

ARE YOU A FIRST TIME HOMEBUYER?

YOU COULD QUALIFY FOR DOWN PAYMENT ASSISTANCE!

WHAT IS THE FIRST TIME HOMEBUYER PROGRAM?

The City of Jonesboro allocates part of the annual Community Development Block Grant (CDBG) funds to assist very low to moderate income citizens to purchase, for owner occupancy, properties within the city limits. The First Time Homebuyer Program provides up to \$5,000 directly to the titling company to use for down payment assistance or closing cost of a newly purchased home.

QUALIFYING FOR THE CDBG FIRST TIME HOMEBUYER PROGRAM

1. Property must be located within the City limits of Jonesboro
2. Buyer must be a first-time homebuyer
3. Applicant must qualify for loan through a mortgage lender
4. Home must meet HUD standards
5. Buyer must commit to occupy the home as their primary residence
6. Property must NOT be located in a flood zone A or AE
7. Applicant must meet HUD Income Guidelines, complete the application, and application checklist



MY CHECKLIST

- COPY OF SOCIAL SECURITY CARDS
- PROOF OF INCOME (ALL THAT APPLIES)
 - COPY OF TWO (2) MOST RECENT CHECK STUBS FROM CURRENT EMPLOYMENT
 - SOCIAL SECURITY VERIFICATION LETTER/COPY OF A MOST RECENT MONTHLY CHECK
 - COPY OF RETIREMENT VERIFICATION LETTER
 - COPY OF PENSION VERIFICATION LETTER OR CHECK STUB
 - AWARD LETTERS
 - BANK STATEMENTS (MOST RECENT CHECKING/SAVINGS)
- COPY OF MOST RECENT TAX RETURN
- COPY OF DHS AWARD LETTER
- UNEMPLOYMENT BENEFITS
- COPY OF GOOD FAITH ESTIMATE
- COPY OF COURSE CERTIFICATE
- COPY OF REAL ESTATE CONTRACT
- GRANT PAY REQUEST
- COPY OF SETTLEMENT STATEMENT

For more information Contact:

Community Development Block Grant
(CDBG) Program Manager

PHONE: 870-336-7170

EMAIL: GRANTS@JONESBORO.ORG



CDBG FIRST TIME HOMEBUYER ASSISTANCE APPLICATION

Department of Grants & Community Development

Applicant's Name

Property Address

Date

RETURN COMPLETED APPLICATION TO:

City of Jonesboro
Department of Grants & Community Development
300 S. Church St.
Jonesboro, AR 72401
Contact: CDBG Grant Manager
Phone: 870-336-7170 Fax: 870-933-4626
Email: grants@jonesboro.org

Instructions for Applicant

- Please print all sections in ink. Do not leave any section blank. If you do not know the answers, or the answer is "none" or "does not apply," please write: "none" or "N/A". If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. Please do not use liquid paper.
- As Head of Household, you will complete this application form. Each additional adult who resides in the household will also supply the necessary information for this application. It is important that all information on this form is complete and accurate. False, incomplete, or misleading information will cause your application to be delayed or rejected.
- Upon receipt of your application, we make a preliminary determination of eligibility. If your household appears to be eligible and has supplied sufficient supporting statements, documentation, and history, your application will be reviewed. All applications will be processed according to standard procedures. If later processing establishes that your household is not eligible or that you do not qualify for assistance, you will be notified and your application denied.



APPLICANT INFORMATION

Applicant's Name: _____ Social Security # _____

Address: _____

No. of years at this address: _____ Home Phone: _____

Age: _____ DOB: _____ No. of persons living in household: _____

Total monthly income for all persons living in household: _____

Marital Status: (place an **X** next to the appropriate situation)

Married _____ Single _____ Divorced _____ Widowed _____

Household Status: Single ___ Married w/children ___ Married w/o children ___

Female head of HH _____ Male head of HH _____ Two or more unrelated adults _____ Other _____

Spousal Information (if married):

Name: _____ Social Security #: _____

Date of Birth: _____ Total monthly income: _____

Family/Household Size: **Include dependents and provide birth certificates or Social Security cards for all persons residing at the above address.**

Name	Relationship to Applicant	Sex (M/F)	Age	Race	Birthdate	Legalized Alien (NA/Y/N)	Date Legalized
	Applicant						

****QUALIFIED ALIENS PER §431 of PRWORA**

Please complete the following tables:

	Applicant	Co-Applicant
Checking Account		
Savings Account		
Cash		
CD's		
Securities (stocks, bonds, etc.)		
Retirement Account		
Other		

Monthly Gross Income <i>(Page 3)</i>		Total: \$
Monthly Expenses:	Food	
	Food Stamps (Total)	
	Lights	
	Gas	
	Water	
	Telephone	
	Carfare	
	Insurance	
	Car expenses	
	Clothing	
	Misc.	
<i>Fixed Payments:</i>	Loans	
	Home Payment	
	Car Note	
	Other-List (Medical)	
	Other-List	
	Other-List	
	Other-List	
Total Monthly Expenses <i>(subtract food stamps)</i>		Total: \$

Check here if additional information is attached.

FY 2025 Income Limits Summary

Area: City of Jonesboro FY 2025 Median Family Income: \$ 79,300								
-----ADJUSTED INCOME LIMITS (by household size)-----								
	1	2	3	4	5	6	7	8 +
	Person	Person	Person	Person	Person	Person	Person	Person
Extremely Low Income (30% Limits)	\$16,700	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150	\$49,200	\$52,350
Very Low Income (50%)	\$27,800	\$31,750	\$35,700	\$39,650	\$42,850	\$46,000	\$47,600	\$50,650
Low & Moderate Income (80%)	\$44,450	\$50,800	\$57,150	\$63,450	\$68,550	\$73,650	\$78,700	\$83,800

** Note: HUD generally uses the Office of Management and Budget (OMB) area definition in the calculation of income limit program parameters.*

NOTICE: The client information collected with this application is confidential. The release of information is prohibited with respect to services provided when not directly connected to administration of the program, or the City of Jonesboro. Written consent must be obtained from such person receiving service and, in the case of a minor, that of a responsible parent/guardian prior to the release of information contained in this application.

I/We certify that all information provided here in writing, and that which I may state is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I /We agree to provide any documentation needed to assist in determining eligibility and are a matter of public record. I acknowledge that false, fictitious or fraudulent statements or representations to defraud the City of Jonesboro of funds voids my application for assistance and is punishable by fines not to exceed \$10,000 or imprisonment for not more than five (5) years, or both, under U.S.C. Title 18. I/We understand that it is the obligation of the City of Jonesboro to prosecute violations. I/We also certify that we will reside as residents of the address listed over a period of the next five (5) years. I/We authorize the City of Jonesboro to investigate the information I/we have given on my/our application for assistance, which may include contacting the Department of Human Services regarding my/our household size and/or the type of assistance I/we are currently receiving from the state.

Applicant

Date

Spouse (if applicable)

Date

PLEASE NOTE: THE FOLLOWING MUST ACCOMPANY THE APPLICATION IN ORDER TO BE PROCESSED.

- COMPLETED APPLICATION
- COPY OF SOCIAL SECURITY CARDS
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 - COPY OF TWO (2) MOST RECENT CHECK STUBS FROM CURRENT EMPLOYMENT
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