



CITY OF
VINELAND
WHERE IT'S ALWAYS GROWING SEASON

Community Development Program

640 E Wood St, 4th Floor

CDP@vinelandcity.org

Phone: (856) 794-4077

**APPLICATION FOR THE CITY OF VINELAND
HOME OWNERSHIP ASSISTANCE PROGRAM (HOAP)**

First Name (Applicant) Middle Last Name

Phone Email

Current Mailing Address

City State ZIP

Identification Type Identification Number Exp. Date

First Name (Co-Applicant) Middle Last Name

Phone Email

Current Mailing Address

City State ZIP Household Size: ____ / ____
Adults/Children

Identification Type Identification Number Exp. Date

Priority is given to applicants who currently rent within the program target area and plan to buy the same house they are now renting. Do you plan to buy the house you are now renting?

☐ ☐

Yes No

Does the applicant(s) intend to occupy the property as their primary residence?

☐ ☐

Yes No



Community Development Program

640 E Wood St, 4th Floor

CDP@vinelandcity.org

Phone: (856) 794-4077

By signing below, you indicate that you are aware that this program:

- Allows you six months to go to settlement on a 1-4 family, Multi-Dwelling, or Condo residential property located within the HOAP target area, occupied a minimum of 50% of the property as primary residence
- Requires that you are responsible for locating an eligible house and securing a mortgage
- Provides down payment and/or closing cost assistance of up to \$5,000, pending availability of funds. Assistance is in the form of a no-interest secondary mortgage on the property you are purchasing. To receive assistance, you will be required to sign a contract in which you agree to live in the property purchased under this program as your primary residence. The loan provided by this program is repayable in full at the time that you cease using the property purchased under this program as your primary residence.
- Requires participants to provide a minimum of \$500 toward the down payment and closing costs of the purchase, not including funds from this or any other government program
- Provides funds only at or after settlement on the property and only for closing costs and/or down payment

Signature of applicant

Date

Signature of co-applicant

Date

For a HOAP application to be considered, you must:

- Have an agreement to purchase a home in the HOAP target area
- Have a mortgage pre-approval letter
- Have a loan estimate

Lender

Contact Name

Phone

Email

Address of property to be purchased

Property type: ____ Single Family ____ Multi-Dwelling ____ Condo

Settlement Date

Purchase Price

Loan Amount

For Office Use Only:

Received Date: _____

☐

In Person

☐

Mail

☐

Email

Commitment Issued by: _____

Date: _____



640 E Wood St, 4th Floor

Phone: (856) 794-4077

HOAP Target Area Boundaries

West Ave, between Chestnut & Oak (Western Boundary)

