



# HOME:STL BUYER ELIGIBILITY & AFFORDABILITY CHECKLIST

Date Submitted: \_\_\_\_\_ Projected Closing Date: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

UNIT ADDRESS: \_\_\_\_\_

LENDER: \_\_\_\_\_

## HOMEBUYER DOCUMENTATION FOR PREAPPROVAL (LENDER/LOAN FOR CONSUMER):

- \_\_\_\_ 1. Purchaser Information (form attached)
- \_\_\_\_ 2. Annual Income Verification (include signatures of all beneficiary adults) (form attached)
- \_\_\_\_ 3. Two (2) most recent filed Federal Income Tax Returns with W-2s attached
- \_\_\_\_ 4. Two (2) months of most recent paycheck stubs
- \_\_\_\_ 5. Two (2) months of most recent checking account and savings account statements
- \_\_\_\_ 6. Dependent Income Certification (if applicable) (form attached)
- \_\_\_\_ 7. Lender Credit Preapproval Letter

## HOMEBUYER DOCUMENTATION FOR PREAPPROVAL (HomeSTL Reservation of Funds):

- \_\_\_\_ 8. SLDC verification and checklist of Lender Preapproval materials
- \_\_\_\_ 9. Reservation of Funds Letter with Borrower HomeSTL Preapproval Number.

## HOMEBUYER DOCUMENTATION FOR CLOSING (due 10 days prior to closing)

- \_\_\_\_ 10. Updated Annual Income Verification (include signatures of all beneficiary adults) (form attached)
- \_\_\_\_ 11. Purchase Contract
- \_\_\_\_ 12. Appraisal
- \_\_\_\_ 13. Buyer Credit Score
- \_\_\_\_ 14. Title Commitment (will follow ordered final title)
- \_\_\_\_ 15. Commitment Letter from Lender
- \_\_\_\_ 16. Homebuyers Program Certification (minimum 8 hours from a HUD-approved agency)
- \_\_\_\_ 17. In-depth third-party inspection report or waiver signed by purchaser(s)
- \_\_\_\_ 18. Fully endorsed Homeowner's Insurance Policy (1 year minimum) with CDA named as additionally insured
- \_\_\_\_ 19. Homeowner Warranty Plan
- \_\_\_\_ 20. Lender's Note & Mortgage
- \_\_\_\_ 21. Closing Settlement Statement

## SLDC DOCUMENTATION:

- \_\_\_\_ 22. CDA Note and Deed of Trust
- \_\_\_\_ 23. CDA Recapture Agreement & Covenant of Residency
- \_\_\_\_ 24. Other

Signature of Representative preparing this form: \_\_\_\_\_

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



# PURCHASER INFORMATION

RE: Address:

The following information is required by the government of the City of St. Louis in order to monitor and report the equal opportunity success of the St. Louis Development Corporation. The homebuyer shall complete this form in respect to purchase and submit same to SLDC within ten (10) days after commencement of each closing of the sale of property. (See attached Income Verification Form)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_ HEAD OF HOUSEHOLD: Female: Male AGE: \_\_\_\_\_

OCCUPATION OF HEAD OF HOUSEHOLD: \_\_\_\_\_

HANDICAPPED: Yes No

DATE OF OCCUPANCY: \_\_\_\_\_

TOTAL ANNUAL INCOME OF ALL PERSONS OCCUPYING UNIT: \$ \_\_\_\_\_  
(Please attach copies of most recent years Federal Income Tax Returns and most recent pay stubs for all income earners occupying the unit.)

TOTAL NUMBER OF HOUSEHOLD MEMBERS: \_\_\_\_\_

NUMBER OF ADULTS: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

AGES OF CHILDREN: \_\_\_\_\_

**RACE OF ALL FAMILY MEMBERS:** (Put the number of family members in space provided)

White	Female _____	Male _____
Black/African American	Female _____	Male _____
Black African American & White	Female _____	Male _____
Hispanic	Female _____	Male _____
Asian	Female _____	Male _____
Asian/Pacific Islander	Female _____	Male _____
Asian & White	Female _____	Male _____
American Indian/Alaskan Native	Female _____	Male _____
American Indian/Alaskan Native & White	Female _____	Male _____
American Indian/Alaskan Native & Black/African American	Female _____	Male _____
Native Hawaiian/Other Pacific Islander	Female _____	Male _____
Other Multi-Racial	Female _____	Male _____

**PRIOR ADDRESS:**

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

**PURCHASER INFORMATION:**

PURCHASE PRICE: \$ \_\_\_\_\_ AMOUNT OF MONTHLY MORTGAGE PAYMENT: \$ \_\_\_\_\_

FIRST-TIME HOMEBUYER: Yes No AMOUNT OF HomeSTL HOMEBUYER ASSISTANCE: \$ \_\_\_\_\_

PURCHASER SIGNATURE: \_\_\_\_\_

*The undersigned believes the statements presented in this document are true and correct to the best of my knowledge and belief, and that I am subject to the penalties provided under section 575.040 RSMo. for making a false declaration under Section 575.060 RSMo.*

# ANNUAL INCOME VERIFICATION

Documents used for Annual Income Verification can be no older than 6 months from the date of verification. Households must meet income requirements at the time of occupancy or at the time federal funds are invested, whichever is later. The household's current annualized income will determine the ability to qualify.

## SUMMARY OF HOUSEHOLD INCOME DATA

Name: \_\_\_\_\_  
 Project: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Total Number of Persons in Household: \_\_\_\_\_ Income Limit for Household Size: \_\_\_\_\_

## ANTICIPATED ANNUAL INCOME

*(list each household member separately)*

Household Member Name	Date of Birth	Wages/Salaries	Benefits/Pensions	Public Assistance	Other Income
	3. Sub-Totals	a. \$	b. \$	c. \$	d. \$
	4. Total Income (3a + 3b + 3c + 3d)				\$

*I hereby certify that the information provided on this form represents a true and accurate reflection of my household income*

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

Signature of Owner, Developer, or Representative preparing this form: \_\_\_\_\_  
 Date: \_\_\_\_\_

**WARNING: Title XVIII, Section 1001 of the U.S. Code states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

# SLDC DEPENDENT INCOME CERTIFICATION

**A. TO BE COMPLETED BY HOUSEHOLD MEMBERS (OTHER THAN HOMEOWNER) WHO ARE 18 YEARS OF AGE OR OLDER.**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: St. Louis STATE: MO ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

B. ARE YOU A FULL TIME STUDENT?  YES  NO

ARE YOU EMPLOYED?  YES  NO

IF YES, PLEASE ANSWER THE QUESTIONS BELOW)

IS THIS A FULL TIME PERMANENT POSITION?  YES  NO

C. DO YOU RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES?  YES  NO

IF yes, please complete section d. (Wages and Salaries, earnings from Self- Employment, Unemployment Compensation, Social Security, Railroad Retirement, Veteran's Benefit, Workman's Compensation, Child Support Payments, Pensions or Annuities, Property Rental Supplemental Security Income (SSI), Aid to Families with Dependent Children (ADFC), Dividend / Interest Income, Etc.)

D. SOURCE	AMOUNT	HOW OFTEN (weekly, biweekly, monthly, annually)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date