



### SHOP Beneficiary Household Information



The lending institution known as \_\_\_\_\_, whose address is \_\_\_\_\_ has made application to the Springfield Home Ownership Program (SHOP) on behalf of the beneficiary household, whose head-of-household is \_\_\_\_\_. In order to properly evaluate the SHOP application for compliance with applicable HOME investment Partnerships Program and other U.S. Department of Housing and Urban Development (HUD) regulations, the following information is needed.

**ALL INFORMATION COLLECTED ON THIS FORM WILL REMAIN CONFIDENTIAL, AND WILL BE USED TO VERIFY STATEMENTS AND REPRESENTATIONS MADE BY THE APPLICANT AND BENEFICIARY CONCERNING THE ELIGIBILITY OF THE APPLICATION.**

Please provide the following information for all persons in the beneficiary household:

Name (please print)	Date of Birth	Sex	Race/Ethnicity	Annual Income
_____	__/__/__	___	_____	_____
_____	__/__/__	___	_____	_____
_____	__/__/__	___	_____	_____
_____	__/__/__	___	_____	_____
_____	__/__/__	___	_____	_____
_____	__/__/__	___	_____	_____

**What is your Total Gross Household Income?** \$ \_\_\_\_\_

Total Gross Household Income includes, but is not limited to wages, salaries, overtime pay, commissions and fees, tips and bonuses, net income from businesses, interest and dividends, payments from social security, unemployment, worker's compensation or disability benefits, alimony and child support payments, and Welfare Assistance. **Do not include** income from employment of children under 18 years of age, payments for care of foster children, lump sum payments from insurance or inheritance, insurance payments specifically for reimbursement of medical expenses, income of a live-in aid, educational scholarships, or other temporary, non recurring, or sporadic income. **Please provide verification of your household income, such as tax returns, paycheck stubs or other forms of income documentation.**

#### PROPERTY INFORMATION (Complete for subject property)

Address _____		
No. of bedrooms _____	Estimated mortgage payments	\$ _____/month
No. of bathrooms _____	Estimated insurance payments	\$ _____/month
Square footage _____	Estimated property taxes	\$ _____/month
	Estimated utilities, garbage	\$ _____/month
Appraised Value \$ _____	<b>Total Estimated Housing Costs</b>	<b>\$ _____/month</b>

#### CERTIFICATIONS AND ACKNOWLEDGMENTS

I certify the above information to be true and accurate, to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. I understand that the City of Springfield will use the information I have provided to determine the eligibility of the Springfield Home Ownership Program application made on my behalf.

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

I have verified the information provided above. I certify this information to be true and accurate, to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. I understand that the City of Springfield will use the information I have provided to determine the eligibility of the Springfield Home Ownership Program application made by this lending institution on behalf of the beneficiary household.

Lending Institution, Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_