



## Down Payment Assistance Program Eligibility Application

The City of Mesquite Down Payment Assistance Program (DPAP) has funding available for First-Time Homebuyers purchasing a single-family home within the city limits of Mesquite. The program offers grant assistance of up to **\$10,000**, dependent upon availability, to qualified low to moderate-income families in the form of a zero percent interest, deferred forgivable loan. The DPAP is funded through the Community Development Block Grant (CDBG) received from the U.S. Department of Housing and Urban Development (HUD).

To determine if you are eligible to receive financial assistance in the purchase of a residential property in the City of Mesquite, please complete the eligibility application and submit all required documents listed on the **Application Checklist** on page 2. Applicants will receive a notification once their application has been received. **Incomplete applications with missing/omitted information are deemed ineligible until a complete application is submitted.** Applications are reviewed and processed on a first-come, first-served basis. **Submission of an application does not automatically qualify you for assistance under the program.**

**ELIGIBILITY CRITERIA**, You must meet all of the following:

- ✓ You must either be a first-time homebuyer or not have owned a home in the last 3 years
- ✓ You must complete an 8-hour Homebuyer Education course from a HUD approved provider
- ✓ You must be a U.S. Citizen, Citizen National, or Qualified Alien
- ✓ You must intend to occupy the property as your primary residence for a minimum of 5 years
- ✓ If you have a co-signer, he or she, will reside in your household
- ✓ Your annual household **must be at or below 80% of the area median income**

# Of People in Household	1	2	3	4	5	6	7	8
80% Area Median Income	\$57,750 and below	\$66,000 and below	\$74,250 and below	\$82,500 and below	\$89,100 and below	\$95,700 and below	\$102,300 and below	\$108,900 and below

\* Area Median for FY 2023, as published by HUD

To ensure your application is reviewed promptly, please use the checklist below when submitting your application for program eligibility.

### Application Required Documents Checklist

- Address of selected property intended for purchase:

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- Complete application signed by applicant(s)
- Mortgage Lender Prequalification Letter
- Homebuyer Education Certificate approved by HUD
- List of monthly debts (credit card payments, bank/car loan payments, student loan payments)
- Provide account number(s) for **each** bank account
- 2 most recent **checking** bank statements for each account
- 2 most recent **savings** bank statements for each account
- Most Recent Retirement Account Statement (IRA, 401k)
- Benefit award letter(s) for assistance received: TANF/SNAP (If applicable)
- Award letter for Social Security Benefits/Unemployment/Worker's Compensation (if applicable)
- Provide a copy of your most recent tax return (**1 year, most recent**)
- Provide **2 months** of pay stubs received from employer for each household member 18+ (**most recent, consecutive**)
- Provide copy of business financial statements if you own a business or self-employed (**2 months, most recent, consecutive**)
- Copies of Child Support Court Payments (if applicable) (**2 months, most recent, consecutive**)
- "Applicant Certification" (PG.6) Signed by all household members (18+)
- "Authorization for Release of Information" (PG.7) Signed by all household members (18+)
- "Authorization for Criminal Background Check" (PG.8) Submit a separate signed form for all household members (18+)
- Copies of unexpired photo IDs or Texas Driver's License for all household members (18+)
- Copies of Social Security card or documentation of alien registration number/green card for **ALL** household members
- Copies of birth certificates/birth record for all children under the age of 18 who do not have a valid ID with picture

To discuss the amount of assistance and or documents required, you may contact the CDBG Coordinator using the contact information below:

**In person**



**Mail**



**Phone**



**Email**

Community Services  
1616 N. Galloway Avenue  
Mesquite, TX, 75149

Community Services  
PO BOX 85137  
Mesquite, TX, 75185-0137

972-216-6425

slopez@cityofmesquite.com

The information collected below will be used to determine eligibility as a participant in the DPAP program. It will not be disclosed outside the City of Mesquite Community Services Department without your consent, except to your employer for verification of income or employment and to financial institutions for verification of information as permitted by law or as required under the Public Information Act. Your application may be delayed or rejected if the information is not received.

