



Down Payment and Closing Cost Assistance (HOME Program)

Dear Applicant,

I have enclosed an application for the Down Payment and Closing Cost Assistance Program and a list of documentation needed to determine your eligibility.

HOW TO COMPLETE THE APPLICATION

1. Please **complete** the application as **thoroughly** as possible.
2. **Do not leave blanks.** If not applicable, write NA or 0.
3. Return application with all necessary verifications. An application that is not complete and/or has missing verifications will not be reviewed.
4. Submit your application plus verifications in person or by mail/email to my attention at Housing Assistance Corporation, 460 West Main Street, Hyannis, MA 02601.
5. **Once eligibility is determined** an appointment will be scheduled with you to discuss the program and how it works.

Thank you.

Sincerely,

Karin M. Bar

Karin M. Bar
Housing Counselor
508-771-5400, ext. 289
kbar@haconcapecod.org
FAX: 508-778-7514



**THE FOLLOWING DOCUMENTATION IS NEEDED
TO COMPLETE THE APPLICATION:**



Please remember that **ALL HOUSEHOLD** income must be counted, even if only one person is obtaining the mortgage.

1. ____ **Two months of most recent, consecutive pay stub copies for all working members of the household, 18 years and older.**
2. ____ **Verification of Employment Form** - From all employers for all working members of the household, 18 years and older. **Your employer must complete and sign this form.**
3. ____ **No Income Certification** - If a member of your household is 18 years or older and **NOT** working, a **notarized statement** to that effect is needed. This applies to **all** household members.
4. ____ **Child support documentation** - Child support (Copy of Divorce Decree, Child Support Order, Copy of support checks), If you have children eligible for child support and you do **NOT** receive child support, please provide a **NOTARIZED statement** to that effect.
5. ____ **Student Status Certification** - Please complete one of these for each child 18 years of age or older who is a full time student in order to have some of their income not counted in the household income total.
6. ____ **Verification of any other household income** - ie: Social Security, SSI, VA benefits, unemployment benefits, and/or public assistance. We need official statement of monthly amount received for the current year. **(Copies only)**
7. ____ **Savings account statements** - Submit the most recent bank statement **copy** (Savings).
8. ____ **Checking account Statements** - Submit the **2** most recent bank statement **copies** (Checking).
9. ____ **Verification of Asset form** - **your bank(s) complete the attached form** stating your 6 months' average balance. You will need to make copies if you have several banking institutions. Sign the form before presenting to bank.
10. ____ **FEDERAL(not MA)Tax Returns (1040)-Copies** of **signed** tax returns for the past three (3) years. You **WILL** have to provide **all three** years. We will also need W-2's and 1099-R Forms for the most current full year. If you have not filed a tax return for any of the years requested, you will need to call 800-829-1040 and request a printout that there is no tax return on file for said year(s).
11. ____ **Copy of accepted, signed Offer to Purchase or Purchase and Sale Agreement.** (The P&S is needed for the file, but we can begin the process with a signed Offer.)
12. ____ **Copy of pre-approval letter from your Lender.**
13. ____ **Voluntary Acquisition Notice must be signed by you and initialed by Seller. This must be presented and dated before the P&S is signed.**

SELF EMPLOYMENT

People who are self-employed will need to submit ALL of the above documentation **plus** the following:

1. ____ **Copies of SCHEDULE C** for the past two (2) years.
2. ____ **A NOTARIZED Profit & Loss STATEMENT** reflecting your earnings and expenses, year-to-date, through end of most recent month.

DOWN PAYMENT & CLOSING COST PROGRAM APPLICATION



Date of Application _____ **Lender:** _____ **Price:** _____
Property Address: _____

PERSONAL INFORMATION – PLEASE PRINT CLEARLY

Applicant Name: _____ Co-Applicant Name: _____
 Address: _____ Address: _____
 Town: _____ State: _____ Zip Code: _____ Town: _____ State: _____ Zip Code: _____
 Home Telephone Number: _____ Home Telephone Number: _____
 Cell Phone Number: _____ Cell Phone Number: _____
 E-Mail*: _____ E-Mail*: _____
 Employer: _____ Employer: _____
 Occupation: _____ Occupation: _____
 Yrs. In current job: _____ Yrs in occupation: _____ Yrs. In current job: _____ Yrs in occupation: _____

*Housing Assistance Corporation would like to provide you with information regarding our upcoming events and programs through your email. If you prefer not to get these emails, please check this box.

HOUSEHOLD COMPOSITION (List the head of household and all members who will be living in the home you purchase. Give relationship of each member to the head of household.)

