



Complete application and return to:

SIMPCO

1122 Pierce St.

Sioux City, IA 51105

Print full name of head of household \_\_\_\_\_

I understand that:

Read and Initial

\_\_\_\_\_ I am responsible for making photocopies of check stubs, bank statements, income tax returns, photo ids, social security cards, etc. and attaching them to this application

**I understand that I must not currently own a home, or have owned a home in the last three years.**

\_\_\_\_\_ **I must include information for ALL household members as part of this application, INCLUDING INFORMATION REGARDING INCOME.**

\_\_\_\_\_ **Information omitted from this application or falsely provided will result in repayment of all subsidy provided.**

\_\_\_\_\_ **If I am married, both my spouse and I must be listed as co-applicants.**

\_\_\_\_\_ **All adults in household must sign all paperwork.**

\_\_\_\_\_ **I must contact Center for Siouxland Consumer Credit Counseling or another HUD approved housing counseling agency to complete a Home Buyer Education class. I will need to pay for the class and I must provide a certificate of completion to SIMPCO four weeks prior to closing.**

\_\_\_\_\_ **Written verifications may be sent directly to my employer and all other sources of benefit or support income including social security, public assistance, or unemployment income.**

\_\_\_\_\_ **I have read SIMPCO's 1st HOME Plus: Pathway to Purchase program rules located on SIMPCO.org**

## Required Documentation Checklist

Everything on this list is required to be turned in with your application ***IF*** it applies to you. Do not submit incomplete documentation.

- Signed Verification of Employment; one for each employed household member
- Signed Student Certification form; one for each adult
- Photocopy of two full months of income documentation for ALL adult household members; INCLUDE ALL SOURCES OF INCOME: employment income, social security income, disability income, unemployment income, seasonal employment income, “side job” employment income, tip income, commission income, bonus income, reimbursement from employer income, child support, etc.
- Photocopy of two months of ALL bank statements (checking and savings) for all adult household members
- Written statement describing all deposits listed on the bank statements
- Photocopy of most recent Federal and State income tax return for all adult household members, including W2s/1099's and all other attachments
- Written explanation of changes in income or family size that deviate from tax returns
- Photocopy of photo ID's for all adult household members
- Photocopy of social security cards for all household members
- Primary Lender Information sheet
- Copy of Loan Estimate
- Copy of Corrected/Updated 1003 Uniform Residential Loan Application (borrower(s) signed)
- Copy of borrower(s), including non-borrower spouse CreditReport
- Copy of gift letter(s)
- Copy of Title Report (when available)
- Copy of Appraisal (when available)

<b>Applicant Name:</b>		<b>SSN:</b>		<b>Age:</b>	
<b>Co-Applicant Name:</b>		<b>SSN:</b>		<b>Age:</b>	
<b>Current Address:</b>	<b>Home Phone:</b>				
	<b>Cell Phone:</b>				
<b>Email:</b>	<b>Work Phone:</b>				

Are all household members legal residents of the United States? \_\_\_\_\_

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_ Widowed: \_\_\_\_\_

Will your income/household size change in next 12 months? \_\_\_\_\_

Do you currently own a home? \_\_\_\_\_ Have you made an offer on a home to purchase? \_\_\_\_\_

If yes, what is the address? : \_\_\_\_\_  
 \_\_\_\_\_

Do you currently receive rental assistance? \_\_\_\_\_ How much do you pay for rent? \$ \_\_\_\_\_

Please list the name, age, relationship and social security number for ALL other household members:

NAME	AGE	RELATIONSHIP	SSN

\*\*\*\*\*If child(ren)'s parent do(es) not live with you, attach documentation that you have at least 50% custody.\*\*\*\*\*

All household members with income Include wages, disability income, social security, self-employment, tips, commissions, bonuses, and reimbursements from employers.	Present Gross Income	RELATIONSHIP to Head of Household	SSN
<b>TOTAL (A):</b>	\$		
ANNUAL ASSET INCOME	AMOUNT	SOURCE (NAME AND ADDRESS)	
<b>Stocks and Bonds</b>			
<b>Bank Interest</b>			
<b>Other</b>			
<b>TOTAL (B):</b>	\$		
<b>SUBTOTAL (A+B):</b>	\$		

CONFIDENTIAL INFORMATION USED FOR STATISTICAL PURPOSES ONLY Please  
complete one for Head of Household only:

Male  Female  Female Head of Household

Disabled  Number in household

Household Type:

Single, non-elderly (one person household under the age of 62)

Elderly (all household members are 62 or older)

Single parent (single parent with one or more dependents 18 years old or younger)

Two parent (two parents with one or more dependent children 18 years old or younger)

Other (any household not included in the above definitions)

Ethnicity:

Hispanic or Latino  Not Hispanic or Latino

Race:

White

Black/African American

Asian

American Indian/Alaskan Native

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native & Black/African American

Other Multi-Racial

---

Head of Household signature

Date:



**CALL HUD**  
1-800-669-9777 / 1-800-877-8339 TTY  
[WWW.HUD.GOV](http://WWW.HUD.GOV)

STUDENT CERTIFICATION FORM

This program is required to comply with 24CFR5.612 which restricts assistance to students enrolled in an institution of higher education. In order to determine eligibility, each adult household member must complete this form. .

