



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



Dear Applicant:

Thank you for your interest in the Homebuyer Assistance Program administered by the Louisville Metro Office of Housing and Community Development (OHCD). Please find enclosed the Homebuyer Assistance Program application packet. **The first six (6) pages are for you to keep, please read them thoroughly, especially Application Process Map on page. These pages will help you determine if you are eligible to apply, inform you of the application process and more.**

The Homebuyer Assistance Program is available to any household at or below 80% of the median income limits adjusted for family size and also are credit eligible. All applicants must be income and credit qualified in order to qualify for the Homebuyer Assistance Program. Applicants will be notified of their eligibility upon processing of an application. **Applications are processed in the order they are received. If your application is incomplete, you will be notified of the missing documentation, but your application will not be processed. Only COMPLETED application packets (including all attachments) will be processed. Please note that staff will not make copies of your original documents. SUBMIT COPIES ONLY! Original documentation will not be returned. Please do not print application double sided.**

Application processing takes 30 days from receipt of a completed application.

Once an applicant qualifies, applicants are encouraged to engage a Realtor (if not already done so) and begin searching for a home. **If you are submitting your application with an executed contract, your application will be processed in the order in which it was received. Additionally please have your realtor extend your sales contract to accommodate 6-8 weeks of processing your application. Staff is not able to “fast-track” applications. Income and credit qualification DOES NOT guarantee assistance to an applicant.** Final amount of homebuyer assistance, if any, will be based upon each individual applicant’s need in relation to the purchase of a specific property and how the purchase of the property helps to achieve the goals of the Homebuyer Assistance Program. Metro does not have a waiting list and Metro does not reserve funds being requested for assistance. The program is based upon a first come, first serve basis, subject to case review board approval.

Due to the confidential nature of our documents, we stress that the completed application be mailed or hand delivered. Please return your completed application packet to:

Louisville Metro Government – Develop Louisville
Attn: Homebuyer Assistance Program
444 S. 5th Street 5th Floor
Louisville, KY 40202

Packet must be Mailed or Hand Delivered (Please Do Not Fax or Email)

Staff is not available to see you without an appointment. If you would like to set up an appointment, or if you have any questions, need assistance with your application, or would like to know the status of your application, please contact The Office of Housing and Community Development at (502) 574-4016

Thank you,

The Homebuyer Assistance Program



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



Eligible Homebuyers

The Homebuyer Assistance Program is available to any homebuyer that is looking to purchase an existing or newly constructed home in the Louisville Metro area. You **do not** have to be a first time buyer to qualify. However, all homebuyers must be credit and income qualified.

- **Homebuyer(s)' gross income must be 80% or below of the area median income adjusted for family size, as determined by HUD. There shall be no unpaid collections on credit report for the homebuyer(s) and no un-discharged bankruptcies.** Metro will allow homebuyer(s) to have up to \$10,000 in medical collections and still qualify for the program.

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$37,200	\$42,500	\$47,800	\$53,100	\$57,350	\$61,600	\$68,850	\$70,100

- All applicant(s) must attend homeownership counseling classes from a HUD certified counseling agency in order to obtain the required certificate and to apply for the Homebuyer Assistance Program.

Homeownership Counseling Agencies

NID-HCA - (502) 810-9200
Louisville Urban League - (502) 585-4622
The Housing Partnership, Inc (502) 585-5451

- **Married couples** must complete homeownership counseling and be determined income/credit eligible to participate in the program.
- Applicant(s) must obtain first mortgage financing through a local lender. *(No adjustable rate or pre-payment penalty mortgages will be accepted.)*
- Applicants who need a co-signer to obtain a first mortgage are not eligible for the down payment assistance program.
- If a homebuyer(s) has liquid assets of \$15,000.00 or more, they will be required to contribute the difference between the balance of their liquid assets and the total amount allowed by the program (\$15,000) towards the purchase of home
- Homebuyer(s) must be able to financially contribute to the purchase of the property through, at minimum, the payment of prepaid expenses, the good faith deposit, and payment of a Recording Fee of \$36.00 to Metro. The homebuyer(s) good faith deposit must be credited against the purchase of the home, **and, under no condition will funds from the closing will result in cash back to the homebuyer(s).** The homebuyer's financial contribution must equal a minimum amount of \$500 (does not include Recording Fee) and Metro encourages the homebuyer to personally provide at least 2% in down payment.

