



# Homemaker Program Application Part 2

(to be completed by individuals/owner-occupants)  
City of Knoxville  
Community Development Department



Address of property: \_\_\_\_\_ CLT #: \_\_\_\_\_  
Knoxville, TN 379\_\_\_\_\_

### APPLICANT INFORMATION

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ SS#: XXX-XX- \_\_\_\_\_ E-Mail: \_\_\_\_\_

Co-applicant (spouse or other adult) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ SS#: XXX-XX- \_\_\_\_\_ E-Mail: \_\_\_\_\_

Have you ever owned a Home?  Yes  No If yes, when? \_\_\_\_\_

Do you  own or  rent? How long have you lived at current address? \_\_\_\_\_

Previous address, if less than 5 years at present address: \_\_\_\_\_

**COMPLETE LIST OF ALL THOSE WHO WILL LIVE IN THE NEW HOUSING UNIT,  
INCLUDING APPLICANT:**

Name	Relation to Applicant	Age	Sex	Occupation	School/Employer
	<i>Self</i>				

**Employment**

Applicant's employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ # of years \_\_\_\_\_

Co-applicant's employer \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ # of years \_\_\_\_\_

**If less than 5 years at present employer, give previous employment information on the back of this application.**

**Income**

**LIST ALL HOUSEHOLD INCOME**

<u>Source</u>	<u>Amount</u>	<u>Further Explanation</u>
Applicants employment	\$ _____ per _____	_____
Co-applicants employment	\$ _____ per _____	_____
Contributions from other household members	\$ _____ per _____	_____
Other contributions	\$ _____ per _____	_____
Social Security	\$ _____ per _____	_____
SSI	\$ _____ per _____	_____
VA Benefits	\$ _____ per _____	_____
Retirement Pension	\$ _____ per _____	_____
Child Support	\$ _____ per _____	_____
Other	\$ _____ per _____	_____

**Credit Information**

LIST **ALL** DEBTS, INCLUDING CAR LOANS, FURNITURE, CREDIT CARDS, PERSONAL LOANS, ETC. USE ADDITIONAL SHEETS IF NECESSARY.

Type of Debt	Lender	Account Number	Payment	Balance

Have you ever had a home loan or a home improvement loan which resulted in foreclosure, deed in lieu of foreclosure, or judgment?  Yes  No

If yes: Property address: \_\_\_\_\_

Name & address of lender: \_\_\_\_\_

Have you ever had an account turned over to a collection agency which resulted in a judgment?  Yes  No

If yes, state when, the reason for, and how the debt was resolved: \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No If yes, when? \_\_\_\_\_

**ATTACH ADDITIONAL INFORMATION AS NECESSARY TO EXPLAIN PAST OR PRESENT CREDIT PROBLEMS THAT MAY APPEAR ON YOUR CREDIT REPORT.**

### ***Other Regular Monthly Expenses***

Life insurance \$ \_\_\_\_\_ per month for coverage of \$ \_\_\_\_\_

Car insurance \$ \_\_\_\_\_ per month Health insurance \$ \_\_\_\_\_ per month

Medical expenses \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Clothing \$ \_\_\_\_\_

Gas \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_ Day Care \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (explain) \_\_\_\_\_

### ***References***

**List three references other than relatives. You must include complete addresses and phone numbers.**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ Association Landlord

Address \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ Association \_\_\_\_\_

Address \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ Association \_\_\_\_\_

Address \_\_\_\_\_

**Counseling/Training**

Have you previously been involved in any pre-purchase or homeownership counseling program, credit counseling program, or economic self-sufficiency program (i.e. Operation Bootstrap, Family Self-Sufficiency, FirstHome, JOBS, etc.)?     Yes     No

If yes, please identify the program, and briefly describe your participation in the program:

---

---

If no, are you willing to seek this type of counseling *if* required?     Yes     No

**PROJECT DESCRIPTION**

What is your offering price? \$\_\_\_\_\_

If price is below fair market value or listing price, ***of those properties which do not indicate "minimum"***, explain reason for reduced offer. (Example: Subsidy is needed to make project affordable and feasible; development cost will exceed fair market value. Support your reason by completing the Project Sources and Uses of Funds Statement on page 5.)

---

---

Is the parcel an unbuildable lot that will be used for additional yard space?     Yes     No  
If yes, list any specific plans for maintenance or improvement.

---

---

Name, address, phone number and e-mail of Proposed Developer (**qualifications and experience of *proposed developer* must be attached**):

---

---

Planned development will be (*check one*):     new construction     rehabilitation of an existing structure     side yard.    (**Attach a site plan and floor plan if new construction is proposed. If unavailable, these must be provided within 90 days of contract execution.**)

Briefly describe any other pertinent details of your proposed development for the parcel.

---

---

**Project Sources and Uses of Funds**

**Uses of Funds**

Property Purchase \$ \_\_\_\_\_

Construction / Renovation \$ \_\_\_\_\_

List Contingencies (examples: set aside dollars for unplanned or increased cost of items that may occur)  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

List Soft Costs (examples: developer fees, site design, permits, taxes, insurance, closing costs, etc.)  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

Other (examples: mowing, utilities, etc.)  
\_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Total Uses of Funds** \$ \_\_\_\_\_

**Total Use should equal Total Source**

**Sources of Funds**

Purchaser Investment \$ \_\_\_\_\_

Loan Source (From: \_\_\_\_\_) \$ \_\_\_\_\_

Loan Source (From: \_\_\_\_\_) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**Total Source of Funds** \$ \_\_\_\_\_

**Information for government monitoring purposes**

**Applicant:**

- Male  Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify)

**Co-Applicant:**

- Male  Female
- American Indian/Alaskan Native
- Asian Pacific Islander
- Hispanic
- Black
- White
- Other (specify)

I DO NOT WISH TO SUPPLY THIS INFORMATION  
Initials: \_\_\_\_\_

I DO NOT WISH TO SUPPLY THIS INFORMATION  
Initials: \_\_\_\_\_

---

I (we) certify that all information in this application, and all information furnished in support of this application, is true and complete to the best of my (our) knowledge and belief. I (we) authorize verification of any information, including verification of my (our) credit report.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**NOTE:** Applications will only be accepted for properties on the Homemakers List at the date of application. Due to the fact that competing proposals may be received at the same Homemakers Committee meeting please ensure your proposed price and development plan is your "best and final" offer for purchase. Incomplete applications *may* be accepted, **HOWEVER** keep in mind in the event of competing applications the "best and final" offer for purchase will receive priority.

**Return to:** City of Knoxville  
Community Development Department  
ATTN: Homemakers Program  
P.O. Box 1631  
Knoxville, TN 37901

