



Office Use Only

Date Received _____

Time Received _____

Application Package for Home Purchase

Personal Information

Have you been a homeowner in the last three (3) years: Yes No

Applicant Name(s): _____

Total number of person(s)/ roommate(s) in current living situation: _____ (including self)

Present Address: _____
Street Number & Name City State Zip Code

Occupancy status: Own Rent Number of habitable rooms: _____
Do not include bathrooms, hallways or laundry rooms

Current monthly amount you are paying: _____
Include rent + utilities **OR** Mortgage + taxes + insurance + utilities

Home phone: _____ Work phone: _____

E-mail: _____

Landlord: _____
Name Phone

How long have you lived at this address: _____

Property Information

Is there a specific NDC property in which you are interested? Yes No

If so, what is the address? _____

Type of home you are looking for:

Bedrooms _____ Bathrooms _____ Garage: Yes No

Exterior: Brick Vinyl Wood Misc. needs: _____

Monthly mortgage payment you think you can afford: _____

Are you working with a bank or mortgage company? No Yes

Lender Name: _____ Contact Information: _____

Are you pre-approved for a mortgage? Yes No Amount: _____

Other Sources of Income (for all household members)

Do you receive Section 8 Assistance? Yes No

If yes, name of case manager: _____

Other sources of income (Examples: Social Security, Child Support...)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

How did you learn about New Development Corporation? _____

I/We certify that to the best of my knowledge the information on this application is true and accurate, and I am aware that inaccurate information could lead to a rejection of this application and inability to attain housing in the future with the New Development Corporation. I/We also permit the New Development Corporation to obtain a copy of my/our credit report through the credit reporting agency of their choice and to verify any and all information made on this application. Furthermore, I/we permit New Development Corporation to share information obtained in this application process with all parties that are necessary to qualify me/us for occupancy in a New Development Corporation property and to call the appropriate sources to verify any and all information on this application.

Applicant Signature

Date

Second Applicant Signature

Date

**Current Schedule of Income Limits
Effective June 15, 2023**

Household Size	Income Cannot Exceed
1	\$53,050
2	\$60,600
3	\$68,200
4	\$75,750
5	\$81,850
6	\$87,900
7	\$93,950

Income limits are subject to change without notice.



**For assistance with this application please consult:
Michigan Commission for the Blind (1-800-292-4200)
Michigan Relay Center (1-800-649-3777)**



Family Composition

Please PRINT CLEARLY

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Name of Head of Household	
Current Address	
City	Zip

Home Phone ()
Work Phone ()

FAMILY COMPOSITION (List yourself and all other persons who will live in the unit)										
Name	Relationship to Head of Household	Age	Sex M/F	Birth Date	Place of Birth - City and State or Foreign Country	Handicapped Disabled		Student		Social Security # or Alien Registration #
						Yes	No	Yes	No	
	Head of Household									

For statistical purposes only:
Head of Household: Please check one in each category.

Marital Status

- Married
- Single
- Widowed
- Divorced
- Separated
- N/A

Employment Type

- Professional, Technical
- Manager, Supervisor
- Clerical, Sales
- Skilled, Semi-skilled, Foreman
- Unskilled, service
- Retired
- Student
- Unemployed
- N/A

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

Single Race Categories:

- Alaskan Native or American Indian
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other: _____

Multi-Race Categories:

- Alaskan Native or American Indian and White
- Asian and White
- Black or African American and White
- Alaska Native or American Indian and Black or African American
- Other: _____

I certify that only the people listed above will occupy the unit.

Signature of Head of Household

Date



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205 Carrier Street NE
 Grand Rapids MI 49505
 Phone: 616.361.7500
 Fax: 616.361.7575

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Date Received: _____

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Verification of Earnings

Completion required for EACH employed household member(s) over the age of 18

Employee Name		
Address		County
City	State	Zip Code
Employee Social Security Number		

Employer (Company) Name		
Business Address		
City	State	Zip Code
Direct Supervisor Name		

CONSENT: I hereby allow New Development Corporation its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to the purchase of a New Development Corporation property.

 Signature of person holding job

 Date

STOP - New Development will contact your employer - STOP

This section to be completed by the Employer

Employee's name as it appears on your records:		Employee's Title, Position or Work:	
Current Average number of hours per week:	Straight Time:	Overtime Hours (if applicable):	Overtime is paid at the rate of: \$
Current Rate of Pay: \$ Per:	Effective Date:	New Rate of Pay: \$ Per:	Effective Date:
Amount of Bonus, Incentive Pay, Commission, and/or Tips:	\$	Per:	
If seasonal or sporadic employment, give lay-off periods:			
Does the employee receive any portion of a Federal Earned Income Tax Credit as part of their wages? ___ NO ___ YES		If yes, how much? \$	
Original Date of Employment:	Date Rehire or Recalled to Work:	Termination Date:	
Firm or Employer Name:		Telephone Number:	
Business Address: City County			

I understand that any false statement or representation made with the intent of fraudulently obtaining Homebuyer Assistance Funds or securing participation in the Homebuyer Assistance Fund constitutes a felony, punishable by fine and/or imprisonment.

 Signature of Employer or Authorized Representative

 Date

 Title





205 Carrier Street NE
 Grand Rapids MI 49505
 Phone: 616.361.7500
 Fax: 616.361.7575

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 Date: _____

Verification of Resources

Please complete for each financial institution
 at which you hold account(s)

Section A - To be completed by the Homebuyer/Applicant

Applicant Name:

Name of Account Holder, if different than applicant:

Address of Account Holder:

City, State, Zip Code:

County:

Account Holder Social Security Number:

Do you or any of your family members have any assets
 such as checking, savings or credit union accounts,
 stocks or bonds, etc?

___ Yes

Sign and date below.

___ No

Sign and date below.

Do not complete Section B.

CONSENT: I hereby allow New Development Corporation its agents, employees, or its affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to the purchase of a New Development Corporation property.

Signature _____

Date Signed _____

Bank Name:

Bank Address:

City: State: Zip Code:

STOP - New Development will contact your Financial Institution - STOP

Section B - To be completed by Applicant's Bank or Financial Institution

Please provide the information requested so we can quickly determine the homebuyer's program eligibility. It is necessary to verify resources held presently or within the past year (including closed accounts) by the person named above, either jointly or with other persons.

Types of Accounts Held	Account Number	Date of Last Withdrawal	Amount Last Withdrawal	Present Balance	Interest Rate %	Amount of Penalty Early Withdrawal

For each joint account list the account number and members on the account:

Remarks:

I understand that any false statement or representation made with the intent of fraudulently obtaining Homebuyer Assistance Funds or securing participation in the Homebuyer Assistance Fund constitutes a felony, punishable by fine and/or imprisonment.

Signature _____

Title _____

Date _____



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