Eligible Properties and Ownership

- **The Homebuyer(s) must occupy the home purchased as their principal, primary residence for the term of the Mortgage.**



DEVELOP LOUISVILLE OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT HOMEBUYER ASSISTANCE PROGRAM



- Homebuyer(s) can purchase an existing or a newly constructed home in the Louisville Metro area. For newly constructed homes, proof of certificate of occupancy is required prior to acquisition of the home.
- Homes determined by MSD to be in a flood plain are not eligible for the down payment assistance program.
- The property purchase price may not exceed the HOME Homeownership Value Limits established by HUD.
- The home purchased must be a single-family residence, condominium or co-op unit
- An appraisal of the property must be performed and the appraisal must include an estimate of the fair market value.
- A title report must be obtained to show proof that the seller(s) have legal or equitable title to the property and can give a lien on the property.
- Potential homebuyers are encouraged to purchase and rehabilitate vacant and abandoned properties (VAP). Funding can be utilized toward the rehabilitation of a vacant and abandoned property if a potential homebuyer utilizes a FHA 203(k) mortgage.
- Assistance is provided in the form of a forgivable second Mortgage and Note in the Louisville Metro area which will be recorded together, in the Office of the Jefferson County Clerk.
- A five-year lien is placed on loans under \$15,000. One hundred percent (100 %) of the Note amount shall be forgiven at the end of the five year "Loan Term".
- A ten-year lien is placed on loans over \$15,000 - \$39,999. After the expiration of five (5) years from the date of the Note, twenty percent (20 %) of the Note amount shall be forgiven for each full year from the sixth (6th) through the tenth (10th) year of the "Loan Term", with the entire amount being forgiven after ten (10) years from the date of the Note.
- A fifteen-year lien is placed on loans over \$40,000 and over. After the expiration of five (5) years from the date of the Note, ten percent (10 %) of the Note amount shall be forgiven for each full year from the sixth (6th) through the fifteen (15th) year of the "Loan Term", with the entire amount being forgiven after fifteen (15) years from the date of the Note.

Additional Guidelines For Applicants

- Applications are on reviewed on a first come first serve basis by the case review board, funding CANNOT be reserved for a potential homebuyer.
- **It is recommended the homebuyer(s) submit and qualify for the Homebuyer Assistance Program PRIOR TO entering into a contract to purchase a home.** If you are submitting your application with an executed contract, please have your realtor extend your sales contract to accommodate 6-8 of processing your application. Staff is not able to "fast-track" applications. Additionally if a homebuyer(s) completes an application after obtaining a ratified sales contract, they may be deemed ineligible for assistance.
- Upon submitting a completed Home Purchase Packet, the amount of assistance available to a Homebuyer(s) will be determined and approved by the case review board. **The amount of assistance is based upon homebuyer(s)' need and goals of the Homebuyer Assistance Program. There is no guarantee the applicant will receive assistance. The case review board may deny assistance to an applicant.**
- Process can take 60-120 days from beginning to end, depending on each homebuyer's circumstances



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM
INCOME LIMITS
Effective June 15, 2017**



All applicants must be at or below 80% of the median income.

INCOME LEVEL	1 PERSONS	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
30% OF MEDIAN	\$13,950	\$16,240	\$20,420	\$24,600	\$27,780	\$32,960	\$37,140	\$41,320
50% OF MEDIAN	\$23,250	\$26,600	\$29,900	\$33,200	\$35,900	\$38,550	\$41,200	\$43,850
80% OF MEDIAN	\$37,200	\$42,500	\$47,800	\$53,100	\$57,350	\$61,600	\$65,850	\$70,100

