CITY OF YONKERS

First-Time Home Buyer Down Payment Assistance Program (DPAP) Application

PLEASE NOTE applications are NOT COMPLETE until all required documentation has been submitted to Westchester Residential Opportunities (WRO).

Incomplete applications will NOT be reviewed.

Please be sure to retain the Program Guidelines when you send in the application as it contains important program information.

PROGRAM FUNDS ARE LIMITED AND AWARDED TO ELIGIBLE APPLICANTS ON A FIRST COME, FIRST SERVED BASIS.

Failure to provide complete and accurate information will cause immediate disqualification

1. **Applicant Name:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____
Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____
Phone: Home/Cell: _____ Email Address: _____

Date of birth: _____ Social Security # _____

Driver's License # _____

Are you a United States Citizen? ☐ Yes ☐ No ☐ Lawful Permanent Resident

Ethnicity

- ☐ Hispanic
- ☐ Not Hispanic
- ☐ Prefer not to answer

Race (please select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Prefer not to answer

Marital status

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Gender

- ☐ Male
- ☐ Female
- ☐ Nonbinary
- ☐ Prefer not to answer

Disabled

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Preferred language

- ☐ English
- ☐ Spanish
- ☐ Other: _____

Current housing arrangement

- ☐ Rent
- ☐ Living with family member and not paying rent
- ☐ Living with family member and paying rent
- ☐ Other (please describe): _____

First time homebuyer

- ☐ Yes
- ☐ No

Education

- ☐ High school diploma or equivalent
- ☐ Two-year college
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral or Professional Degree (e.g., PhD, EdD, JD, MD)

Household type

- ☐ Single adult household
- ☐ Female headed single parent household
- ☐ Male headed single parent household
- ☐ Two or more unrelated adults
- ☐ Married without children
- ☐ Married with children
- ☐ Other (please describe): _____

Are you a United State Military Veteran?

- ☐ Yes
- ☐ No

If YES, please provide a DD-214 form, indicating honorable discharge, with this application to exempt you from the first-time homebuyer status.

Employed

- ☐ Yes
  - Employed By: _____
  - Employer Phone: _____
- ☐ No
  - Check here if not employed:
    - ☐ Stay-at-home parent
    - ☐ Disabled
    - ☐ Retired
    - ☐ Other _____

2. Co-Applicant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____
Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____
Phone: Home/Cell: _____ Email Address: _____

Date of birth: _____ Social Security # _____

Driver's License # _____

Are you a United States Citizen? ☐ Yes ☐ No ☐ Lawful Permanent Resident

Ethnicity

- ☐ Hispanic
- ☐ Not Hispanic
- ☐ Prefer not to answer

Race (please select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other
- ☐ Prefer not to answer

Marital status

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Gender

- ☐ Male
- ☐ Female
- ☐ Nonbinary
- ☐ Prefer not to answer

Disabled

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Preferred language

- ☐ English
- ☐ Spanish
- ☐ Other: _____

Current housing arrangement

- ☐ Rent
- ☐ Living with family member and not paying rent
- ☐ Living with family member and paying rent
- ☐ Other (please describe): _____

First time homebuyer

- ☐ Yes
- ☐ No

Education

- ☐ High school diploma or equivalent
- ☐ Two-year college
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral or Professional Degree (e.g., PhD, EdD, JD, MD)

Household type

- ☐ Single adult household
- ☐ Female headed single parent household
- ☐ Male headed single parent household
- ☐ Two or more unrelated adults
- ☐ Married without children
- ☐ Married with children
- ☐ Other (please describe): _____

Are you a United State Military Veteran?

- ☐ Yes
- ☐ No

If YES, please provide a DD-214 form, indicating honorable discharge, with this application to exempt you from the first-time homebuyer status.

3. **List each person who will live with you in the household**. Start with yourself and please include **custodial** children (who live with you at least 50% of the time), spouse, fiancé, life partner, parent, friend, etc. (regardless of relationship).

1	First Name	Last Name	Gender	Relationship	Annual Income
				SELF	$
				Date of birth	

2	First Name	Last Name	Gender	Relationship to #1	Annual Income
					$
				Date of birth	

3	First Name	Last Name	Gender	Relationship to #1	Annual Income
					$
				Date of birth	

4	First Name	Last Name	Gender	Relationship to #1	Annual Income
					$
				Date of birth	

5	First Name	Last Name	Gender	Relationship to #1	Annual Income
					$
				Date of birth	

6	First Name	Last Name	Gender	Relationship to #1	Annual Income
					$
				Date of birth	

4. **CURRENT EMPLOYMENT:** List all current employers for each wage earner 18 years of age and over listed in section # 3. Include a separate sheet for any other employers. Do not list any past employers.

