

City of North Lauderdale Community Development Department 701 S.W. 71st Avenue North Lauderdale, Florida 33068 Telephone: (954) 722-0900

Purchase Assistance Program

If you have not owned a home in the past three years and are interested in becoming a homeowner, the City of North Lauderdale may have funds available for down payment and/or closing costs to income eligible homebuyers.

Program: Income eligible applicants will be awarded a maximum of \$30,000 each in grant funds for lender required down payment and/or closing cost assistance. This assistance will help you purchase an eligible property (i.e., single family residence, townhome, condominium) focusing on vacant, abandoned, and/or foreclosed properties located anywhere within the City of North Lauderdale. Assistance will be in the form of an interest free loan requiring no repayment if program requirements are met. The property must be owner-occupied as the "primary residence" for ten (10) years after closing. If a default occurs, as defined by the grant guidelines, including but not limited to the rental of the home, you will be subject to repayment of the full loan amount as this constitutes a default. While no minimum household income is required, the applicant must have sufficient income to repay debt and maintain the housing unit. Property must meet Housing Quality Standards as per 24 CFR 982.401. Property must be in immediately habitable condition (i.e. no significant or major repairs can be needed AND must have appliances or proof thereof). The City of North Lauderdale is not responsible for code violations, liens, open permits, or illegal structures. The City of North Lauderdale will not award subsidy financing if any code violations, liens, and/or open permits exist.

Security: This interest free loan will be secured by a second mortgage (lien) on the property.

Eligibility: Eligible households are those who HUD annual incomes are at or below eighty percent (80%) of Area Median Income for the current fiscal year as adjusted for household size. See income eligibility limits below. Applicant is **responsible** for contributing 1% of purchase price of home or \$1,000, whichever is greater, towards the down payment amount required by the lender, and must **already** be qualified by a lender for a first mortgage with an escrow account. Applicants must not have filed bankruptcy within the past 24 months.

Household-Size Income Eligibility

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$45,300	\$51,750	\$58,200	\$64,650	\$69,850	\$75,000	\$80,200	\$85,350
	Effe	ective April 201	8 – Established	l by Federal Gu	idelines – Subje	ect to Change.	

<u>First Mortgage Restrictions:</u> The City will provide assistance in combination with private sector mortgage of your choosing which meet the following conditions:

- Fixed Rate
- 30 Year Term
- Mortgage not to exceed prime + two (2) points
- Adjustable Rate Mortgages are not eligible
- No balloon payments
- No prepayment penalties

Closing Costs and Lender's Fees: The intent of the Purchase Assistance Program is providing income eligible households with an opportunity for home ownership. The City of North Lauderdale believes this is best facilitated by working with lenders who will offer clients affordable, prime-market loan products with fees commensurate with industry standards. Generally, lenders may charge up to one point for origination of the loan and up to one point on discount. All other lending fees must be reasonable and cannot exceed \$500 or 0.5% of the loan amount, whichever is greater.

Application process: Applicants must fully complete the application and provide <u>copies</u> of the required documentation as described in this application in order to be considered for any assistance. Applicants must also **complete** an eight-hour HUD approved first-time homebuyer certification class (if you have not taken the class, please call and sign-up with one of the agencies listed below or any agency of your choosing that is HUD certified). As soon as your completed application is returned with **all** copies of the required documentation, it will be reviewed for eligibility. Please call (954) 724-7069 and select option 3 if you need assistance or information about the application and to schedule an appointment to submit your application. **NO WALK-INS.** The applicant is the person who will own the house and is responsible for the mortgage payment. If you intend to own the house with someone else, and they will also be occupying the property as their primary residence, co-applicant information **must** be provided. If you're married, your spouse must be listed as the co-applicant in the application. Only U.S. Citizens and permanent residents can apply for the program. Please note that funds for pre-qualified applicants are distributed on a **'first ready, first qualified, first served'** basis. The City of North Lauderdale reserves the right to cancel any and all applications based on lack of funding availability. Eligibility is not determined until all items listed above have been submitted. If documents/information is not submitted with completed application at the time of scheduled appointment, your application will not be accepted and you will have to reschedule. **Important:** If you have owned residential property or commercial property within the last three (3) years. You are <u>not</u> eligible for this program.

First Time Homebuyer Education Programs HUD Approved Counselors

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	Development Corporation	W: http://oasiscdc.org	Pompano, FL 33060	

APPLICATION SUPPORTING DOCUMENTATION LIST

Dear Applicant(s),

Thank you for showing interest in the Purchase Assistance Program. Attached is the application package. Due to Federal funding requirements, all the information in the package must be completed. In addition to filling out the Borrower Application, **COPIES** of the following documents are required to be submitted with your application. **Staff will NOT make copies of required documents.** (These documents will not be returned to you.)