HOUSING COUNSELING AGENCIES

LOUISVILLE URBAN LEAGUE

www.lul.org
(502)585-4622

NID-HCA SICKLES

www.nidonline.org
(502)810-9200

THE HOUSING PARTNERSHIP, INC

www.wearehpi.org
(502)585-5451

ONLINE COUNSELING AGENCY

www.ehomeamerica.org



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



**PROGRAM OBJECTIVES, GOALS, and
INCENTIVES**

Effective October 20, 2017

Louisville Metro Government (Metro) through its department, Develop Louisville – Office of Housing and Community Development, utilizes a portion of its entitlement of HOME Investment Partnerships Program (HOME) funds towards assisting Louisville Metro low to moderate income residents achieve homeownership. Upon submitting a completed Home Purchase Packet, the amount of assistance available to a Homebuyer(s) will be determined and approved by the case review board. The amount of assistance is based upon homebuyer(s)' need and goals of the Homebuyer Assistance Program. There is no guarantee the applicant will receive assistance. The case review board may deny assistance to an applicant. As an incentive for homebuyers (when funds are available), those that meet one or more of the program goals will be eligible to receive greater than the minimum -amount of assistance established per their underwriting for their commitment to achieving the goals of the program. Homebuyers are eligible to meet more than one goal and receive the corresponding incentive. Based on each homebuyer a minimum of \$500 and a maximum of \$15,000.00 can be earned in incentive. The objectives, goals and incentives of Metro's Homebuyer Assistance Program are as follows:

Objective	Goal
Assist homebuyers in becoming informed consumers in order to successfully navigate real estate transactions and to understand the responsibility of homeownership in order to assist in preventing future foreclosures	Homebuyer(s) completes pre-purchase homebuyer counseling from a HUD-Certified Counseling Agency and can provide a certificate of completion. Incentive Amount \$500.00 <i>(*If funds are available)</i>
Incentivize the purchase of homes by low to moderate income residents in areas to encourage mixed-income neighborhoods and the de-concentration of poverty	Homebuyers that select a home in a mixed income area will earn * Incentive Amount \$1,500.00 <i>(*If funds are available)</i>
Incentivize homeownership in Metro's Neighborhood Revitalization Strategy Areas (NRSA); https://louisvilleky.gov/government/housing-community-development/public-notices-federal-plans-and-project-compliance	Homebuyer selects a home in Metro's NRSA area. Incentive Amount \$5,000.00 <i>(*If funds are available)</i>
Encourage reinvestment in Louisville Metro's vacant and abandoned properties	Homebuyer selects a vacant and abandoned** or blighted*** property OR whose loan type is a 203K. Incentive Amount \$10,000.00 <i>(*If funds are available)</i>

