# GENERAL INFORMATION

1. The Consortium will loan 25% of the purchase price plus closing costs at 0% interest for thirty (30) years.

2. A local lender will loan 73% of the purchase price at the current interest rate for thirty (30) years.

3. The interest rate must remain fixed for the price of the loan.

4. The purchaser must supply either 2% of the purchase price or $500.00, whichever is greater

5. The house can be located anywhere in Cabell County, Wayne County or the City of Huntington.

6. **Only first time homebuyers** can be assisted in the city of Huntington, and Cabell County. You do not have to be a first time homebuyer if you purchase a home in Wayne County. The definition of a first-time buyer is someone **who has not had ownership interest in a property at any time in the last three (3) years**.

7. Purchaser must have approximately $400 at time of application **with an APPROVED** lender.

8. **Maximum purchase price is $100,000.00.**

9. All applicants must be below 80% of median income, as indicated.

10. At time of application to the Consortium, you **must** furnish the most recent, three consecutive pay stubs as income verification for everyone in the household. You must also furnish to the Consortium a **signed** copy of your most recent Federal income tax statement. You must also sign an employment certification form. This form will be mailed to your employer for income verification.

11. You must attend eight (8) hours of homebuyer education classes to receive a Certificate from the Housing Consortium.

Please telephone 696-4457to receive an application by mail or come to:

HUNTINGTON CITY HALL
ROOM L-7
800 FIFTH AVENUE
HUNTINGTON, WV 25701

EQUAL HOUSING OPPORTUNITY

## INSTRUCTIONS:

12 Verify that your income is <u>below</u> the amount indicated at the bottom of this page.

13 Complete Sections A-F of the application

14 Return completed application to City Hall, HOME Program, Room L-7 or to PO Box 1659, Huntington, WV 25717

15 **<u>You must include with your application:</u>**

a Income verification for any household member who receives <u>any</u> yearly income. This includes, but is not limited to: pay roll, SSI, Social Security, Retirement, Interest on Savings, Rent from property owned, etc.

b A signed copy of your most recent Federal Income Tax return for any member of the household who must file.

c Current Income Verification means you must provide copies of the last three (3) consecutive pay check stubs for **<u>each</u>** household member who is working or receives any income such as SSI, Social Security benefits, Retirement benefits or Pensions.

16 A 2% down payment is required. Approximately $400.00 of this 2% must be paid to the lender when you make your loan application. **No money is due when returning your application to the Cabell-Huntington-Wayne Housing Consortium.** This amount is **<u>not</u>** due until you make loan application with the lender. The balance of the 2% is due at closing.

17 You must attend 8 hours of homebuyer education classes to receive your certificate for homeownership. Dates and times of these classes will be mailed to you as soon as we have them. **You must attend 8 hours of homebuyer education classes.**

**APPLICATIONS WILL <u>NOT</u> BE ACCEPTED WITHOUT INCOME VERIFICATION**

| |
|---|
| Income Limit - 1 Person $27,200 |
| Income Limit - 3 Persons $34,950 |
| Income Limit - 5 Persons $41,950 |
| Income Limit - 7 Persons $48,150 |

| |
|---|
| Income Limit - 2 Persons $31,050 |
| Income Limit - 4 Persons $38,800 |
| Income Limit - 6 Persons $45,050 |
| Income Limit - 8 Persons $51,250 |

EQUAL HOUSING OPPORTUNITY

# HOMEBUYER PROGRAM
# IN-TAKE INSTRUCTIONS

**Name, Social Security Number, Date of Birth:**

Insert full name, social security, date of birth and day time telephone number.

**Address:**

Current address and mailing address

**Dependents:**

List all persons that will reside in the new home.

**Employment:**

Current employer of each person who reside in the new home. If less than one (1) year, list previous employer (Head of household and spouse)

**Monthly Income:**

Totals must include all income from **any** resident of the

household. Income includes salaries, hourly income, SSI, Social Security benefits, VA benefits, Department of Human Services payments, other public assistance payments, rents, interest, etc.

**Assets:**

Average of Checking Account Balance
Average of Savings Account Balance
Real Estate investments
Stocks, bonds
Estimate of household furnishings
Automobile, campers, boats, etc.

