

UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
DIVISION OF FEDERAL HOUSING COMMISSIONS

Form Approved
OMB No. 7507-0170

APPLICATION FOR HOMEOWNERSHIP ASSISTANCE UNDER SECTION 228 OF THE NATIONAL HOUSING ACT

No. 4 contains information that is subject to automatic declassification from the date received (Section 228 of the National Housing Act is amended)

B. Mortgagee's name, address and the Cash/Phone Types

1. EMPLOYMENT (1) Occupation (2) Business (3) Service (4) Unemployed

2. HOUSEHOLD COMPOSITION AND ANNUAL INCOME

NAME	A. Age	B. Sex	C. Race	D. Marital Status	THE ONE YEAR PERIOD LAST ENDING 12 MONTHS						E. Annual Income	F. Hours per Week
					G. Earnings & Benefit Payments		H. Other Income		I. Total Income	J. Hours		
					1. Salary	2. Bonus	3. Dividend	4. Interest	5. Other			
1.												
2.												
3.												
4.												
5.												
6.												
7.												
TOTAL A.										(1)	(2)	

10. No. of Dependents (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

11. No. of Dependents under 18 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

12. No. of Dependents 18 or over (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

13. No. of Dependents 18 or over and under 21 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

14. Total Annual Income (F-10) of (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

15. Annual Income from (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

16. Annual Income from (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

C. ASSISTANCE CALCULATIONS

1. Available Limit for this Family (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

2. Monthly Mortgage Payment (F-10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

3. 28% of Ad. Monthly Income (F-10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

4. Property (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

5. Monthly Payment Principal (F-10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

6. Monthly Payment Principal and Interest (F-10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

7. Property (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

8. Annual Payment (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

9. Mortgagee's Monthly Payment (F-10) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

17. HOMEOWNERSHIP ASSISTANCE (FROM FORM HUD-91298)

1. No. of Months (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

2. Monthly Assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

3. Annual Assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

4. Total Assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20)

D. CERTIFICATION I/We certify that the information we have provided is true and complete to the best of my/our knowledge. If the application for assistance previously is approved, I/We understand that we must furnish to the mortgagee/lender on Form FHA-110 (HUD-9110) any up-to-date information which has been requested on the form. This is required in order to be reclassified as eligible for assistance. Any information I/We have provided may be checked to be sure it is correct. I/We understand that if we fail to do so this property or money out of it, I/We must write to the lender immediately. I/We understand that any false statement on this form may be punishable by fine or imprisonment under Title 18 U.S. Code 1001.

Date: _____ Signature: _____

WARNING: Section 1001 of Title 18 of the United States Code makes it a Criminal Offense to make a and have false statements or representations to any Department or Agency of the United States or to any matter under its jurisdiction.

REVIEW AND ELIGIBILITY: A. The above information has been reviewed and the applicant is eligible for Assistance Payments in an amount of \$ _____ per month. B. IF NOT ELIGIBLE CHECK REASON: 1. Income Too High (F-10 exceeds 6-1) 2. Property Ineligible 3. Annual (F-10) exceeds Home (F-10) 4. Other _____

Date: _____ Signature: _____

MORTGAGEE'S FILE COPY HUD-80708-4 D-68