Full Name: *List Head of Household first	Social Security Number	Relationship to Head of Household	Age	Full time Student over 18
		SELF		

What do you currently pay for rent? _____ Do you receive rental assistance (Sec. 8/MRVP)? _____
 Does any member of your household currently or within the past three years own/owned any residential property? _____
 If yes, please give details: _____

Homebuyer education:

Down Payment & Closing Cost Program (DPCCP) participants must complete a pre-purchase homebuyer education course. I have attended a Home Buyer Education Workshop series. Yes _____ No _____
 If yes, location _____ Date _____ (Provide copy of certificate)



Do you have down payment money available? YES Amount: \$ _____ NO

(Remember, you need to have at least 1.5% of the purchase price of your OWN money for down payment.)

ASSETS

Type	Cash Value	Annual Income from assets	Bank Name
Checking Accounts			
Savings Accounts			
Retirement Plans			
Real Estate Owned			
Stocks			
Other (i.e. rental property, lump sum payment)			

LIABILITIES (Car loan, Credit Cards, Student loans, etc.)

Type	Creditor's Name	Monthly Payment	Unpaid Balance	Due Date

ANNUAL INCOME

Source	Applicant	Co-Applicant	Other Household Members 18 & up	Total
Salary				
Overtime Pay				
Commissions				
Fees				
Tips				
Bonuses				
Interest Dividends				
Net Income From Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, etc., Received periodically				
Unemployment Benefits				
Workers Compensation				
Alimony, Child Support				
TAFDC				
Part Time Work				
Other				
Total for each household member:				

TOTAL HOUSEHOLD INCOME \$ _____

NOTE: If you anticipate that a person (i.e. parent, significant other, etc.) will be added to your household within 12 months following application, their name, relationship, and income must also be included. If a member of the household over the age of 18 is NOT working, he/she must provide, as part of the required verification, a signed notarized statement describing the current situation.

Resident Status: (Applicant) U.S. Citizen: _____ Legal Permanent Resident: _____ No Status: _____
(Co-Applicant) U.S. Citizen: _____ Legal Permanent Resident: _____ No Status: _____

Minority Status: (Optional)

Ethnicity: **Hispanic:** _____ **Non Hispanic:** _____

Race: (Optional)

- Native American /Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander Other (non-White)

Multi Race:

- American Indian or Alaskan Native *and* White Asian *and* White
 Black or African American *and* White Other Multiple Races
 American Indian or Alaskan Native *and* Black or African American

Are you or an immediate family member or is anyone in the household an employee of Housing Assistance Corporation or Barnstable County? (Immediate family includes, whether by blood, marriage, or adoption, a spouse, parent, step-parent, child, step-child, brother, sister, step-brother or step-sister, grandparent, grandchild, and in-laws.) **YES** ___ **NO** ___ If yes, explain: _____

Certification, Disclosure, Understandings & Authorization

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or neglect misrepresentation(s) of information contained in this application may result in civil liability, and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq., and liability for monetary damages to the lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon misrepresentation which I/we have made on this application.

Use of Information Disclosure: The information collected will be used to determine whether you are eligible to participate in various programs which may include the Down Payment Closing Cost Assistance Program (DPCCP) and/or lotteries. This information may be disclosed as required and permitted by law outside the Housing Assistance Corporation or the Cape Cod Commission without your consent including to your employer for verification of income and employment, to financial institutions for verification of information and to the lottery monitoring agent (if applicable).

Authorization: I/We consent to the disclosure of such information for the purpose of income and verification related to my/our application.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Send completed application **AND** all verifications and documentation to:

Housing Assistance Corporation, Attn.: Karin Bar
460 W. Main Street
Hyannis, MA 02601

Email: kbar@haconcapecod.org

Fax: 508-775-7530



Verification of Employment

Applicant: _____ SSN: _____ - _____ - _____

Signature: _____

Part II: Employer Information (To be Completed by Applicant)

Name of Employer _____

Address of Employer _____

Phone _____ Fax _____ Email _____

Part III: Employment Information (To be Completed by Employer)

1. Date of Employment _____ Position/ Occupation _____

2. Date of Termination (if applicable) _____

3. Current Rate of Pay \$ _____ per **HOUR WEEK MONTH** (Indicate One)

4. Current Rate of Overtime \$ _____ per **HOUR WEEK MONTH** (Indicate One)

5. Do you anticipate any change in the employee rate of pay in the near future? YES ___ NO ___

If YES, Revised rate \$ _____ Effective Date: _____

6. Number of hours employee typically works per week: _____ Weeks per year: _____

7. Do you anticipate any change in the number of hours the employee works? YES ___ NO ___

8. Gross annual earnings you anticipate for this employee for the next twelve months \$ _____

9. Does this employee receive tips, bonuses, overtime, or commissions? YES ___ NO ___

Please indicate annual amount: Tips\$ _____ Bonuses\$ _____ OT\$ _____ Commission\$ _____