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Check all that apply:

I am currently a student. List name of educational institution:

\_\_\_\_\_

- Full-time
- Part-time

I have been a student during the calendar year. List name of educational institution: \_\_\_\_\_

- Full-time
- Part-time

I plan on becoming a student in the next 12 months. List name of institution:

\_\_\_\_\_

I have not been a student in the current year and do not expect to become a student in the next 12 months.

- I am a Veteran of the United States Military.
- I have a dependent child.
- I am disabled.

---

Signature

Date



## Monthly Expenses

<u>List of fixed, uncontrollable, recurring household expenses</u>	<u>Monthly Expense</u>	
MidAmerican Energy (or other gas and electric)		
Water, sewer and garbage		
Telephone (landlines and cell phones)		
Gasoline		
Health Insurance		
Life Insurance		
Child Care		
Child Support/Alimony		
Car Insurance		
Cable/Satellite/Internet		
Other Monthly Expenses		
Other Monthly Expenses		Subtotal
Other Monthly Expenses		

Credit Card Name	Monthly Expense	
		Subtotal

Student Loan	Monthly Expense	
		Subtotal

Car Loan	Monthly Expense	
		Subtotal

Other Loans	Monthly Expense	
		Subtotal

# Request for Verification of Employment

<p><b>Privacy Act Notice:</b> This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective participant under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective participant or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC 1921 et. seq. (if USDA/FmHA).</p>					
<p><b>Instructions:</b> Applicant - Complete item 1, 7 &amp; 8 and turn in with application.          Employer - Please complete either Part II or Part III as applicable &amp; Complete Part IV and return directly to Agency named in item 2. The form is to be transmitted directly to SIMPCO and is not to be transmitted through the applicant or any other party.</p>					
<b>Part I - Request</b>					
1. To (Name and address of employer)			2. From (Name and address of lender)		
→			→ SIMPCO		
→			→ 1122 Pierce St.		
→			→ Sioux City, IA 51105		
I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.					
3. Signature of Housing Manager		4. Title	5. Date		6. Application Number
I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.					
7. Name and Address of Applicant (include employee or badge number)				8. Signature of Applicant	
→					
→					
→					
<b>Part II - Verification of Present Employment</b>					
9. Applicant's Date of Employment		10. Present Position		11. Probability of Continued Employment	
12A. Current Gross Base Pay (enter amount and check period)		13. For Military Personnel Only		14. If Overtime or Bonus is applicable, is continuance likely?	
<input type="checkbox"/> Annual <input type="checkbox"/> Hourly		Pay Grade _____		Overtime <input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify)		Type _____		Bonus <input type="checkbox"/> yes <input type="checkbox"/> no	
\$ _____ <input type="checkbox"/> Weekly		Base Pay        \$ _____			
12B. Gross Earnings		Rations		15. If paid hourly - average hours per week:	
Type	Year to Date	Past Year	Past Year	Flight or Hazard	\$ _____
Base Pay	Thru _____ \$ _____	\$ _____	\$ _____	Clothing	\$ _____
Overtime	\$ _____	\$ _____	\$ _____	Quarters	\$ _____
Commissions	\$ _____	\$ _____	\$ _____	Prop Pay	\$ _____
Bonus	\$ _____	\$ _____	\$ _____	Overseas or Combat	\$ _____
Total	\$ _____	\$ _____	\$ _____	Variable Housing Allowance	\$ _____
20. Remarks (if employee was off work for any length of time, please indicate time period and reason)					
<b>Part III - Verification of Previous Employment</b>					
21. Date Hired		23. Salary / Wage at Termination Per <input type="checkbox"/> (year) <input type="checkbox"/> (month) <input type="checkbox"/> (week)			
22. Date Terminated		Base _____ Overtime _____ Commissions _____ Bonus _____			
24. Reason for Leaving			25. Position Held		
<b>Part IV - Authorized Signature</b> - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA secretary, the U.S.D.A., FmHA / FHA C ommissioner, or the HUD / CPD Secretary.					
26. Signature of Employer		27. Title (Please print or type)		28. Date	
29. Print or type name signed in Item 26		30. Phone No.			