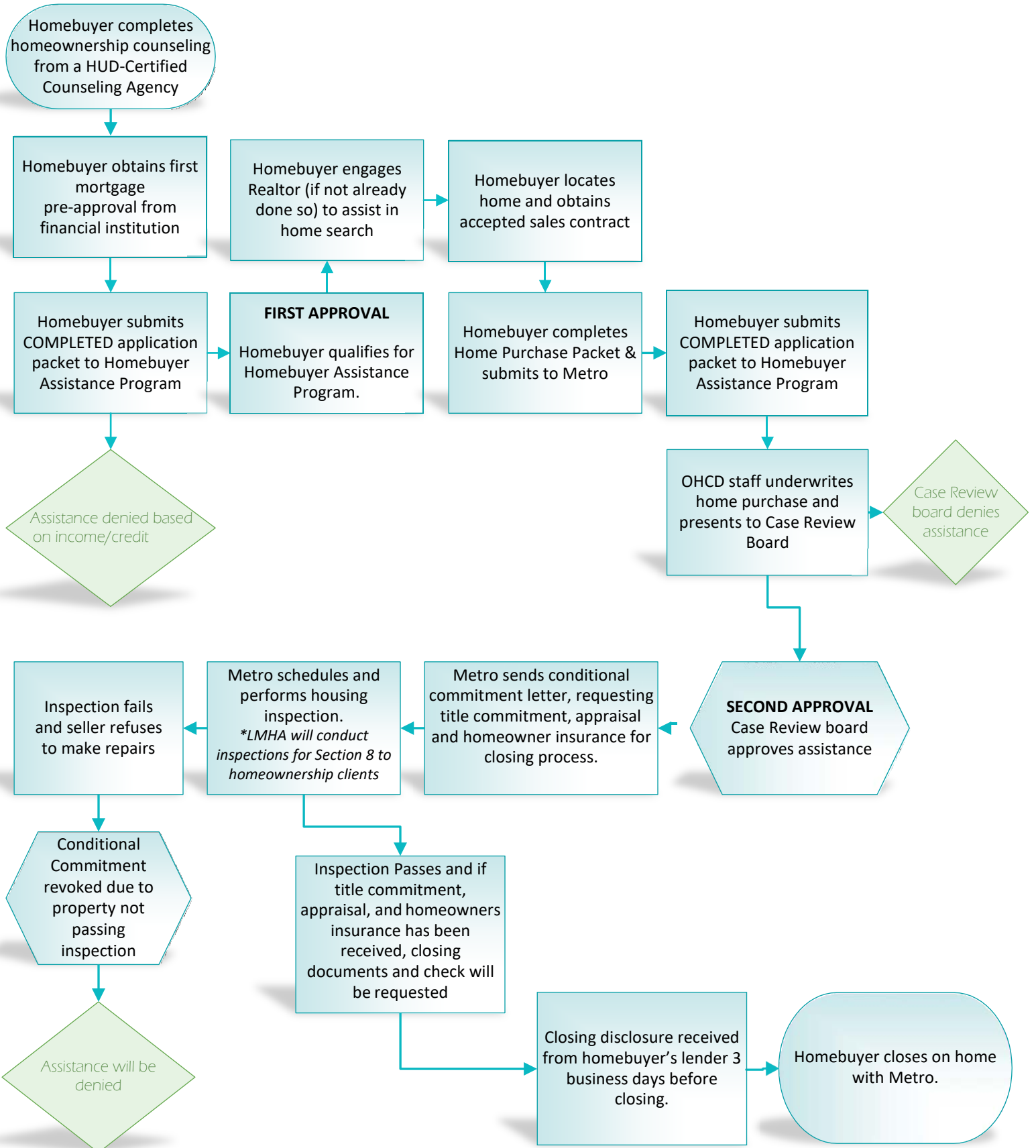
**DPA funding and incentives are based on fund availability and cannot be guaranteed.*



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



APPLICATION PROCESS





**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM
DOCUMENTATION CHECKLIST**



To process your application you must supply this office with the completed application along with following forms. **YOU MUST PROVIDE A COMPLETED APPLICATION FOR IT TO BE CONSIDERED BY THE PROGRAM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** Please submit application with this signature page as your first page. For your convenience, please check off each item you've obtained.

Application

- First page of application (page 8)
- Budget from Homeownership Counseling or Completed Budget (page 9)
- Release Form (Bottom of page 9) *(This form is necessary for OHCD to obtain documents on your behalf, if necessary, from your first mortgage lender. This form lists all necessary documentation needed by OHCD's Homebuyer Assistance Program to process an application)*
- HUD Direct Benefit Form (page 10)
- Tax Form 4506 (page 11)
- W-9 Request for Taxpayer Information (page 12)
- Declaration of Section 214 Status (everyone in household must complete separate sheet) (page 13-15)
- Verification of Employment Form completed by EMPLOYER (may be emailed, mailed or faxed in if not included with packet) (page 16)
- Affidavit of Income (please read this carefully before signing and submitting. All household members age 18 or older) (page 17 & 18)

Additional Documentation

- Copy of Homeownership Counseling Certificate (minimum of 6-8 hours (depending upon housing counseling agency) of pre-purchase counseling is required. Additional hours may be required per the housing counseling agency.)
- Copy of Pre-Approval Letter from Lender
- Copies of driver's license (Picture I.D.) for applicant, spouse or co-applicant
- Copies of Social Security Cards for **ALL** household members
- Two (2) months current consecutive pay check stubs show year to date income
- Any Additional income (SSI,SS, Disability, Pension)
- Copies of any interest bearing accounts (checking or saving), dividends, and/or other net income from real or personal property (All household members age 18 or older)
- Current Year Federal Taxes and W-2's
- Housing Choice Voucher Homeowner Worksheet (Section 8) (If Applicable)
- Copy of Divorce Decree (If Applicable)

By signing below you are attesting that you are submitting a completed application with supporting documentation.