Applicant: _____

Employer	
Business Address	
Job Title	
Date Hired	
Gross Annual Income: $	Full time employment? (circle one)
	Yes/No

Second Employer (if applicable)	
Business Address	
Job Title	
Date Hired	
Gross Annual Income: $	Full time employment? (circle one)
	Yes/No

Co-Applicant: _____

Employer
Business Address
Job Title
Date Hired

Gross Annual Income: $	Full time employment? (circle one) Yes/No

Second Employer (if applicable)
Business Address
Job Title
Date Hired

Gross Annual Income: $	Full time employment? (circle one) Yes/No

Other household member, 18 years and older (if applicable):

Employer	
Business Address	
Job Title	
Date Hired	
Gross Annual Income: $	Full time employment? (circle one) Yes/No

Other household member, 18 years and older (if applicable):

Employer	
Business Address	
Job Title	
Date Hired	
Gross Annual Income: $	Full time employment? (circle one) Yes/No

5. **ANY OTHER SOURCES OF INCOME**: List all sources of income other than wages (i.e., social security, disability, unemployment, retirement income, workers comp, investment income, bonuses, etc.) and state the frequency it is paid (i.e., weekly, monthly, annually, etc.) and provide proof (award letter, annual statement, etc.)

Type of Income	**Applicant** (monthly amount)	**Co-Applicant** (monthly amount)
Salary	$	$
Alimony	$	$
Child support	$	$
Rental income	$	$
Social security	$	$
Pension income	$	$
Public assistance	$	$
Self-employment income	$	$
Dependent SSI income	$	$
Disability income	$	$
Other (please specify)	$	$

6. **BANKING INFORMATION**: Please provide current information for each bank account held by any adult household members and send copies of the last three months bank/financial statements for each account listed below. **Please note that applicant(s) must have a minimum 1% of the purchase price of the down payment.** ***For applicants intending to purchase a co-op, please note that additional co-op associated costs must also be covered by the purchaser. Applicants are also responsible for closing cost fees***

Name(s) on the Account: _____

Bank Name	
Account Number	
Account Type Savings, checking, other (specify)	
Current balance (as of today's date)	

Name(s) on the Account: _____

Bank Name	
Account Number	
Account Type Savings, checking, other (specify)	
Current balance (as of today's date)	

Name(s) on the Account: _____

Bank Name	
Account Number	
Account Type Savings, checking, other (specify)	
Current balance (as of today's date)	

Name(s) on the Account: _____

Bank Name	
Account Number	
Account Type Savings, checking, other (specify)	
Current balance (as of today's date)	

7. **ASSET INFORMATION:** Please provide current information for asset account held by any adult household members and send copies of the last three months financial statements for each account listed below. Include any retirement accounts, such as 401-K accounts, IRA's, stocks, bonds, money market accounts, certificates of deposits (CD accounts), etc.

Name(s) on the Account: _____

Institution Name	
Account Number	
Account Type	
Current balance (as of today's date)	

Name(s) on the Account: _____

Institution Name	
Account Number	
Account Type	
Current balance (as of today's date)	

Name(s) on the Account: _____

Institution Name	
Account Number	
Account Type	
Current balance (as of today's date)	

Name(s) on the Account: _____

Institution Name	
Account Number	
Account Type	
Current balance (as of today's date)	

8. Living expenses

Type of Income	Applicant (monthly amount)	Co-Applicant (monthly amount)
Rent	$	$
Electric/gas	$	$
Telephone service (land line)	$	$
Mobile phone service	$	$
Cable/satellite TV	$	$
Groceries	$	$
Childcare	$	$
Other (please specify)	$	$
Other (please specify)	$	$
Other (please specify)	$	$

Eligibility Self-Certification Form

Instructions: This form is to be completed by applicants to provide required verifications or other documents for self-certification to verify the information related to eligibility for Yonkers's Down Payment Assistance Program.
If there are two applicants/co-borrowers, each applicant must complete and sign form.

Name of Applicant: _____

Current Address: _____

Street Address City State Zip Code

Telephone Number _____ E-Mail Address _____

ALL APPLICANTS MUST SELF-CERTIFY IN ONE OF THE CATEGORIES BELOW:

☐ I have been a permanent resident of the City of Yonkers for at least the past 12 months, as evidenced by:
- ☐ Current lease – AND –
- ☐ Two (2) RECENT Con Edison Utility Statement (all pages) utility bills, credit card statements or official mail showing your name and current address

☐ My parent(s) has been a permanent resident of the City of Yonkers for at least the past 12 months, as evidenced by:
- ☐ Current lease – AND –
- ☐ Two (2) RECENT Con Edison Utility Statement (all pages) utility bills, credit card statements or official mail showing your name and current address

☐ I own and operate a business principally managed and operated in the City of Yonkers as evidenced by:
- ☐ Most Recent Business Tax Return – AND EITHER –
- ☐ Business Registration Certificate – OR –
- ☐ Articles of Incorporation of Business

Certification: I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I have provided the required documents or forms in my possession, to verify current or former residency and/or my primary place of work.

Applicant Signature _____ Date _____

Authorizations and Disclosures Form

Please read this entire page and then sign below.

