $ Comments:	
Do you have a benefit or direct pay card (i.e. a card where you receive your benefits):	☐ YES ☐ NO	Amount: $ Comments:	
Do you have a safety deposit box: Where Held:	☐ YES ☐ NO	Indicate the contents and cash value of what is held:	Cash value of box contents:
Have you received lump sum amounts (i.e. inheritances, insurance settlements, lottery winnings, etc.):	☐ YES ☐ NO	Indicate the source, date and amount of the funds received:	
Have you sold, given away, transferred ownership (other than a divorce or separation) for more than $1,000 in the last 2 years?	☐ YES ☐ NO	If yes, please list the items and the date of transfer:	

Do you have any non-necessary personal property* (i.e. recreational vehicles/RV's, boats, collectibles, gems, precious metals, artwork, collectible cars, etc.)? If yes, indicate the item below as well as the cash value: ☐ YES ☐ NO

***Do not include personal property such as: vehicles used for day-to-day transportation, furniture, appliances, electronics, wedding & engagement rings, healthcare related supplies, professional tools used in your trade, exercise equipment, phones, etc. If you have questions on specific items, please call our office at (419) 224-9881.**

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If yes, which assets?_____
Who administers the retirement accounts?_____

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_____

Additional Comments:

_____
Applicant Signature Printed Name Date

Staff Use Only:

Total of household member assets: $_____

Applicant Income and Asset Statement

Instructions:

- All household members 18 years of age or older, regardless of student status, are required to be listed on the application as a co-applicant and is also required complete a separate income and asset statement
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- A copy of each household members birth certificate

Household Member Name: _____

INCOME QUESTIONIONAIRE:

Income Source	Income Received?	Monthly Amount	Document(s) to Submit	Comments
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Job - #2, employer name:	☐ YES ☐ NO	$	The most recent **9 weeks** of consecutive pay documents (i.e. paycheck copies)	
Are you self-employed; includes employment for app-based services (drivers, deliveries, e-commerce, video platforms, etc.), list sources:	☐ YES ☐ NO	$	1) Past 2 years of tax documents (including a schedule C), **AND (one of the following):** 2) Written/signed statement of expected 12-month (gross & net) earnings, **OR** 3) Accountant/bookkeeper statement of 12-month earnings (gross & net)	
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Pension/Veteran's Pay	☐ YES ☐ NO	$	Current (dated within the last 120 days) pension benefit letter showing gross amount	
TANF - *Cash Assistance*	☐ YES ☐ NO	$	Award letter for current month **OR** benefit printout from Job & Family Services	
AFDC - *Food Stamps*	☐ YES ☐ NO	$	No documentation is required	
Child Support	☐ YES ☐ NO	$	Financial transaction report printed for the last 12 months	
Alimony	☐ YES ☐ NO	$	Financial transaction report printed for the last 12 months	
Unemployment Benefits	☐ YES ☐ NO	$	The last 2 weekly pay documents	
Educational Financial Assistance	☐ YES ☐ NO	$	Contact our office (419-224-9881) to discuss what to submit	
Income received from Trusts, Annuities, Insurance policies, Pensions, or other periodic payments, list source(s):	☐ YES ☐ NO	$	Submit documentation related to the income received (i.e. agreements, award letters, transaction reports, etc.)	
Additional income not listed above, list source(s):	☐ YES ☐ NO	$	Contact our office (419-224-9881) to discuss	

Will any of your income sources be ending in the next 12 months and not repeat in the future? ☐ YES ☐ NO

If so, which ones and when will they end?_____

Provide documentation of the income source(s) ending (i.e. a written statement from the third party who provides the payment to you)

Do you receive assistance with your housing payment? ☐ YES ☐ NO *If yes,* Agency name:_____

Are you currently a student (either full or part-time) enrolled in an institution of higher learning? ☐ YES ☐ NO

How is schooling paid for:_____

Are you receiving financial assistance, if yes, what type(s):_____

_____

Do you receive funding from a state Medicaid agency (including through a managed care entity) or another state/federal agency, to enable a family member who has a disability to reside in the home with you?