Signature: _____ Date: _____



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM
APPLICATION FOR HOMEBUYER ASSISTANCE**



*Please submit this application for approval to:
Homebuyer Assistance Program, 444 S. 5th Street 5th floor, Louisville KY 40202*

Applicant's Name: _____ **Social Security #** _____

Marital Status (Check): Married Divorced Widowed Single Separated D.O.B. _____

Present Address of Applicant: _____

Present Employer Applicant: _____

Phone: _____ Email: _____

Co-Applicant's Name: _____ **Social Security #** _____

Marital Status (Check): Married Divorced Widowed Single Separated D.O.B. _____

Present Address of Applicant: _____

Present Employer Applicant: _____

Phone: _____ Email: _____

Total Gross Household Annual Income: _____ Number in Household: _____

Have you filed bankruptcy?: _____ If yes, when was it discharged? _____

Are you employed, or related to an employee of Louisville Metro Government? YES _____ NO _____

Name _____ Relationship: _____ Department: _____

Are you receiving Section 8 Assistance: YES _____ NO _____ Amount \$ _____

Name of Bank or Lending Institution: _____

Loan Officer: _____ Phone#: _____ Email: _____

Builder/Realtor Name: _____ Phone#: _____ Email: _____



**DEVELOP LOUISVILLE
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HOMEBUYER ASSISTANCE PROGRAM**



Home Purchase Price Range \$ _____

	Current	Future (Post Home Purchase)
Monthly Income (Wages, SSI, etc.)		
Additional Income		
<u>Total Income</u>		
Monthly Housing Expenses (rent, utilities, insurance)		
Monthly Debt / Loan Payments (car, credit card, student loans, etc.)		
Monthly Additional Expenses (Groceries, Child Care, Medical, Miscellaneous)		
Monthly Savings		
<u>Total Expenses</u>		
<u>= Total Income – Total Expenses</u>		

RELEASE – MUST BE SIGNED & DATED

I, the undersigned homebuyer(s), applying for a soft second mortgage from Louisville Metro Government – Develop Louisville, give(s) permission to same, to obtain any and all information needed in processing this loan. All information obtained will be used only for the purpose of processing of loan.

According to the Financial Privacy Act of 1978, I understand that this information is required for Louisville Metro Government and U.S. Department of Housing and Urban Development (HUD) due to Federal regulations associated with the use of HOME funds to make a second mortgage to me, and that the information will be used for no other purpose or released to any other Government Agency or Department without my consent as required or permitted by law.

Applicant

Spouse/Co-Applicant

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____



**DEVELOP LOUISVILLE
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HOMEBUYER ASSISTANCE PROGRAM**



**HUD Direct Benefit Form
FOR FEDERAL REPORTING PURPOSES ONLY**

The following information is required for reporting purposes to the U. S. Department of Housing and Urban Development and will not be used in the determination of eligibility.

Number of bedrooms: _____ Household Monthly Gross Income: _____

HEAD OF HOUSEHOLD INFORMATION:

Single/Non Elderly	_____	Elderly	_____
Related/Single Parent	_____	Related / Parent	_____
Handicap	_____	Other	_____
Female Head of Household	Yes _____	No _____	

Race/Ethnicity:

White	_____	Black/African American	_____
Asian	_____	American Indian / Alaska Native	_____
Native Hawaiian / Pacific Islander	_____	American Indian/Alaska Native & White	_____
Asian & White	_____	Black or African American & White	_____
Other Multi-Racial	_____	Hispanic	Yes _____ No _____

.....
Please list all household members including live in aides and those that may reside at home part time.

Number of Household Members _____

Other members of Household: Relation to Head	Age	Social Security #
Name: _____		
Name: _____		
Name: _____		
Name: _____		
Name: _____		

Request for Copy of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note. If the copies must be certified for court or administrative proceedings, check here

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$ 50.00
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Caution. Do not sign this form unless all applicable lines have been completed.
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

DECLARATION OF SECTION 214 STATUS

INSTRUCTIONS: EACH HOUSEHOLD MEMBER MUST COMPLETE THIS DECLARATION.
A PARENT/GUARDIAN MUST SIGN FOR FAMILY MEMBERS UNDER AGE 18.