I hereby authorize the release of financial information by and to the City of Yonkers Department of Development on my behalf in relation to this application for the City of Yonkers First-Time Home Buyer Down Payment Assistance Program. This authorization includes the release of any financial or employment information and documentation to the City of Yonkers Department of Development from any lender to which I have applied for a mortgage or from any current or future employer to verify employment.

I understand that providing false or incomplete information will disqualify me from consideration in the City of Yonkers First-Time Home Buyer Down Payment Assistance Program and/or represent a criminal offense. If any of the information provided in this application changes prior to closing, it is my responsibility to notify the City of Yonkers Department of Development in writing so that an updated determination can be made regarding my eligibility status. If I have not closed on a house within six (6) months of the date qualified, I understand that I will be required to resubmit current financial information and documentation to determine that I still meet the eligibility requirements of the program. Program eligibility must be maintained from the point of application to the awarding of the grant assistance at the closing.

I understand that this is not an offer and that the terms and conditions of the City of Yonkers First-Time Home Buyer Down Payment Assistance Program may be changed at any time by the U.S. Department of Housing and Urban Development (HUD) or by the City of Yonkers. I further understand that notices by the City of Yonkers may be made in such manner as the City may determine, including solely by advertisements.

I understand and acknowledge that the City of Yonkers is not responsible to any party for the loss of a down payment or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the City of Yonkers First-Time Home Buyer Down Payment Assistance Program, as so stated.

I understand and acknowledge that I have read the entire City of Yonkers First-Time Home Buyer Down Payment Assistance Program Guidelines.

Applicant (Signature)	Applicant (Print)	Date
Applicant (Signature)	Applicant (Print)	Date

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency as to any manner within its jurisdiction.

DPAP Required Documentation Checklist

Use this checklist to be sure your application package is complete.
Your application will not be considered complete unless all the following applicable documentation is included.
Incomplete applications *will not be reviewed* for eligibility.

- ☐ **Eligibility Self Certification Form.** Complete and sign form and provide the necessary documentation listed to verify you eligibility for the category selected.
- ☐ **Authorizations and Disclosures Form.** Signed and dated Authorizations and Disclosures Form.
- ☐ **Pre-approval letter**. Provide copy of pre-approval letter from lender.
- ☐ **Program Application.** Signed and dated Yonkers First Time Homebuyer Down Payment Assistance Program Application.
- ☐ **Program Guidelines.** Signed and dated Yonkers First Time Homebuyer Down Payment Assistance Program Guidelines.
- ☐ **Mortgage Counseling Certificate.** Signed and dated Mortgage Counseling Certificate from a HUD-certified mortgage counseling agency.
- ☐ **Valid Government issued ID Card.** Copy of a valid Government issued ID Card (Driver's License, State Issued Photo ID, Passport or Permanent Resident Card or Alien Registration Receipt Card if Applicable).
- ☐ **Bank statements:** Copies of the most recent six (6) consecutive bank statements (checking & savings), financial statements, and/or credit union statements with all pages for each applicable account. *Please note that applicant(s) must have a minimum 1% of the purchase price of the down payment. Applicant is also responsible for closing costs and co-op fees (if applicable).*
- ☐ **Benefit statement.** Copy of benefit statement for Social Security, SSI, annuities, or pension income statements
- ☐ **Recent pay stubs.** Copies of recent pay stubs for all employed house-hold members covering a 60-day period.
- ☐ **Tax Returns.** Copies of signed IRS 1040-Federal Tax Returns with all required schedules and W-2 statements for the last three years. If filed electronically, please sign all schedules before sending.
- ☐ **Other income (if applicable).**
  - Copies of documentation of unemployment and disability compensation, Worker's Compensation and severance pay (if applicable).
  - Copy of statements of payments from insurance policies, retirements funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump sum amount of prospective monthly amounts for the delayed start of a periodic payment.
  - Copy of NYS Office of Temporary and Disability Assistance Division of Child Support Services statement of monthly payments for last 12 months or copy of divorce decree stating such payments**.**
  - Copy of spousal support payments or divorce decree stating such payments.
  - Copy of Statement from Social Services for government assistance, other than SNAP benefits.
  - Copy of statements of interest, dividends, and other net income of any kind from real or personal property
- ☐ **For U.S. military veterans only.** To exempt from first-time home buyer criteria, a DD-214 discharge form verifying honorable discharge.

How to complete and submit your application

1. Complete and print the PDF.

Download this file and open it in a PDF reader that supports fillable forms.

You may type your answers and select the applicable checkboxes electronically.

Print and sign the required signature lines.

2. Gather the required supporting documents.

Use the checklist in this application. Incomplete applications will not be reviewed.

3. Submit your printed application and documents to WRO.

Applications must be submitted in person or by mail.

Do not email your application or supporting documents.

Downloading or completing this PDF does not submit your application.

Questions? Contact WRO at YonkersDPAP@wroinc.org.

Mail or hand deliver your application to:

Westchester Residential Opportunities

470 Mamaroneck Avenue, Suite 410

White Plains, NY 10605

