



Town of Davidson
Affordable Housing Department
216 South Main Street
P.O. Box 579
Davidson, NC 28036
704.892.7591

Dear Applicant:

Thank you for your interest in the Town of Davidson’s Affordable Housing Program. Please complete the attached application and return it to our office by hand, mail, or email with attention to Taylor Craven tcraven@townofdavidson.org. Make sure to include all necessary supporting documentation as your application cannot be processed based on partial or incomplete information.

Please note that while a handful of homes in the program are reserved for those making up to 120% of the current Mecklenburg County area median income, most affordable homes for resale are reserved for those making 80% or under of the current Mecklenburg County area median income. The purpose of program prequalification serves to ensure that those applying for affordable housing meet the income criteria specified in the deed restrictions specific to the home that is being offered for sale. This application is also used to prequalify individuals and families for the program in a general manner so that they may be contacted when homes within the program are available for sale.

This application does not qualify applicants for acceptance into the program or guarantee an applicant’s right to place an offer on a home in the program or guarantee any timeline for such opportunity. The application does not qualify applicant for any mortgage products. All applicants will need to obtain mortgage prequalification prior to submitting an offer on an affordable home. The information provided in this application is time sensitive; if more than 3 weeks lapse before making an offer on a home, updated information will need to be provided.

If you have a change in financial circumstances, wish to withdraw from consideration or if you have any questions regarding the program or how to complete the application please contact Taylor Craven tcraven@townofdavidson.org.

2022 – 2023 Mecklenburg County Area Median Income at a Glance:

Size of Household	Median Income 80% Limit	Median Income 120% Limit
1	\$52,750	\$79,200
2	\$60,300	\$90,480
3	\$67,850	\$101,760
4	\$75,350	\$113,040
5	\$81,400	\$122,160

Town of Davidson – Affordable Housing Department

P.O. Box 579

216 South Main Street

Davidson, NC 28036

Tel. (704) 892-7591

Fax (704) 892-3971

Town of Davidson Affordable Housing Program Pre-qualification

Check all that apply:

I am applying for a specific property for sale in the affordable housing program.

The property address is: _____

I am applying for informational purposes to find out if my current income and circumstances meet general program requirements.

I would like to be contacted about any homes that become available within the affordable housing program. My preferred email address is: _____

Applicant Information:

Name:

First

MI

Last

Address:

Street

City

State

Zip Code

Telephone: Home: (____) _____ – _____ Work: (____) _____ – _____ Cell (____) _____ – _____

Email: _____

Preferred method of contact: _____

____/____/____

Date of Birth

CURRENT Housing Arrangement (please circle all that apply):

a. Currently Renting - if so, how long? (If less than 2 years, include previous address and length of time)

b. Homeowner with mortgage ____ how many years? _____ Homeowner without mortgage

c. Living with family member d. Owned a Home in last 3 years

Household Type (please select the most accurate)?

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single Adult
- 4. Two or unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Family/Household Size: ____ **How many dependents** (other than those listed by any co-borrower)? ____

What ages are they? ____, ____, ____, ____, ____, ____

Are there non-dependents who will be living in the home (please select one)? ____ Yes ____ No

If yes, list below:

Relationship Age

Relationship Age

CURRENT Annual Family or Household Income: \$ _____

Co-Applicant Information:

Name:

First

MI

Last

Address:

Street

City

State

Zip Code

Telephone: Home: (____) _____ - _____ Work: (____) _____ - _____ Cell (____) _____ - _____

Email: _____ Preferred method of contact: _____

____/____/____
Date of Birth

Primary Applicant Employment:

CURRENT Primary Employer:

Title

Length of Employment

(Please Circle) Part-Time or Full-Time

Gross Income (pay before taxes are taken out): \$ _____

This amount is paid: ___hourly ___weekly ___every two weeks ___twice a month ___monthly

CURRENT Secondary Employer:

Title

Length of Employment

(Please Circle) Part-Time or Full-Time

Gross Income (pay before taxes are taken out): \$ _____

This amount is paid: ___hourly ___weekly ___every two weeks ___twice a month ___monthly

Co-Applicant Employment:

CURRENT Primary Employer:

Title

Length of Employment

(Please Circle) Part-Time or Full-Time

Gross Income (pay before the taxes are taken out): \$ _____

This amount is paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

CURRENT Secondary Employer:

_____ Title

_____ Length of Employment

(Please Circle) Part-Time or Full-Time

Gross Income (pay before the taxes are taken out): \$ _____

This amount is paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly

INCOME			<i>Please print clearly</i>	
Type of Income	Applicant Monthly Amount	Co-Applicant Monthly Amount		
Salary				
Alimony/ Spousal Support/Child Support (proof required)				
Rental Income				
Social Security				
Pension /Retirement Income				
Public Assistance				
Self-employment Income				
Dependent SSI Income				
Disability Income (Is it permanent? Yes/No)				
Other Employment/Income Sources				
Are you about to receive additional funds (e.g., tax refunds, inheritance, etc.)? Yes/No				
If yes, how much?				

LIQUID FUNDS/ SAVINGS/ INVESTMENTS			<i>Please print clearly</i>	
<i>Please list the approximate value of the following:</i>	APPLICANT	CO-APPLICANT		
Checking account				
Savings Account				
Cash				
Securities (stocks, bonds, etc.)				
Retirement Account				
Other Liquid Funds				

Additional Information:

Have you owned a home in the last three (3) years: ____yes____no

Have you ever owned a home: ____yes____no

Do you currently have any ownership interest in real property: ____yes____no

Privacy Policy and Practices

We value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as income, employment history, financial assets, and bank account information.

Confidentiality and Security

We restrict access to personal information about you to those employees who process applications. We take reasonable efforts to maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, and user authentication to protect your information.

In the event that information is inadvertently released or subject to a security breach or random ransomware attack, I acknowledge that I will not hold the Town of Davidson, its employees, and officials legally responsible for such a breach and waive my claim for any damages thereof. I acknowledge that I will black out all financial accounts/ numbers on submitted documents to protect my privacy.

Applicant Signature / Date

Co-Applicant Signature / Date

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

I understand that I may revoke my consent to these disclosures by notifying the Town of Davidson’s Affordable Housing Department in writing.

App Name (Signature)

Client’s Name (Print)

Date

Co-App Name (Signature)

Co-App Name (Print)

Date

Supporting Document List

Income-Related Documents

- Pay stubs for last three months