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ **SEX** _____ **DATE OF BIRTH** _____

SOCIAL SECURITY # _____ **ALIEN REGISTRATION NO.** _____

ADMISSION NUMBER _____ IF APPLICABLE, (THIS IS AN 11-DIGIT NUMBER FOUND ON INS FORM I-94, DEPARTURE RECORD)

NATIONALITY _____ (ENTER THE FOREIGN NATION OR COUNTRY TO WHICH YOU OWE LEGAL ALLEGIANCE. THIS IS NORMALLY, BUT NOT ALWAYS THE COUNTRY OF BIRTH.)

INS/SAVE VERIFICATION NO. _____
(TO BE ENTERED BY OFFICE PERSONNEL) **Date verified**

INSTRUCTIONS: COMPLETE THE DECLARATION BELOW BY PRINTING OR TYPING THE PERSON'S FIRST NAME, MIDDLE INITIAL, AND LAST NAME IN THE SPACE PROVIDED. THEN REVIEW THE BLOCKS DESIGNATED BELOW AND COMPLETE EITHER BLOCK NUMBER 1, 2, OF 3.

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am:
Print name

1. A CITIZEN OR NATIONAL OF THE UNITED STATES

If you checked this block, no further information is required. Sign and date below and forward this Format to the Down Payment Assistance Office. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS IN THE CATEGORY CHECKED BELOW:

- (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101(a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101(a) (15), respectively). {Immigrants} (This category includes a noncitizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker] , who has been granted lawful resident status);
- (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);
- (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under Section 207 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203 (a) (7) of the INA (8U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U.S.C. 1182(D)(5)) [parole status];
- (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life of freedom]; or
- (vi) A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255A) [amnesty granted under INA 245A].

3. NOT CONTENDING ELIGIBLE IMMIGRATION STATUS AND I UNDERSTAND THAT I AM NOT ELIGIBLE FOR FINANCIAL ASSISTANCE.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to Louisville Metro Government – Develop Louisville, Homebuyer Assistance Program Office.

If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

If you checked this block and you are 62 years of age or older and receiving US Government

Assistance on June 19, 1995, you should submit proof of age document together with this form, and sign here:

Signature

Date

OR

If you checked this block and you are under 62 years of age, you must submit one of the following documents:

- ___ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ___ 2. Form I-94, Arrival-Departure Record, with one of the following annotations:
 - “Admitted as Refugee Pursuant to Section 207;
 - “Section 208” or “Asylum”
 - “Section 243(h)” or “Deportation stayed by Attorney General”;
 - “Paroled Pursuant to Section 212(d)(5) of the INA”
- ___ 3. Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- ___ 4. Form I-688, temporary Resident Card, which must be annotated “Section 245A” or “Section 210”;
- ___ 5. Form I -688b, employment authorization card, which must be annotated “provision of law 274a.12(11)” or “provision of law 274a.12;
- ___ 6. A receipt issued by the ins indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant’s entitlement to the document has been verified;
- ___ 7. Form I -151, alien registration receipt card.

If this block is checked, sign and date below, and submit the documentation required to: Louisville Metro Government – Develop Louisville, Homebuyer Assistance Program Office. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

VERIFICATION OF EMPLOYMENT
PLEASE HAVE YOUR EMPLOYER COMPLETE INFORMATION
AND FAX TO OUR OFFICE AT (502) 574-4199

DEVELOP LOUISVILLE
444 S. 5TH STREET 5TH FLOOR
LOUISVILLE KY 40202
HOME BUYER ASSISTANCE PROGRAM

AUTHORIZATION: FEDERAL REGULATIONS REQUIRE US TO VERIFY EMPLOYMENT INCOME OF ALL MEMBERS OF THE HOUSEHOLD APPLYING FOR PARTICIPATION IN THE HOME PROGRAM WHICH WE OPERATE AND TO REEXAMINE THIS INCOME PERIODICALLY. 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.

YOUR PROMPT RETURN OF THE REQUESTED INFORMATION WILL BE APPRECIATED.

