

**City of Westfield**  
**Office of Community Development**  
59 Court Street, Westfield, MA 01085  
Telephone (413) 572-6246

## Westfield First Time Homebuyer Assistance Application

Assistance is a maximum of 3% of purchase price, not to exceed \$8,000.  
Assistance is in the form of a deferred payment loan.

**Project must comply with all program requirements of the Massachusetts Community Preservation Act. This program follows most requirements set forth under the federal HOME Investment Partnerships Program**

Eligible households must:

- Be first time homebuyers as defined by HUD;
- Submit a complete application along with all requested documentation;
- Have graduated from an approved Homebuyer Program within past 24 months;
- Have demonstrated need as defined by pre-purchase assets
- Income of all adults in households can not exceed:

Family size of 1 - \$67,000  
Family size of 3 - \$86,100  
Family size of 5 - \$103,350  
Family size of 7 - \$118,650

Family size of 2 - \$76,550  
Family size of 4 - \$95,650  
Family size of 6 - \$111,000  
Family size of 8 - \$126,300

Eligible properties must:

- Be located within the City of Westfield
- Meet federal Housing Quality Standards at time of purchase
- Be a modest home within HUD purchase limits (\$606,000 for single family and \$775,000 for two family)
- Not result in displacement of renter households or other occupants

Eligible financing:

- Loan must be a 30 year fixed rate mortgage
- Combined loan value (Private and City loans) cannot exceed 100% of appraised value
- Underwriting ratios less than 35% housing cost to income and 42% all loans to income
- Buyer must contribute 3% of own funds towards purchase

The City requires 25 business days from Approval to Closing





**PERSONAL DATA**

<b>APPLICANT:</b>  FULL NAME _____ SOCIAL SECURITY # _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ BEST DAYTIME NUMBER _____  EMAIL ADDRESS _____	<b>CO-APPLICANT:</b>  FULL NAME _____ SOCIAL SECURITY # _____ STREET ADDRESS _____ CITY, STATE, ZIP _____ BEST DAYTIME NUMBER _____  EMAIL ADDRESS _____
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ARE YOU MOVING FROM PUBLIC OR SUBSIDIZED HOUSING?  YES  NO

ADDRESS OF PROPERTY YOU ARE PURCHASING \_\_\_\_\_

IS PROPERTY (CHECK ONE)       SINGLE FAMILY       TWO FAMILY       THREE FAMILY

IN THE OWNER'S UNIT, TOTAL NUMBER OF ROOMS \_\_\_\_\_ ; NUMBER OF BEDROOMS \_\_\_\_\_

DATE OF HOMEBUYER EDUCATION CERTIFICATE \_\_\_\_\_

(ATTACH CERTIFICATE)

**HOUSEHOLD DATA (EVERYONE THAT WILL BE LIVING IN THE HOUSEHOLD NOT LISTED ABOVE)**

NAME	DATE OF BIRTH	SOCIAL SEC #	FULL TIME STUDENT?	DOES THIS PERSON HAVE ANY SOURCE OF INCOME?
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

TOTAL NUMBER OF PEOPLE LIVING IN THE HOUSEHOLD: \_\_\_\_\_

**HOMEBUYING TEAM**

	NAME	COMPANY	TELEPHONE	EMAIL
LENDER				
REALTOR				
ATTORNEY				
HOME INSPECTOR				



<b>INCOME DATA (COMPLETE FOR ALL ADULT MEMBERS OF THE HOUSEHOLD WHO HAVE ANY SOURCE OF INCOME)</b>		
APPLICANT:		
EMPLOYER ADDRESS:		
I GET PAID:	<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> MONTHLY	AVERAGE AMOUNT: \$ _____
I WORK <u>OVERTIME</u> ON A CONSISTENT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE BONUSES / COMMISSION ON A CONSISTENT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELF OR DEPENDANT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE CHILD SUPPORT / ALIMONY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
OTHER INCOME:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I AM A FULL TIME STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ATTACH TRANSCRIPT
I AM DISABLED	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CO-APPLICANT:	EMPLOYER:	
EMPLOYER ADDRESS:		
I GET PAID:	<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> MONTHLY	AVERAGE AMOUNT: \$ _____
I WORK <u>OVERTIME</u> ON A CONSISTENT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE BONUSES / COMMISSION ON A CONSISTENT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELF OR DEPENDANT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE CHILD SUPPORT / ALIMONY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
OTHER INCOME:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I AM A FULL TIME STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ATTACH TRANSCRIPT
I AM DISABLED	<input type="checkbox"/> YES <input type="checkbox"/> NO	