- 1. Proof of **one** of the below identifications for all persons over 18 years of age that will reside at the property.
 - State issued picture ID
 - Passport

Resident's Card

Naturalization Paper

- 2. Marriage Certificate or Divorce Cree (if applicable).
 - If your spouse has passed away please provide a copy of the death certificate.
 - The State of Florida does not recognize separation.
- 3. Proof of Number of Dependents (dependents must be listed on your tax return). Submit **one** of the following:
 - Birth Certificate with applicant's name listed
 - Court ordered letter of guardianship

Divorce decree
 Letter of Adoption

Letter of Adoption

Note: If a dependent is at least 18 and is a full time student please submit a copy of their class schedule in addition to the above documents.

- 4. Social Security Cards for all household members.
- 5. Pre-approval/pre-qualification Letter from the Lender of your choice
 - Must include company's name, loan officer contact information (phone, e-mail, etc.)
 - Maximum amount of first mortgage and terms
- 6. First-time Homebuyer Class Certificate (8 hours) *From a HUD certified agency (within 12 months)
- 7. "Gift letter" if a relative is GIVING you funds toward the purchase
 - Specific dollar amount of the gift and the date the funds were deposited/transferred to borrower's account
 - Donor's name, address, contact number and relationship to applicant
 - Statement from the donor saying no repayment is expected
- 8. Assets (for all household members) including but not limited to:
 - Most recent statements for all IRA's, 401Ks, 457K, Retirement/Pension, stocks, bonds, annuities.
 - Certificate of deposit (CD) statement
 - Six (6) months of recent and consecutive bank statements for all bank accounts. ALL PAGES
 - Proof of the value of additional property that you own (land, homes, & boats)
- 9. Employer Verification Form (page 6 of the application which has to be filled out by HR or Supervisor)
- 10. Proof of Income (household members 18 years old and older). SUBMIT ALL THAT APPLY
 - Three (3) recent and consecutive pay stubs.
 - Child Support court order, divorce decree, or a printout from the agency ordering the child support.
 - Alimony/Palimony divorce decree or court order.
 - Social security/SSI Benefit Statement.
 - VA Benefits, Worker's Compensation, Unemployment benefits
 - Pension or insurance payments

Note: If unemployed, an unemployment affidavit will need to be completed at our office by each non-working individual 18 years and older and Certification of Zero Income (if no income at all)

11. Two (2) Most recent Federal Income Tax Return(Signed) $\bf OR$ Transcript from the IRS

*(For Transcript call 1-800-829-1040)

- Self-employment Three (3) most recent Federal Income Tax Return or Transcript from the IRS
- Year to Date Profit and Loss Statement
- 12. Two (2) Associated W2s or 1099s or Schedules
- 13. If receiving food assistance (Food Stamps, WIC, etc.) please provide statement

Once your completed application and all required documents are received, staff will review and make a determination of eligibility.

Sincerely,

Jenna Gottlieb

Administrative Clerk



City of North Lauderdale 701 S.W. 71st Avenue
North Lauderdale, Florida 33068
Telephone (954) 724-7069

Purchase Assistance Program Application

Information contained herein shall be kept confidential and shall be used only for the purpose of determining eligibility in the Purchase Assistance Program. All information supplied will be verified. PLEASE PRINT CLEARLY.

Address: Sity: State: Zip Code:	APPLICANT			
Contact Number:	First Name:	Last Name:		Middle Initial
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ASSETS (For ALL household members) (Please attached additional page if needed)

Type (Circle One)	Bank Name	Account Number	Cash Value
Checking Savings Both			
Checking Savings Both			
Checking Savings Both			
401(k) Pension(s)			

AVERAGE MONTHLY HOUSEHOLD EXPENSES: (For everyone who pays the following)

Water: \$	Phone: \$	Car Payments: \$	Debt:\$
Cell Phones: \$	Cable /Internet:\$	FPL: \$	Car Insurance: \$

APPLICANT	<u>YES</u>	<u>NO</u>	SPOUSE/CO-APPLICANT	YES	<u>NO</u>
Are there any outstanding judgments against you?			Are there any outstanding judgments against you?		
Have you declared bankruptcy within the past seven years?			Have you declared bankruptcy within the past seven years?		
Been party to a lawsuit? Are you obligated to pay alimony, child support, or separate maintenance?			Been party to a lawsuit? Are you obligated to pay alimony, child support, or separate maintenance?		
Are you a co-maker or endorser on a note?			Are you a co-maker or endorser on a note?		
EXPLANATION:					