EMPLOYED SINCE: _____ SALARY: _____

OCCUPATION: _____

EFFECTIVE DATE OF LAST INCREASE: _____

BASE PAY RATE:

\$ _____/Hour; or \$ _____/Week; or \$ _____/Month

Average hours/week at base pay rate: _____ Hours

OR # OF WEEKS _____ WORKED/YEARLY

OVERTIME PAY RATE: \$ _____/HOUR

EXPECTED AVERAGE NUMBER OF OVERTIME HOURS WORKED PER WEEK DURING NEXT 12 MONTHS _____

TOTAL EXPECTED PAY EARNINGS. \$ _____

TOTAL EXPECTED OVERTIME EARNINGS. \$ _____

PROBABILITY AND EXPECTED DATE OF ANY PAY INCREASE: _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

FOR: _____ \$ _____ PER _____

IS PAY RECEIVED FOR VACATION? YES NO

IF YES, NO. OF DAYS PER YEAR _____

DOES THE EMPLOYEE HAVE ACCESS TO A RETIREMENT ACCOUNT? YES NO

IF YES, WHAT AMOUNT CAN THEY GET ACCESS TO:

\$ _____

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.

Name of Business: _____

Signature _____

Authorized Representative

Title: _____

Date: _____

TELEPHONE: _____

PLEASE COMPLETE ALL INCOME INFORMATION OR
SUBMIT EXPLANATION OF NO ENTRY

(PLEASE ATTACHED SEPARATE SHEET FOR ADDITIONAL INCOME)

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.



GREG FISCHER
MAYOR

**DEVELOP LOUISVILLE
LOUISVILLE, KENTUCKY**

**AFFIDAVIT OF INCOME FOR HEAD OF HOUSEHOLD
(MUST BE NOTARIZED)**

NOTE: Penalty for false or fraudulent statement, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

As part of the application process for the Develop Louisville – Homebuyer Assistance Program, income from any and/or all sources (such as wages from employment, SSI, Social Security, Disability, Retirement/Pension, or other outside sources contributing to household) must be verified in order to determine the household’s eligibility for our services. You are making the following statement:

My monthly income consists of: (Please list the amount of each item that applies.)

Wages \$ _____ SSI \$ _____ SS \$ _____

Pension/Retirement \$ _____ Disability \$ _____ Other \$ _____

Name: _____

Address: _____ Zip code: _____

Date of Birth: _____ Social Security Number: _____

I have been advised and understand that if I make any representation which I know is false in order to obtain assistance from the Develop Louisville – Homebuyer Assistance Program, I could be punished by a fine, imprisonment, or both; as well as having my application revoked or being required to reimburse all expenditures related to the amount of money obtained through the Develop Louisville – Homebuyer Assistance Program. I hereby affirm, under penalty of law, the above information regarding my income is absolutely accurate.

Signature of individual above: _____ Date: _____

TO BE COMPLETED BY A NOTARY:

Sworn to and subscribed before me this _____ day of _____ in the year _____ by _____
(individual referenced above).

Notary _____ Expiration date: _____



GREG FISCHER
MAYOR

**DEVELOP LOUISVILLE
LOUISVILLE, KENTUCKY**

**AFFIDAVIT OF INCOME 18 YEARS OF AGE OR OLDER
(MUST BE NOTARIZED)**

NOTE: Penalty for false or fraudulent statement, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

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Wages \$ _____ SSI \$ _____ SS \$ _____

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Address: _____ Zip code: _____

Date of Birth: _____ Social Security Number: _____

I have been advised and understand that if I make any representation which I know is false in order to obtain assistance from the Develop Louisville – Homebuyer Assistance Program, I could be punished by a fine, imprisonment, or both; as well as having my application revoked or being required to reimburse all expenditures related to the amount of money obtained through the Develop Louisville – Homebuyer Assistance Program. I hereby affirm, under penalty of law, the above information regarding my income is absolutely accurate.

Signature of individual above: _____ Date: _____

TO BE COMPLETED BY A NOTARY:

Sworn to and subscribed before me this _____ day of _____ in the year _____

By _____ (individual referenced above).

Notary _____ Expiration date: _____