



KIMBERLEY DRISCOLL
MAYOR

TOM DANIEL, AICP
DIRECTOR

FIRST-TIME HOMEBUYER DOWNPAYMENT ASSISTANCE APPLICATION

Submit to City of Salem, DPCD, 98 Washington Street, 2nd Floor, Salem, MA 01970

APPLICANT(S) INFORMATION:

For DPCD Use Only

Date Received:

Name: _____

SS#: _____

Name: _____

SS#: _____

Current Address: Street: _____

City/Town: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Total Number of Persons in Household (list below, including self): _____

Name: _____

Age: _____

Relationship: _____

1. Have you had an ownership interest in a residence in the last three years?

☐ No ☐ Yes

If you answered **YES to Question 1**,

a. Is/was the residence a mobile home or one that was not affixed to a permanent foundation? ☐ No ☐ Yes

b. Is/was the residence not in compliance with building codes and cannot be brought into compliance for less than the cost of constructing a permanent structure? ☐ No ☐ Yes

c. Are you a displaced homemaker or single parent who only owned with a former spouse? ☐ No ☐ Yes

2. Have you received downpayment assistance from the City of Salem in the last five years?

☐ No ☐ Yes

3. Have you completed a certified first-time homebuyer counseling course in the last year?

☐ No ☐ Yes

4. Do you have an executed Purchase and Sales Agreement?

☐ No ☐ Yes

Address: _____

Purchase Price: \$ _____

Property type: ☐ Single-Family ☐ Condominium ☐ Multi-family _____ # of units

Scheduled Closing Date: _____

HOUSEHOLD INCOME:

PART A. EMPLOYMENT/ OTHER EARNINGS

Gross annual income includes all wages prior to deductions, net income from the operation of a business, SSI, AFDC, pensions, rental income, alimony and child support, and other earnings. Please provide **12** weeks of pay stubs from both full- and part-time employment, federal tax return, and verification of all other income sources. In addition, please include income anticipated in the next year for all adult (18+) household members.

Household Member	Employer / Source of Income	Start & End Date	Gross Amount
			\$
			\$
			\$
			\$
Subtotal Gross Annual Household Earned Income:			\$

PART B. ASSETS & INTEREST:

Assets are items of value, such as IRAs, CDs, checking and savings accounts. Interest received from assets are included as part of your income. Assets do not include necessary personal property such as clothing, furniture, automobiles, jewelry, etc. Please describe your assets and income or dividends from these assets in the chart below. Continue on a separate sheet if necessary.

Household Member	Asset Description	Cash Value	Annual Interest Income
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Cash Value of all Assets:		\$	
Subtotal Annual Household Interest Income:			\$

TOTAL GROSS ANNUAL HOUSEHOLD INCOME (Subtotals A + B): \$
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OPTIONAL: For statistical purposes only, please provide the following information:

1. Are you Hispanic/Latino? ☐ No ☐ Yes

*Even if you answered Yes to this ethnicity question, please answer the next question which asks about race.

2. What is your race? Please check ONE box below.

One Race: ☐ White

☐ Black/African American

☐ Asian

☐ Native Hawaiian/
Other Pacific Islander

☐ American Indian or Alaskan Native

Multi Race: ☐ American Indian/Alaskan Native & White

☐ Asian & White

☐ Black/African American & White

☐ American Indian/Alaskan Native &
Black/African American

☐ Other Multi-Racial

CERTIFICATION:

In signing this application, I/we certify that all of the information provided in this application is true and correct to the best of my/our knowledge and belief and that no information has been excluded, which might reasonably affect a judgment regarding eligibility for financial assistance. I/we give the City of Salem's Department of Planning and Community Development the right to obtain verification from any source herein and acknowledge that I/we have read Salem's First-Time Homebuyer Downpayment Assistance Loan Program Guidelines and agree to all the program terms and requirements.

Signature: _____

Date: _____

Signature: _____

Date: _____