

**PROGRAM GOAL:**

It is the program's intention that projected shelter costs (mortgage payment, taxes, and insurance) should not exceed 28% of gross family income.

Assist first time homebuyers with education and information to become successful homeowners.

**ELIGIBLE PROPERTY:**

Single family homes  
*in Jefferson County.*

House must be acceptable to USDA & Conventional bank mortgages.

**Eligible Uses of Funds:**  
(depending on funding source)

- Closing costs
- Certain escrows
- Legal services
- Mortgage reduction
- Moderate rehabilitation

Neighbors of Watertown, Inc. receives grant funds from a variety of sources to assist individuals who wish to become first time homebuyers in Jefferson County. The funds assist eligible households with the purchase of an existing house in Jefferson County.

**TO QUALIFY**

You must be a first time homebuyer.

You must attend our homebuyer education course.

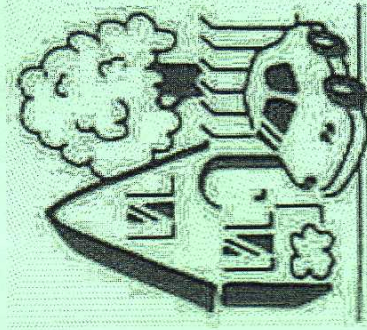
You must have a credit history acceptable to a bank.

Your annual household gross income must not exceed the following limits:

# of persons:	Income:
1	\$38,610
2	\$44,100
3	\$49,590
4	\$55,080
5	\$59,490
6	\$63,900
7	\$68,310
8	\$72,720

(HUD - Effective March 2015 )

**JEFFERSON COUNTY  
FIRST TIME HOMEBUYER  
ASSISTANCE PROGRAM**



**Administered By:**

Neighbors Of Watertown  
112 Franklin Street  
Watertown, New York 13601  
(315) 782-8497



**NEIGHBORS OF WATERTOWN, INC.**  
**112 FRANKLIN STREET • WATERTOWN, NY 13601**  
 Phone: (315) 782-8497 • Fax: (315) 782-0102  
<http://www.neighborsofwatertown.com>

**HOMEBUYERS ASSISTANCE PRE – APPLICATION**

I AM INTERESTED IN(CHECK ONE)		EDUCATION COURSE PREFERENCE	
<input type="radio"/>	Single family home	<input type="radio"/>	Saturday
<input type="radio"/>	Multi family home	<input type="radio"/>	Evening

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

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

Current Address #2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Phone # \_\_\_\_\_ # of Persons in household: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_ Monthly Utilities: \_\_\_\_\_

**EARNED INCOME: INCLUDE EMPLOYMENT AND SELF-EMPLOYMENT INCOME FOR ALL HOUSEHOLD MEMBERS OVER 18. FOR SELF EMPLOYMENT SHOW GROSS BUSINESS INCOME.**

Name:	Employer:	Employer's Address:	Annual Income:

**OTHER HOUSEHOLD INCOME: (VETERANS, SSI, SSD, PENSION, INTEREST, DIVIDENDS, ALIMONY, CHILD SUPPORT, ETC.)**

Source:	Amount:	Per (Week, Month, Year) Select One:					
		<input type="radio"/>	Wk	<input type="radio"/>	Mth	<input type="radio"/>	Yr
		<input type="radio"/>	Wk	<input type="radio"/>	Mth	<input type="radio"/>	Yr
		<input type="radio"/>	Wk	<input type="radio"/>	Mth	<input type="radio"/>	Yr

**OTHER ASSETS: (SAVINGS, REAL PROPERTY, INVESTMENTS, IRA'S, ETC.)**

Asset:	Total Value:	Cash Value:

**OUTSTANDING DEBTS: (CAR LOAN, STUDENT LOAN, CREDIT CARDS, ETC.)**

Type:	Monthly Payment:	# of Payments Left:	Balance:

**I/WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.**

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

Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_