OTHER ADULT:	EMPLOYER:	
EMPLOYER ADDRESS:		
I GET PAID:	<input type="checkbox"/> WEEKLY <input type="checkbox"/> EVERY TWO WEEKS <input type="checkbox"/> MONTHLY	AVERAGE AMOUNT: \$ _____
I WORK <u>OVERTIME</u> ON A CONSISTENT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE BONUSES / COMMISSION ON A CONSISTENT BASIS:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE SSI / SOC. SEC. BENEFITS FOR MYSELF OR DEPENDANT(S):	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I RECEIVE CHILD SUPPORT / ALIMONY:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
OTHER INCOME:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
I AM A FULL TIME STUDENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	
I AM DISABLED	<input type="checkbox"/> YES <input type="checkbox"/> NO	

*IF THERE ARE MORE MEMBERS WITH INCOME, PLEASE PRINT AN EXTRA PAGE 2 AND ATTACH TO DOCUMENT.*



**ASSETS: PLEASE DETAIL ALL HOUSEHOLD MEMBERS' ASSETS**

	BANK/FINANCIAL INSTITUTION	ACCOUNT NUMBER	BALANCE AS OF APPLICATION DATE
Checking Account 1			
Checking Account 2			
Savings Account 1			
Savings Account 2			
Certificate of Deposits			
Retirement Accounts			
Other			

THE AMOUNT OF THE REAL ESTATE DEPOSIT PAID IS \$ \_\_\_\_\_

RACE, FOR FEDERAL REPORTING PURPOSES (CHECK ONE RACE)

WHITE  
  BLACK/AFRICAN-AMERICAN  
  AMERICAN INDIAN  
  ASIAN  
  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 ALASKAN NATIVE  
  AMERICAN INDIAN/ALASKAN NATIVE  
  ASIAN & WHITE  
  BLACK/AFRICAN AMERICAN & WHITE  
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMER.

ETHNICITY (CHECK ONLY ONE)

HISPANIC  
  NON-HISPANIC

**ALL INDIVIDUALS WHO WILL BE OWNERS MUST BE NAMED AS BUYERS ON THIS APPLICATION AND MUST SIGN BELOW.**

***I/WE ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE HEREBY GRANT PERMISSION TO THE CITY OF CHICOPEE TO OBTAIN ANY FURTHER INFORMATION NECESSARY TO DETERMINE MY/OUR ELIGIBILITY FOR THE WESTFIELD HOMEBUYER ASSISTANCE PROGRAM. THIS INFORMATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature(s) of Applicants

Date



**CHECKLIST**

As an essential part of this application, **ALL** adult household members must submit relevant documentation regarding all income and assets. **APPLICATIONS WITHOUT ALL ACCOMPANYING DOCUMENTATION MAY NOT BE PROCESSED.** The following documents must be submitted with your completed application:

- \_\_\_\_\_ Fully executed Purchase & Sale Agreement
- \_\_\_\_\_ Previous three years signed Tax Returns
- \_\_\_\_\_ Most recent 13 consecutive paystubs from each income source (employment, pension)
- \_\_\_\_\_ Copy of annual income from Social Security, Court Ordered Alimony, Child Support
- \_\_\_\_\_ Copy of most recent past 4 months of consecutive statements (most recent) for each: bank books, checking account, bank statements, retirement account statements
- \_\_\_\_\_ Homebuyer Graduation Certificate
- \_\_\_\_\_ Independent Homebuyer Inspection Report
- \_\_\_\_\_ Signed Lead Notice (Property Transfer Notice)
- \_\_\_\_\_ Copy of Real Estate Deposit Check

**As available:**

- \_\_\_\_\_ Loan Cost Estimate
- \_\_\_\_\_ Uniform Residential Loan Application
- \_\_\_\_\_ Lender Underwriting Summary
- \_\_\_\_\_ First Mortgage Commitment; Lender Approval
- \_\_\_\_\_ Property Appraisal

**Pre-closing:**

- \_\_\_\_\_ Property Insurance with City as named party
- \_\_\_\_\_ 3 original Homebuyer Assistance Agreements

**PLEASE BE AWARE THAT THE CITY REQUIRES 25 BUSINESS DAYS FROM APPROVAL TO LOAN CLOSING. PLEASE PLAN ACCORDINGLY.**