

City of Cheyenne
Housing and Community Development Office
2101 O'Neil Avenue, Room 309, Cheyenne, WY 82001
Telephone (307) 637-6255
Fax: (307) 637-6231
CHOP APPLICATION

Please provide all the information requested. This information is requested in addition to the Fannie Mae Form 1003. All information is kept confidential and used only to determine program eligibility. Lenders return the completed Application Packet to the Housing and Community Development Office (H&CD) Office at the above address. When a pre-qualified applicant finds a home to purchase, the H&CD Office will collect a \$30.00 non-refundable administrative fee before further processing. **If payment is by check, make it payable to the City Treasurer.**

For Office Use Only:		
Date App Rec'd: _____	Date App Fee Rec'd: _____	App Number: _____

Name of Applicant _____	Phone Number _____
Social Security Number _____	Date of Birth _____
Name of Co Applicant _____	Phone Number _____
Social Security Number _____	Date of Birth _____
Present Address _____	
Address of Property to Purchase _____	

OTHER HOUSEHOLD MEMBERS

Name	Age	Relationship	Full-Time Student	Employed

TOTAL ALL OTHER HOUSEHOLD MEMBERS INCOME

Gross Monthly Income	\$ _____	Liquid Assets	\$ _____	Sub-total 1	\$ _____
Overtime	\$ _____	Checking	\$ _____	Sub-total 2	\$ _____
Part-Time Employment	\$ _____	Savings	\$ _____	Grand Total	\$ _____
Total Monthly Income	\$ _____	Deposits	\$ _____		
Sub-Total 1	\$ _____	Sub-Total 2	\$ _____		

CHOP ASSISTANCE VERIFICATION

To be completed by lender		To be completed by H&CD Office	
Closing & Down payment Costs	\$ _____	<i>Funds expended can't exceed maximum allowable program limit.</i>	
*Applicant's Portion (minus)	\$ _____	Filing Fees (plus/minus)	_____ \$34.00
CHOP Assistance Requested	\$ _____	Inspection Fees (plus/minus)	_____ \$150.00
*Minimum amount of \$750.00		Total CHOP Funds Available	\$ _____

CLOSING INFORMATION

The good faith estimate of closing prepared by _____, phone number _____, of _____.

The proposed closing date: _____. City check to be made out to: _____.

VERIFICATION

It is the H&CD Office policy to verify all information contained in this application. In acknowledgment of this policy, please sign your name(s) where indicated and complete the Authorization to Release Information form(s).

I/We certify that all of the information contained in this application and the Fannie Mae 1003 form is true and complete to the best of my/our knowledge and belief. I/We are aware that false statements or information will terminate my/our right to receive assistance.

In compliance with CHOP policy, I/we certify that we (a) do not own any real property, are a first time home buyer (b) understand the home to be purchased must be owner-occupied, i.e. it cannot be purchased and then later rented, (c) understand the H&CD Office will verify occupancy annually through the term of the mortgage, and if I/we are no longer living on the premises that the total amount of assistance provided is immediately due and repayable to the City, and (d) understand if the home is sold, rented, leased or transferred in any manner that the total amount of assistance provided is immediately due and repayable to the City.

Applicant Signature: _____ Date _____

Co-Applicant Signature _____ Date _____