

St. Louis County Office of Community Development

Hometown Heroes Homeownership Program

I. APPLICANT INFORMATION

Applicant Name: _____ SS#: _____
Address: _____ Age: _____
City: _____ State: _____
ZIP Code: _____ Home Phone #: _____

Names and ages of ALL other household members:

<u>Name</u>	<u>Age</u>	<u>SS#</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. EMPLOYMENT INFORMATION

Applicant's Employer: _____
Employer's Address: _____
Employer's Phone #: _____
Position Held: _____

Name of other adult household member: _____

Check here if this person is also a full time student

Co-Applicant's Employer: _____
Employer's Address: _____
Employer's Phone #: _____
Position Held: _____

If more adults – please add additional page.

III. DECLARATION OF APPLICANTS

I (We) agree to abide by all the rules and regulations established for this program, including; I (We) hereby authorize St. Louis County to have access to all necessary information concerning my (our) eligibility for this program, including but not limited to employment and income verification.

I (We) understand that a photocopy of this form may be used for the purposes stated above. The original document will be on file with St. Louis County Office of Community Development for the period of affordability.

I (We) also understand (1) that receipt of this application by the St. Louis County in no way implies approval of the application or acceptance of the applicant for assistance; and (2) that approval of the application will depend upon eligibility requirements and the availability of program funds.

IV. SIGNATURES

I (We) hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge. I (We) do also give Developers, Real Estate Agents/Brokers and Housing Counseling Agencies permission to supply St. Louis County with any and all information necessary to verify whether I (We) have applied to any of their programs and am eligible for additional assistance from them.

In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void.

Applicant's Authorization Signature

Date

Applicant's Authorization Signature

Date



Please return completed application to:
St Louis Office of Community Development
Amy Ellis, Senior CD Analyst
41 S. Central Avenue, 5th Floor
Clayton, Missouri 63105