



## HOME BUYER GRANT ASSISTANCE APPLICATION

Congratulations! By handing in this application and all required attachments, you and/or your future household members are applying for assistance to purchase your first home in the City of Rochester.

Please submit the application and attach copies of all of the documents on the checklist to:

[Homebuyer@cityofrochester.gov](mailto:Homebuyer@cityofrochester.gov)

**Please note you may NOT put an offer in on a home until after you have been approved by the City of Rochester, or the house will not be eligible for grant assistance.**

This application is for:

Program	Home Purchase Assistance Program (HPAP)	Employer Assisted Housing Initiative (EAHI)*	HOME Rochester
House type	On private market	On private market	Rehabbed home through Greater Rochester Housing Partnership
Amount of Closing Cost assistance	Up to \$3,000	Between \$2,000 - \$9,000 depending on employer	Up to \$6,000
Income Limit	120% MFI (see chart below)	None	Depends on house; max 120% MFI (see chart below)

\*Current EAHI partner employers: City of Rochester; Eastman Kodak; Highland Hospital; Hillside Family of Agencies; Paetec Communications/Windstream; Rochester City School District; RIT, Rochester Management, Inc.; Rochester Regional Health; Stantec Consultant Services, Inc.; University of Rochester; Visiting Nurse Service; Xerox)

Questions? Email [homebuyer@cityofrochester.gov](mailto:homebuyer@cityofrochester.gov), or call us at 585-428-6888.

### Income Limits

**(No income limits for EAHI program participants, but all documents are still required)**

Household Size	80% MFI	120% MFI
1	\$42,385	\$63,600
2	\$48,440	\$72,650
3	\$54,495	\$81,750
4	\$60,550	\$90,850
5	\$65,394	\$98,100

## Application

I, (we) \_\_\_\_\_,

1. acknowledge that the information provided accurately describes my/our household and identifies all of my/our household income during the past 12 months. I/we understand that this information I/we provided will be used to determine program(s) and/or subsidy(ies) for which I/we may be eligible. The information and attached documentation may also be used to estimate mortgage lending eligibility.
2. **authorize The City of Rochester Home Buyer Services to check my/our credit history by requesting a credit report(s) which will then be used in determining eligibility for the down payment and closing cost assistance.**
3. understand that this information will not be shared with other organizations beyond those involved with the program(s) without my/our prior approval. Additional information and/or documentation may be requested from me/us. If verification forms are needed I/we will sign the necessary forms authorizing release of the information.
4. certify the information I/we have provided is complete, accurate and true. It will be grounds for denial of my/our application if it is found that I/we have falsified information of provided misleading information.
5. understand if I/we fail to attach all information, Homebuyer Services will not begin review and may return incomplete application to me/us.

Signature	Print Name	Date
(Co-applicant) Signature	Print Name	Date

**How should we contact you?**

\_\_\_\_\_ Email    \_\_\_\_\_ Phone    \_\_\_\_\_ Letter

**Do you prefer Spanish?** \_\_\_\_\_

**Do you want assistance in another language, such as ASL, Karen, or other?** \_\_\_\_\_

**If yes, what language?** \_\_\_\_\_

## 1) Info about YOU:

First Name	Middle Initial	Last Name
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Home Address	Street	City	Zip
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Best phone number to reach you

Email Address

Social Security Number	Date of Birth	Age
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All Current Employers & Number of years at each (if less than 1 year, indicate start mo/day/yr)

## 2) Is anyone else going to be on the loans/deed with you?

First Name	Middle Initial	Last Name
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Home Address	Street	City	Zip
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Best phone number

Email Address

Social Security Number	Date of Birth	Age
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All Current Employers & Number of years at each (if less than 1 year, indicate start mo/day/yr)

**3. Is anyone else going to live with you?** (please review checklist for info we need on each person)

Name	Age	Relationship

**4. What is your income?**

List all sources of income for you and your household during the **past 12 months**. For "Type of Income", include full and part time employment, self-employment, unemployment, pensions, Social Security benefits, disability, child support, worker's comp, welfare assistance, and alimony.

Please supply written documentation for each.

Recipient	Type of Income	Gross monthly income	Will this continue next year?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you, the co-applicant or any member of your household age 18 or older, expect a raise, promotion or any other change in your employment or income status within the upcoming 6 months. \_\_\_\_\_No or \_\_\_\_\_Yes (please explain)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever owned, or do you now own a property in the City of Rochester? \_\_\_\_Yes\_\_\_\_ No  
If yes, address: \_\_\_\_\_

Are you now or will you be receiving income from rent?

\_\_\_\_ NO \_\_\_\_ YES Now \_\_\_\_ YES after I move If YES:\$\_\_\_\_\_ total per month

Do you live in public housing? Yes\_\_\_\_ No\_\_\_\_.