☐ YES ☐ NO *If yes*, for whom do you receive this payment and the amount:_____

Are periodic withdrawals being made from a retirement account? ☐ YES ☐ NO

If yes, the amount of withdrawals:_____ How often are withdrawals taken:_____

ASSET QUESTIONIONAIRE:

Type of Asset & Where is the Asset Held	**Do you have this asset?**	**Current Balance & Interest Rate**		**Document(s) to Submit**	**Comments**
Checking account #1:	☐ YES ☐ NO	$	%	Submit current bank statement	
Checking Account #2:	☐ YES ☐ NO	$	%	Submit current bank statement	
Savings Account #1:	☐ YES ☐ NO	$	%	Submit current bank statement	
Savings Account #2:	☐ YES ☐ NO	$	%	Submit current bank statement	
Certificate of Deposit (CD):	☐ YES ☐ NO	$	%	Submit proof of purchase/trade confirmation	
Type of Asset & Where is the Asset Held	**Do you have this asset?**	**Cash Value**	**Annual Earnings**	**Document(s) to Submit**	**Comments**
Money Market or Mutual Funds:	☐ YES ☐ NO	$	$	Submit a current statement	
Cryptocurrency (i.e. bitcoin):	☐ YES ☐ NO	$	$	Submit proof of purchase/trade confirmation	
Stocks/Bonds/Trusts or Annuities:	☐ YES ☐ NO	$	$	Submit a current statement for each	
Treasury Bills:	☐ YES ☐ NO	$	$	Submit a current statement for each	
Whole or Universal Life Insurance:	☐ YES ☐ NO	$	$	Submit a current policy summary from insurance company	
Other assets not listed:	☐ YES ☐ NO	$	$	Contact our office (419-224-9881) to discuss	

Additional Asset Questions

Do you have cash on hand	☐ YES ☐ NO	Amount: $ Comments:	
Do you have a benefit or direct pay card (i.e. a card where you receive your benefits):	☐ YES ☐ NO	Amount: $ Comments:	
Do you have a safety deposit box: Where Held:	☐ YES ☐ NO	Indicate the contents and cash value of what is held:	Cash value of box contents:
Have you received lump sum amounts (i.e. inheritances, insurance settlements, lottery winnings, etc.):	☐ YES ☐ NO	Indicate the source, date and amount of the funds received:	
Have you sold, given away, transferred ownership (other than a divorce or separation) for more than $1,000 in the last 2 years?	☐ YES ☐ NO	If yes, please list the items and the date of transfer:	

Do you have any non-necessary personal property* (i.e. recreational vehicles/RV's, boats, collectibles, gems, precious metals, artwork, collectible cars, etc.)? If yes, indicate the item below as well as the cash value: ☐ YES ☐ NO

***Do not include personal property such as: vehicles used for day-to-day transportation, furniture, appliances, electronics, wedding & engagement rings, healthcare related supplies, professional tools used in your trade, exercise equipment, phones, etc. If you have questions on specific items, please call our office at (419) 224-9881.**

Are any of the above listed asset's part of an IRS recognized retirement account (i.e. 401K, 403B, etc.) ☐ YES ☐ NO
If yes, which assets?_____
Who administers the retirement accounts?_____

Have you received a tax return, in the last 12 months, that was deposited into one of your asset accounts listed above? ☐ YES ☐ NO *If yes:* Which account was the return deposited to & amount:_____
_____

Additional Comments:

_____
Applicant Signature Printed Name Date

Staff Use Only:

Total of household member assets: $_____

Statement of Understanding

I/We _____ agree that I/we have been informed that if I/we am/are found to be ineligible for the City of Lima's Down Payment Assistance program, I/we am/are still eligible to participate in West Ohio Community Action Partnership's (WOCAP's) homeownership classes and one-on-one counseling.

My/Our signature(s) below states that I/we have been informed of my eligibility to participate in WOCAP's Homeownership program.

Applicant Signature_____ Date_____

Co-Applicant Signature_____ Date_____

Authorized Agency Signature_____ Date_____