Applicant Information		
Name	Home Phone #	Cell #
Street Address:		
City	State	Zip Code
Email Address:		Date of Birth:
Name and Address of Employer:		Employer #:
Name of Co-applicant	Home Phone #	Cell #
Name and Address of Co-Applicant's Employer:		Employer #:
Name of Other Adult Household Member	Home Phone #	Cell #
Name and Address of Co-Applicant's Employer:		

\*List the head of household, everyone that lives in your home and the relationship of each member to head of household

Household Composition*					
#	Member's Full Name (First/Last)	Relationship	Age	Social Security #	Driver's License #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

### Annual Income of Household

Do you or any household member receive income from any of the sources listed below? *Please make sure each box applicable to you is checked off.*

<b>Wages, salaries, tips, or bonuses*</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Disability Benefits</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Unemployment Benefits</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Pensions, retirement, or annuities</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Social Security</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Alimony</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Worker's Compensation</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Child Support</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>TANF</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Any other source of income</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For each source of income for which you checked "yes", provide the information requested below. If more than one household member receives a certain type of income, please provide a separate entry for each person.

#	Member's Full Name (First/Last)	Full Time Student? Y/N	Source of Income	Rate of Pay	Payment Basis (Weekly, Monthly, etc.)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

\*This includes wages, salaries, tips, or bonuses received for full-time and part-time work, temporary/seasonal work, and military work, etc.

### Assets and Asset Income\*

\*For **all household members**, including minors, list checking & savings accounts, IRA, CD, Bonds, Stocks, Equity in properties, life insurance policies, etc.

Name of Institution	Type of Asset	Asset Value	Account Holder	Account Number

Do you have any other assets such as a House, Land, or other Real Property?  Yes  No

If yes

Type of Property	Location/Address	Asset Value	Loan Amount

\*Individuals owning more than one residential property are not eligible to purchase a home through the City of Mesquite's FTHB.

Have you disposed of any assets in the past two years?  Yes  No. If yes, did you receive less than fair market value?  Yes  No. If yes, please explain:

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Do you currently owe any back taxes on property; have any outstanding City of Mesquite liens or past due City of Mesquite water bills?  Yes  No (A full disclosure does not necessarily disqualify a household from DPAP eligibility; however, failure to report any of the above will result in disqualification of your application).

If yes, please explain:

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Have you or any household member ever been convicted of a Class A misdemeanor, Class B misdemeanor or Felony?  Yes  No. (A full disclosure does not necessarily disqualify a household from DPAP eligibility; however, failure to report any of the above will result in disqualification of your application).

If yes, please explain:

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**For reporting purposes only, please check all that apply for Head of Household**

Race/Ethnicity	Check all that apply	Special Needs	
Asian	<input type="checkbox"/>	Disabled	<input type="checkbox"/>
Black/AA	<input type="checkbox"/>	Elderly	<input type="checkbox"/>
White	<input type="checkbox"/>	Homeless	<input type="checkbox"/>
Hispanic/Latino	<input type="checkbox"/>		
Other:			

## Applicant's Certification

**Household members over the age of 18 must sign this application.** I/We, the undersigned certify that the information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of such information for the purpose of income verification and program eligibility related to my/our application for financial assistance. I/We understand that any willful misstatement of material facts will be grounds for disqualification. The applicant also agrees to provide any other documentation needed to verify eligibility.

### Signatures:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Signature

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

**TITLE 18, Section 1001 of the U.S. Code:** It is a felony to knowingly and willingly make any materially false, fictitious, or fraudulent statement or representation in any matter to any department or agency of the United States as to any matter within its jurisdiction.

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**PLEASE REVIEW AND COMPLETE THE "AUTHORIZATION FOR THE RELEASE OF INFORMATION" FORM ON THE FOLLOWING PAGE**



MESQUITE COMMUNITY SERVICES DIVISION
PHONE 972.216.6425 FAX 972.329.8350



AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the City of Mesquite Community Services Office (MCSO), any information or materials needed to complete and verify my application for participation in the City of Down Payment Assistance Program (DPAP). I understand and agree that this authorization or the information obtained with its use may be given to and used by staff in the Department of Housing and Community Services for the purpose of determining my eligibility to participate in the City of Mesquite's DPAP, and/or to the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
Residences and Rental Activity
Credit and Criminal Activity
Employment, Income, and Assets
Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for the City of Mesquite's FTHB.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individual that may be asked to release the above information (depending on program requirements) may include but is not limited to:

- Previous Landlords (including other Housing Agencies)
Welfare Agencies
Retirement Systems
Schools and Colleges
State Unemployment Agencies
Law Enforcement Agencies
Utility Companies
Past and Present Employers
Courts and Post Offices
Social Security or Veterans Administration
Banks and other Financial Institutions
Medical and Child Care Providers
Credit Providers and Credit Bureaus
Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the MCSO may conduct computer matching programs to verify the information supplied for my DPAP Eligibility Application. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the MCSO may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the US Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the MCSO and will remain in force while my DPAP Eligibility Application is being reviewed, until an official determination of eligibility or ineligibility has been made by City of Mesquite Staff. I understand I have a right to review my file and correct any information that I can prove is correct.

SIGNATURES:

X \_\_\_\_\_ (Print Name) Social Security Number
Head of Household
X \_\_\_\_\_ (Print Name) Social Security Number
Spouse or Other Adult Member
X \_\_\_\_\_ (Print Name) Social Security Number
Other Adult Member
X \_\_\_\_\_
Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.

P. O. Box 850137 • Mesquite, TX 75185-0137



**AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK/ Please Complete for Each Adult 18 and over**

I, \_\_\_\_\_, hereby authorize the City of Mesquite Community Services Division to investigate my criminal history for the purpose of evaluating whether I am qualified to receive assistance under the Down Payment Assistance program. I understand that the City of Mesquite Community Services Division will utilize, as many sources are deemed necessary to determine an accurate criminal history. Should my criminal history reveal any arrests or convictions for drug-related activity, violent criminal activity, or any felonious criminal activity, I understand that my assistance may be denied or terminated.

I do hereby swear and attest that all the information contained on this form is true, correct, and complete.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Full Printed Name (Including Middle Name) Date of Birth

Yes  No In the past 10 years, have you used any other names (maiden/ married names, alternate spellings, shortened names, lengthened names, alternate last names, etc.)? If yes, list all names you have used below (use additional pages if necessary):

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

Yes  No In the past 10 years, have you been arrested or convicted for ANY criminal activities? If yes, list the charge(s) or conviction(s) below (use additional pages if necessary):

\_\_\_\_\_  
Charge/Conviction Date City/State

\_\_\_\_\_  
Charge/Conviction Date City/State

Yes  No In the past 10 years, have you lived in any location(s) outside of Dallas County? If yes, list all locations below (use additional pages if necessary):

\_\_\_\_\_  
Address City State

\_\_\_\_\_  
Address City State

**The space below is for Mesquite Community Services Division Use Only:**

Date of Background Check: \_\_\_\_\_ NRF:  RF/OK:  RF/Deny:  DRD: \_\_\_\_\_

Sources used: \_\_\_\_\_ Staff Initials: \_\_\_\_\_



**AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK/ Please Complete for Each Adult 18 and over**

I, \_\_\_\_\_, hereby authorize the City of Mesquite Community Services Division to investigate my criminal history for the purpose of evaluating whether I am qualified to receive assistance under the Housing Choice Voucher program. I understand that the City of Mesquite Community Services Division will utilize as many sources as deemed necessary to determine an accurate criminal history. Should my criminal history reveal any arrests or convictions for drug-related activity, violent criminal activity, or any felonious criminal activity, I understand that my assistance may be denied or terminated.

I do hereby swear and attest that all the information contained on this form is true, correct, and complete.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Full Printed Name (Including Middle Name) Date of Birth

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\_\_\_\_\_

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Sources used: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## Down Payment Assistance Program Declarations

Do you intend to occupy the property as your primary residence for the full length of the 5-year Affordability Period?

Yes  No

Have you owned a property within the last 3 years?

Yes  No

If yes, how was the ownership terminated?

Divorce  Property Sold  Foreclosure

I have read and understand the Down Payment Assistance Program Guidelines as provided on the City of Mesquite website.

Yes  No

### Signatures:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Signature

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