



CITY OF YONKERS

First-Time Homebuyer Down Payment Assistance Application

Applicant 1

Applications are NOT COMPLETE until all required documentation has been submitted to Westchester Residential Opportunities (WRO). Incomplete applications will NOT be reviewed.

Retain the Program Guidelines when you send in the application; they contain 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.

Applicant 1 full name

Street address

City

State

ZIP code

Mailing address, if different

City

State

ZIP code

Home / cell phone

Email address

Are you a United States citizen?

Yes

No

Lawful permanent resident

Employed by

Employer phone

If not employed, select your status

Stay-at-home parent

Disabled

Retired

Other



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Applicant 2

Complete this section if there is a second applicant. Applicant 2 does not have to be on the mortgage.

Applicant 2 full name

Street address

City

State

ZIP code

Mailing address, if different

City

State

ZIP code

Home / cell phone

Email address

Are you a United States citizen?

Yes

No

Lawful permanent resident

Employed by

Employer phone

If not employed, select your status

Stay-at-home parent

Disabled

Retired

Other



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Household and homeownership

Total number of household members

Do you presently own a home?

Applicant 1 Yes No

Applicant 2 Yes No

Have you owned a home within the last three (3) years?

Applicant 1 Yes No

Applicant 2 Yes No

If either applicant owned a home in the last 3 years, explain why you no longer own it

Are you a United States military veteran?

Applicant 1 Yes No

Applicant 2 Yes No

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

Do you own a time share?

Applicant 1 Yes No

Applicant 2 Yes No

Will you occupy the purchased home as your principal residence? Yes No

Names of household members who have a disability



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Demographic information

Both ethnicity and race questions must be answered. This information is requested only for statistical and reporting purposes to comply with federal equal opportunity requirements. Your answers will not affect your eligibility. You may select "Prefer not to answer."

Ethnicity of head of household Hispanic Not Hispanic Prefer not to answer

Race of head of household

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

Prefer not to answer

List everyone who will live in the household, starting with yourself. Include custodial children who live with you at least 50% of the time, spouse, fiancé, life partner, parent, friend, etc., regardless of relationship. Attach an additional sheet if needed.



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Household members

Household member 1 - yourself

First name

Last name

Gender

Relationship to applicant 1

Birth date (MM/DD/YYYY)

Annual income (\$)

Household member 2

First name

Last name

Gender

Relationship to applicant 1

Birth date (MM/DD/YYYY)

Annual income (\$)

Household member 3

First name

Last name

Gender

Relationship to applicant 1

Birth date (MM/DD/YYYY)

Annual income (\$)

Household member 4

First name

Last name

Gender

Relationship to applicant 1

Birth date (MM/DD/YYYY)

Annual income (\$)

Household member 5

First name

Last name

Gender

Relationship to applicant 1

Birth date (MM/DD/YYYY)

Annual income (\$)

Household member 6

First name

Last name

Gender

Relationship to applicant 1

Birth date (MM/DD/YYYY)

Annual income (\$)



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Current employment

List all current employers for each wage earner over 18 years of age listed in the household section. Do not list past employers. Attach an additional sheet for other employers.

Current employment 1

Your name

Employer

Business address

Job title

Date hired

Gross annual income (\$)

Full-time employment?

Yes

No

Current employment 2

Your name

Employer

Business address

Job title

Date hired

Gross annual income (\$)

Full-time employment?

Yes

No



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Current employment continued

Current employment 3

Your name

Employer

Business address

Job title

Date hired

Gross annual income (\$)

Full-time employment?

Yes

No

Current employment 4

Your name

Employer

Business address

Job title

Date hired

Gross annual income (\$)

Full-time employment?

Yes

No



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Other income

List all income other than wages (Social Security, disability, unemployment, retirement, workers compensation, investment income, bonuses, etc.). State how often it is paid and provide proof, such as an award letter or annual statement.

Other income 1

Recipient name	Income source	Amount (\$)	Frequency

Other income 2

Recipient name	Income source	Amount (\$)	Frequency

Other income 3

Recipient name	Income source	Amount (\$)	Frequency



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Banking information

Provide current information for every account held by adult household members, including retirement, 401(k), IRA, stocks, bonds, money market and certificate of deposit accounts. Send copies of the last three months of bank/financial statements for each account. Attach another sheet for additional financial information.

Applicants must have at least 1% of the purchase price for the down payment. Purchasers must also cover closing costs and any additional co-op costs.