10. Anticipated average amount of overtime per week: _____

11. Does this employee receive paid vacation time? YES ___ NO ___

12. Does this employee receive sick pay leave? YES ___ NO ___

13. If the employee's work is seasonal or sporadic, indicate lay-off periods _____

14. Does this employee receive an earned income tax credit? YES ___ NO ___

If YES, indicate amount included in paycheck \$ _____

15. Does employee participate in a retirement plan/401K? YES ___ NO ___

16. Add'l remarks: _____

Completed By: _____ Date _____

(Name and Title)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of the United States as to any matter within its jurisdiction.



THIS FORM TO BE COMPLETED BY BANK(S), PLEASE



VERIFICATION OF: Assets on Deposit

Housing Assistance Corp. Attn.: Karin Bar 460 W. Main Street Hyannis, MA 02601 AUTHORIZATION: Federal regulations require us to verify assets on deposit of all members of the household applying for participation in the HOME program which we operate. We ask your cooperation in supplying this information, which will be used only to determine program eligibility. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Checking Account No. _____ _____	Average Monthly Balance for last 6 months _____ _____	Current Interest Rate _____ _____	
	Savings Account No. _____ _____	Average Monthly Balance for last 6 months _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	
Retirement Savings (IRA, Keogh, 401K)	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____
Money Market Funds	Money Market Funds _____ _____	Amount (Average 6 mo. Balance) _____ _____	Interest Rate _____ _____	
Release: I hereby authorize the release of the requested information. _____ Signature of Applicant Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Lender Representative Signature _____ Printed Name _____ Title: _____ Name of Institution: _____ Date: _____ Telephone: _____			
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.				





NO-INCOME CERTIFICATION

THIS SECTION MUST BE NOTARIZED – To be completed if you are 18 or older

DATE: _____

I, _____, hereby certify that I am not currently employed and I do not receive income of any kind. If I should receive income from any source in the future, I shall report it to Housing Assistance Corporation.

DO NOT SIGN UNTIL IN THE PRESENCE OF A NOTARY PUBLIC

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Warning – Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U. S. as to matters within it's jurisdiction.

COMMONWEALTH OF MASSACHUSETTS

Barnstable, SS: _____, 20 _____

Then personally appeared _____, proved to me through satisfactory

evidence, which was/were _____

Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed and acknowledged to me that he/she/they signed it voluntarily for its stated purpose.

Notary Public

My Commission Expires



live



learn



work



grow



VERIFICATION OF STUDENT STATUS

I HEREBY AUTHORIZE THE RELEASE OF INFORMATION REQUESTED BELOW TO HOUSING ASSISTANCE CORPORATION

HEAD OF HOUSEHOLD – PLEASE PRINT

STUDENT NAME – PLEASE PRINT

SOCIAL SECURITY #

STUDENT SIGNATURE

DATE

COMPLETE SCHOOL NAME

SCHOOL PHONE #

SCHOOL'S COMPLETE MAILING ADDRESS

THIS FORM MUST BE RETURNED TO HOUSING ASSISTANCE CORPORATION BY

TO BE COMPLETED BY SCHOOL

This is to certify that _____ is

enrolled as a full-time student.

Anticipated completion date: _____

AUTHORIZED NAME/TITLE

PHONE #



live



learn



work



grow



VOLUNTARY ACQUISITION NOTICE

Date: _____

Dear _____:

_____ (Buyer) is interested in acquiring property you own at

_____ and may receive funding assistance from the US Department of Housing and Urban Development (HUD) through the Barnstable County HOME Consortium's Down Payment/Closing Cost Program that is administered by Housing Assistance Corporation (HAC).

Please be advised that neither HAC nor _____ (Buyer) has the authority to acquire your property by eminent domain. In the event we cannot reach an amicable agreement for the purchase of your property, we will not pursue this proposed acquisition.

We are prepared to offer you \$_____ to purchase your property. We believe this amount represents the current market value of your property.

In accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA), owner-occupants who move as a result of a voluntary acquisition are not eligible for relocation assistance.

If you have any questions about this notice, please contact Karin Bar, Housing Counselor, 508-771-5400 x 289, kbar@haconcapecod.org.

Sincerely,

Buyer – print name and sign

Buyer – print name and sign

This notice was delivered to _____ on _____ (date):
(Seller please initial below) Please print Seller name(s)

_____ by hand/in person

_____ via email

_____ via fax

PLEASE RETURN INITIALED NOTICE TO KARIN BAR at the above email or fax to 508-775-7530.

