



**CITY OF ATLANTA  
OFFICE OF HOUSING  
NEIGHBORHOOD STABILIZATION PROGRAM (NSP)  
HOMEBUYER APPLICATION**

**REQUIRED DOCUMENTATION CHECKLIST**

**All household members should submit copies of each of the following items, if applicable:**

1. \_\_\_\_\_ Copy of identification for applicant and co-applicants (GA Driver's License or State issued Identification Card)
2. \_\_\_\_\_ If applicable, evidence of student status for all household members over 16 (i.e., class schedule for current year enrollment, plus student ID)
3. Proof of income for all jobs
  - \_\_\_\_\_ Current check stubs – last 3 months
  - \_\_\_\_\_ Income tax returns for the last 2 years
  - \_\_\_\_\_ Latest 2 months of Checking Account(s) Statement(s)
  - \_\_\_\_\_ Latest 2 months of Checking Account(s) Statement(s)
  - \_\_\_\_\_ Most recent savings account(s) Statement(s)
  - \_\_\_\_\_ Employer Verification
  - Other Sources of Income if applicable
    - \_\_\_\_\_ Social Security/Supplementary income
    - \_\_\_\_\_ Pension income
    - \_\_\_\_\_ For adult household members with no income (non-students) additional Notarized Affidavit required stating he/she receives zero income
    - \_\_\_\_\_ Proof of other Income
4. If applicable, evidence of child support in the form of the following:
  - \_\_\_\_\_ If an applicant is entitled to child support submit a copy of the entitlement documentation
  - \_\_\_\_\_ If an applicant is entitled to child support but is not receiving the benefit submit a copy of the entitlement documentation and third party documentation of the applicant's efforts to collect the entitled benefit.
  - \_\_\_\_\_ If an applicant is entitled to child support but is receiving sporadic benefits or less than the full entitlement submit a copy of the entitlement documentation and third party documentation of the sporadic or varying benefits.
  - \_\_\_\_\_ If an applicant states they are not entitled to child support, they must certify that he/she is not entitled to child support.
5. \_\_\_\_\_ Pre-qualification Letter from first mortgage lender if interested in the HUD NSP.
6. \_\_\_\_\_ Copy of approved Homebuyer Counseling Certificate indicating a minimum of 8 hours. If applicant has not completed course, a copy of the certificate must be submitted to the Office of Housing at least 5 days prior to loan closing.
7. \_\_\_\_\_ Copy of executed sales agreement.

**\*\* MISSING REQUIRED DOCUMENTS WILL CAUSE APPLICATION TO BE RETURNED TO APPLICANT \*\***



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**APPLICATION**

*PLEASE PRINT*

**BORROWER:**

FULL LEGAL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER NAMES PREVIOUSLY USED BY BORROW: \_\_\_\_\_

MARITAL STATUS:  SINGLE-NEVER MARRIED  SINGLE-DIVORCED  WIDOWED  MARRIED

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOW LONG AT CURRENT ADDRESS? \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_ HOW MANY YEARS/MONTHS: \_\_\_\_\_

GROSS INCOME PER PAY PERIOD \$ \_\_\_\_\_ PER YEAR: \$ \_\_\_\_\_

HOW OFTEN DO YOU GET PAID?  WEEKLY  BI-WEEKLY  TWICE A MONTH  MONTHLY

*PLEASE PRINT*

**CO-BORROWER:**

FULL LEGAL NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OTHER NAMES PREVIOUSLY USED BY BORROW: \_\_\_\_\_

MARITAL STATUS:  SINGLE-NEVER MARRIED  SINGLE-DIVORCED  WIDOWED  MARRIED

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOW LONG AT CURRENT ADDRESS? \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TITLE: \_\_\_\_\_ HOW MANY YEARS/MONTHS: \_\_\_\_\_

GROSS INCOME PER PAY PERIOD \$ \_\_\_\_\_ PER YEAR: \$ \_\_\_\_\_

HOW OFTEN DO YOU GET PAID?  WEEKLY  BI-WEEKLY  TWICE A MONTH  MONTHLY



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**INCOME VERIFICATION**

**LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME:**

	NAME	RELATION	DATE OF BIRTH	F/T STUDENT
1.				
2.				
3.				
4.				
5.				
6.				

**INCOME**

SOURCE OF INCOME	APPLICANT	CO-APPLICANT	OTHER HH MEMEBERS
<b>Employer Name</b>			
<b>Wages</b>	\$	\$	\$
<b>Overtime</b>	\$	\$	\$
<b>Bonuses, Commissions, Etc.</b>	\$	\$	\$
<b>Self Employment</b>	\$	\$	\$
<b>Social Security, SSI, SSD</b>	\$	\$	\$
<b>Pension, Disability, VA</b>	\$	\$	\$
<b>Unemployment</b>	\$	\$	\$
<b>Child Support/Alimony</b>	\$	\$	\$
<b>Other</b>	\$	\$	\$

**ASSETS**

SOURCE	INSTITUTION NAME	BALANCE/VALUE	OWNER(S)
<b>Checking</b>			
<b>Savings</b>			
<b>IDA</b>			
<b>Retirement, Pension</b>			
<b>401(k), IRA, stocks</b>			
<b>Whole life insurance</b>			
<b>Gifts</b>			
<b>Other</b>			

\*If more than one household member holds assets of the same type, which are not joint accounts, use an additional sheet to provide the appropriate information.

Does any household member own real estate? \_\_\_ Yes \_\_\_ No



Please describe:

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**ADDITIONAL INFORMATION**

NSP PROPERTY ADDRESS \_\_\_\_\_  
 MORTGAGE LENDER \_\_\_\_\_  
 LOAN OFFICER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 INTEREST RATE \_\_\_\_\_ CLOSING DATE \_\_\_\_\_

**DOWN PAYMENT ASSISTANCE/CLOSING COSTS ASSISTANCE/PRINCIPLE REDUCTION**

FINANCING	AMOUNT	PROVIDER
Purchase Price	\$	
NSP Homebuyer Subsidy	\$	CITY OF ATLANTA
AAHOP DPA	\$	URFA
HOAP	\$	URFA
Georgia Dreams DPA	\$	DCA
TAD DPA	\$	ADA
AHA DPA	\$	AHA
Other	\$	

Are you a first-time homebuyer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you successfully completed 8 hours of approved Homebuyer Counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If no, date Homebuyer Counseling will be completed by \_\_\_\_\_  
 Name of HUD Approved Housing Counseling Agency \_\_\_\_\_  
 Homebuyer Education Completion Certificate Date \_\_\_\_\_

DEMOGRAPHIC INFO	BORROWER	CO-BORROWER
Gender		
Ethnicity		
Disabled		
Elderly (65 or Over)		
Single Head of Household		

This data is obtained for statistical purposes only (data will not be considered for qualifying purposes).

**I/We understand the information provided above is collected to determine if I/we are eligible to receive NSP assistance. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for denial and termination of NSP assistance and is punishable under federal law. I/We authorize the CITY OF ATLANTA to verify all information provided on this application. The applicant further certifies that the property assisted by these Neighborhood Stabilization Program funds will serve as his/her/their principle residence.**



**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Signature of Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_