Account 1

Name(s) on account

Bank name

Account number

Type: savings, checking or other

Current balance (\$)

Account 2

Name(s) on account

Bank name

Account number

Type: savings, checking or other

Current balance (\$)

Account 3

Name(s) on account

Bank name

Account number

Type: savings, checking or other

Current balance (\$)

Account 4

Name(s) on account

Bank name

Account number

Type: savings, checking or other

Current balance (\$)



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Eligibility self-certification - applicant 1

Complete this form to provide the required eligibility verifications or self-certification documents. If there are two applicants/co-borrowers, each must complete and sign a separate form. All applicants must self-certify under one category below.

Applicant 1 name

Current street address

City

State

ZIP code

Telephone

Email address

Select one eligibility category

I have been a permanent resident of Yonkers for at least the past 12 months.

My parent(s) has been a permanent resident of Yonkers for at least the past 12 months.

I own and operate a business principally managed and operated in Yonkers.

Documents for the residency or parent category

Current lease AND two (2) recent Con Edison utility statements (all pages), utility bills, credit card statements or official mail showing your name and current address.

Documents for the business category

Most recent business tax return AND EITHER a business registration certificate OR articles of incorporation.

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 - sign after printing

Date



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Eligibility self-certification - applicant 2

Complete this form to provide the required eligibility verifications or self-certification documents. If there are two applicants/co-borrowers, each must complete and sign a separate form. All applicants must self-certify under one category below.

Applicant 2 name

Current street address

City

State

ZIP code

Telephone

Email address

Select one eligibility category

I have been a permanent resident of Yonkers for at least the past 12 months.

My parent(s) has been a permanent resident of Yonkers for at least the past 12 months.

I own and operate a business principally managed and operated in Yonkers.

Documents for the residency or parent category

Current lease AND two (2) recent Con Edison utility statements (all pages), utility bills, credit card statements or official mail showing your name and current address.

Documents for the business category

Most recent business tax return AND EITHER a business registration certificate OR articles of incorporation.

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 - sign after printing

Date



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Authorizations and disclosures

Read this entire page, 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 1 printed name

Date

Applicant 1 signature - sign after printing

Applicant 2 printed name

Date

Applicant 2 signature - sign after printing

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.



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Required documents and submission

Use this checklist to assemble a complete application package. All applicable documents must be included. Incomplete applications will not be reviewed for eligibility.

Eligibility Self-Certification Form. Complete and sign the form and provide the documents required for the category selected.

Authorizations and Disclosures Form. Signed and dated.

Pre-approval letter. Copy of the lender's pre-approval letter.

Program Application. Signed and dated Yonkers First-Time Homebuyer Down Payment Assistance Program Application.

Program Guidelines. Signed and dated program guidelines.

Mortgage Counseling Certificate. Signed and dated certificate from a HUD-certified mortgage counseling agency.

Valid government-issued ID. Copy of a driver's license, state photo ID, passport, Permanent Resident Card or Alien Registration Receipt Card, if applicable.

Bank statements. The most recent six (6) consecutive bank (checking and savings), financial and/or credit union statements, with all pages for each applicable account. Applicants must have at least 1% of the purchase price for the down payment and pay closing costs and co-op fees, if applicable.

Benefit statement. Social Security, SSI, annuity or pension income statements.

Recent pay stubs. A 60-day period for all employed household members.



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Required documents and submission continued

Tax returns. Signed IRS 1040 federal tax returns with all required schedules and W-2 statements for the last three years. If filed electronically, sign all schedules before sending.

Other income, if applicable: unemployment and disability compensation, workers compensation and severance pay documentation.

Statements of payments from insurance policies, retirement funds, pensions, disability or death benefits and similar periodic receipts, including a lump sum of prospective monthly amounts for a delayed start of periodic payments.

NYS Office of Temporary and Disability Assistance, Division of Child Support Services statement of monthly payments for the last 12 months, or divorce decree stating those payments.

Spousal support payment documentation or divorce decree stating those payments.

Statement from Social Services for government assistance other than SNAP benefits.

Statements of interest, dividends and other net income of any kind from real or personal property.

U.S. military veterans only: DD-214 discharge form verifying honorable discharge for exemption from first-time homebuyer criteria.

Submit your application

Mail or deliver the completed, signed application and supporting documents to Westchester Residential Opportunities, 470 Mamaroneck Avenue, Suite 410, White Plains, NY 10605.

Online submission and the WRO email address are pending confirmation. Completing or downloading this form does not submit an application. Keep the Program Guidelines for your records.