CITY OF NORTH LAUDERDALE AGREEMENT AFFIDAVIT AND RELEASE

The undersigned(s) understands that the does not guarantee acceptance or apprapplicant or the City of North Lauderdal with and in association with this applica public records laws. The undersigned(s) this application, which requires a loan to program. The undersigned(s) further un (5) to ten (10) years depending upon the provide the requested documents during for any damage, and I/we the undersigned are true and made for the purposes of programs that all income from every Verifications may be obtained from any that it is a federal crime punishable by concerning any of the above facts, as ap 1014.	roval, and no commitment is here. I/We further understand that altion, are public records, and as sure applies to participate in the Purco be secured as a second mortgage derstands that he/she must own an ergant award. As well as compute term of the grant. The City of the term of the grant. The City of the resigned further understands that a participating in this Purchase Asseption of the household is a resource named in the application fine or imprisonment or both, to	reby made on the part of either the l information and documents provided ch are subject to the State of Florida's chase Assistance Program indicated in the on the property received through this and live in the unit for a period of five plete the Declaration of Domicile and of North Lauderdale is not responsible the City from any and all liabilities to all statements made in this application istance Program. The undersigned(s) occurately listed on this application. The undersigned fully understands knowingly make any false statements
SIGNATURE OF APPLICANT	DATE	
SIGNATURE OF CO-APPLICANT	DATE	
AUTHORIZATION F	ORM REQUIRED BY FEDER	AL PRIVACY ACT
IMPORTANT – APPLICANT(S) READ necessary for the Program/Lender to sup approval from you to allow them to release on your application. Please sign the approximation of the program of the	ply the appropriate agencies you l se information from your files to	isted on your Application with written verify the information you provided
This authorizes the Program/Lender to hemployment, sources of other income, crePurchase Assistance Application.		
	XXX-XX-	
SIGNATURE OF APPLICANT	LAST FOUR OF SOCIAL	DATE
SIGNATUDE OF CO. ADDITION OF	XXX-XX-	DATE
SIGNATURE OF CO-APPLICANT	LAST FOUR OF SOCIAL	DATE

AFFIDAVIT OF ALTERNATIVE INCOME SOURCES AND

FINANCIAL RECORDS RELEASE

NOTE: This form must be filled out, witnessed and notarized in its entirety to be valid.

WARNING Section 817, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.

I/We do solemnly swear that I/We do not receive ANY form of alternative income at the present time nor in the past 12 months other than which is reported on my application. I/We understand that the term "alternative income applies to ANY form of funds that I/We may have received whether taxable or non-taxable.

I/We hereby grant permission and authorize any: bank, employer, insurance agency, lender, creditor and Governmental Agency to release information that is requested by the City of North Lauderdale or its authorized representative. I/We understand this information shall only be used to determine my financial status to qualify for a City of North Lauderdale sponsored program.

I/We understand this information is required to process the Purchase Assistance Program application. Refusal to provide this form in a properly completed manner will be grounds for disqualification. I/We understand that incorrect or misleading statements of material fact shall be grounds for disqualification. I/We understand this form is only to be used for determining my status and in no way assures qualification. I/We agree to provide all requested information.

I/We certify that I/We have read the terms and conditions of this release. I/We fully understand and grant permission as requested. I/We understand this form will only be valid for 6 (six) months after the date of signing.

Applicant Name Printed	
Applicant Signature	Date:
Co-Applicant Name Printed	
Co-Applicant Signature	Date:
STATE OF FLORIDA) COUNTY OF BROWARD)	
The foregoing instrument was acknowledged before me this day of, 20	
By	
☐ Personally known ☐ Produced Identification <u>Driver License/State Identification Card/Resident</u>	: Card
Notary Public Signature	

Notary Public Stamp/Seal:





COMMUNITY DEVELOPMENT DEPARTMENT (Please make a copy and provide this form to each employed member of the household.)

Section 817.03, Florida Statutes, provides that willful false statements or misrepresentations concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and are punishable by fines and imprisonment as provided pursuant to Sections 775.082 and 775.083, Florida Statutes.

APPLICANTS PLEASE COMPLETE THE TOP PORTION AND THEN SUBMIT TO SUPERVISOR OR HUMAN RESOURCES DEPARTMENT. Dear Employer,

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in CDBG funded program which we administer. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

RELEASE: I hereby authorize the release of requested information for the sole purpose of determining eligibility for this program assistance.

Signature of Applicant	Printed Name Please submit form to your empl		ate
APPL	ICANT NOT TO FILL OUT F	•	
Please pro	vide information about the anticipated en	mployment during the next 12 months:	
Applicant Name:			
Position:		<u></u>	
Length of employment:	Pay Rate: \$	# of hours per week	
Frequency of Pay: 🗖 Hourly	y 🗖 Weekly 🗖 Bi-Weekly 🗖 T	wice A Month Monthly	
Overtime Pay Rate: \$	Average overtime hour	s/wk:	
Amount of other compensati	on (bonus, raise, commission, tip	s): \$	
Frequency of other compens	ation: Monthly Quarterly	☐ Annually	
Gross Income for last year: \$	Year to date in	come: \$	
Retirement Account (Yes	□No):\$ Amount	t Accessible to employee: \$	
		• •	
Company Name:			
Representative Printed Name	o:		
Phone #:			
C: 1 D	resentative:	ъ	te:

Thank you in advance for your cooperation in this matter. Your prompt return of the requested information will be appreciated. Should you have any questions, please call our office at (954) 724-7069 and select option 3. This form can be faxed to (954) 597-4843, Attention: Jenna Gottlieb or returned with the employee.

NOTE: This form must be completed in its entirety to be valid.