Do you receive Sec. 8 Housing Support? Yes\_\_\_\_ No\_\_\_\_

Will you receive housing support after you close on a new home, Yes\_\_\_\_ No\_\_\_\_

## 5. What are your long term debts?

List all debts (car, student loans, credit accounts, etc)

WHO PAYS	TYPE OF DEBT	PAYMENT \$/MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 6. Do you have money saved (Cash Assets)?

Current checking, savings, credit union accounts

Bank name	CURRENT BALANCE
_____	_____
_____	_____
_____	_____

How much is or will be available for a down payment? \_\_\_\_\_

When will it be available? \_\_\_\_\_

## 7. How is your credit history?

Check all that apply to your current situation.

- ☐ Monthly bill payments are current and made in a timely manner.  
☐ Some monthly bill payments have been late.  
☐ Bankruptcy has been filed. If yes ☐ Chapter 7 ☐ Chapter 13  
☐ There are outstanding Judgment Liens ☐ Wages are garnished  
☐ I am using a credit monitoring service (Credit Karma, Discover, Lifelock, etc.)

## 8. Is there anything else we should know about your situation?

If yes, please provide a short statement with your application.

## 9. Information for Federal Reporting.

The information requested below is for HUD reporting. The information is requested in order to monitor compliance with equal opportunity credit and fair housing practices. Please check which applies.

Applicant	Co-App	Race	Hispanic origin Yes/No
_____	_____	White	_____
_____	_____	Black or African American	_____
_____	_____	American Indian or Alaska Native	_____
_____	_____	Native Hawaiian or Other Pacific Islander	_____
_____	_____	American Indian or Alaska Native and White	_____
_____	_____	Black or African American and White	_____
_____	_____	American Indian or Alaska Native and Black or African American	_____
_____	_____	Other, Multi Racial	_____

### Household type

\_\_\_\_\_ Single \_\_\_\_\_ Elderly \_\_\_\_\_ Single Parent \_\_\_\_\_ Two Parent

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

## REQUIRED DOCUMENT CHECKLIST

Please give us **COPIES ONLY**. You will need your originals for your mortgage application or other programs. We cannot return your documents.

**Want that house fast? Incomplete info slows you down –  
make sure you check every box!**

- ☐ **Completed and signed application**
- ☐ **Personal Identification**
  - ☐ Social security card for everyone in household
  - ☐ Photo ID for household members age 18 and OVER
  - ☐ Birth certificate for households members UNDER age 18
- ☐ **Income**
  - ☐ Last 2 months' (8 weeks') consecutive pay stubs for all household members 18 or over
  - ☐ Copies of all other forms of income for everyone living in the household
  - ☐ Is anyone self-employed? Current year-to-date and prior year Profit and Loss statement is required.
- ☐ **Supporting docs**
  - ☐ Last 2 years' full tax returns AND W-2 statements for all jobs or income for all household members 18 or over
  - ☐ Bank statements: Last 3 months for all accounts
- ☐ **Other**
  - ☐ Letter of Eligibility from participating Employer if eligible (EAHI Program but NOT City of Rochester)
  - ☐ Copies of documents for any other grants or programs you have applied for
  - ☐ (Optional) Recent tri-merge credit report from lender or non-profit. **The City of Rochester reserves the right to determine if the credit report is acceptable. If not, Homebuyer Services will run its own report.**
  - ☐ (Optional but recommended) Information about your specific situation



## City of Rochester

Neighborhood and Business Development  
City Hall Room 005A, 30 Church Street  
Rochester, New York 14614-1290  
www.cityofrochester.gov

Bureau of Business and  
Housing Development

### Authorization for Release of Information

I/we \_\_\_\_\_ & (if applicable) \_\_\_\_\_

authorize **The City of Rochester Homebuyer Services program** and its representatives to speak with

\_\_\_\_\_ (name and relationship to Borrower/CoBorrower)

and to provide this person documentation on my/our behalf regarding my loan and/or application. I also authorize these parties to discuss my loan and/or application with representatives of the City of Rochester Homebuyer Services program.

The City of Rochester agrees to maintain the confidentiality of borrower(s) information; however, I also authorize the City of Rochester and/or lender and/or servicer handling my loan and/or application to submit my personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.

I further authorize the City of Rochester and/or lender and/or servicer handling my loan and/or application to access my credit report file(s) for debt and expense verification.

This authorization will not be valid unless signed below by all borrowers and co-borrowers and will only remain valid until revoked in writing by any borrower or co-borrower.

**Applicant Name:** \_\_\_\_\_

Applicant (signed) \_\_\_\_\_ Date \_\_\_\_\_

**(if applicable) Co-Applicant Name:** \_\_\_\_\_

Co-Applicant (signed) \_\_\_\_\_ Date \_\_\_\_\_