***NOTE:** **Use bottom half of sheet for additional employment information for dependents or other residents of the home.**

EQUAL HOUSING OPPORTUNITY

IN TAKE FORM

## SECTION A

DATE: _____ # of persons who will be living in home _____

| APPLICANT | CO-APPLICANT |
|---|---|
| Name: _____ | Name: _____ |
| Soc. Security #: _____ | Soc. Security #: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Phone #: _____ | Phone #: _____ |
| Cell #: _____ | Cell #: _____ |

### INCOME INFORMATION

| | |
|---|---|
| Current Employer: _____ | Current Employer: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Phone #: _____ | Phone #: _____ |
| Gross Monthly Income: _____ | Gross Monthly Income: _____ |

**Other Income:** Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income:

| | |
|---|---|
| Other Income List: _____ | Other Income List: _____ |
| _____ | _____ |
| **Total Gross Monthly Income: $** _____ | **Total Gross Monthly Income: $** _____ |

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| | | |
|---|---|---|
| Inc. Veri.: _____ | Tax Forms: _____ | Inc. Summary: _____ |
| Pay Stubs: _____ | Signed Forms: _____ | Credit Report: _____ |



revised 5/28/2010

IN TAKE FORM

## SECTION A

DATE: _____ # of persons who will be living in home _____

**DEPENDENT**

Name: _____

Soc. Security #: _____

Date of Birth: _____

Address: _____

_____

_____

Phone #: _____

Cell #: _____

**DEPENDENT**

Name: _____

Soc. Security #: _____

Date of Birth: _____

Address: _____

_____

_____

Phone #: _____

Cell #: _____

## INCOME INFORMATION

Current Employer: _____

Address: _____

_____

_____

Phone #: _____

Gross Monthly Income: _____

Current Employer: _____

Address: _____

_____

_____

Phone #: _____

Gross Monthly Income: _____

time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income:

Other Income List: _____

_____

**Total Gross Monthly Income: $** _____

Other Income List: _____

_____

**Total Gross Monthly Income: $** _____

EQUAL HOUSING OPPORTUNITY

IN TAKE FORM

**SECTION A**

DATE: _____ # of persons who will be living in home _____

| **DEPENDENT** | **DEPENDENT** |
|---|---|
| Name: _____ | Name: _____ |
| Soc. Security #: _____ | Soc. Security #: _____ |
| Date of Birth: _____ | Date of Birth: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Phone #: _____ | Phone #: _____ |
| Cell #: _____ | Cell #: _____ |

**INCOME INFORMATION**

| | |
|---|---|
| Current Employer: _____ | Current Employer: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Phone #: _____ | Phone #: _____ |
| Gross Monthly Income: _____ | Gross Monthly Income: _____ |

**Other Income:** Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, part-

| | |
|---|---|
| Other Income List: _____ | Other Income List: _____ |
| _____ | _____ |
| **Total Gross Monthly Income: $** _____ | **Total Gross Monthly Income: $** _____ |

EQUAL HOUSING OPPORTUNITY

# LIST OF CURRENT DEBTS

| DEBTOR | BALANCE | MONTHLY PAYMENT |
|---|---|---|
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# ASSETS

## SECTION B

Checking Account Amount: Amount: $ _____

Account Number: _____

Bank: _____

Savings Account Amount: Amount: $ _____

Account Number: _____

Bank: _____

Stocks: $ _____

Real Estate: Market Value: $ _____

Loan Balance: $ _____

AUTO:

Year: _____ Make: _____ Value: $ _____

Year: _____ Make: _____ Value: $ _____

EQUAL HOUSING OPPORTUNITY

# INCOME CALCULATION

## Section C

Part 1:

Family Income:

Total family income for each member who will be living in the home. List below:

| | |
|---|---|
| Applicant: | $ _____ |
| Co-Applicant: | $ _____ |
| Person 1: | $ _____ |
| Person 2: | $ _____ |
| Person 3: | $ _____ |
| Person 4: | $ _____ |
| Other: | $ _____ |
| **TOTAL GROSS FAMILY INCOME:** | **$** _____ |

EQUAL HOUSING OPPORTUNITY

# Equal Opportunity Report Form

## SECTION D

The following information is being requested to satisfy equal opportunity in housing requirements of The U.S. Department of Housing and Urban Development.

Please make any categories that describe you.

Race

( ) Black/African American
( ) White
( ) Asian
( ) American Indian/Alaskan Native
( ) Native Hawaiian/Other Pacific Islander
( ) American Indian/Alaskan Native & White
( ) Asian & White
( ) Black/African American & White
( ) American Indian/Alaskan Native & Black/African American
( ) Other Multi-Racial
( ) Asian/Pacific Islander
( ) Hispanic

Elderly Status (62 and over)

Yes ( )
No ( )

Handicapped or disabled

Yes ( )
No ( )

Single Head of Household

Male ( )
Female ( )

Children

Yes ( )
No ( )

Presently reside in government assisted housing? Yes ( ) No ( )

Have you or anyone who will be living in the household ever been convicted of a Felony?

Yes _____ No _____

If yes, please specify date and offense: _____

_____

EQUAL HOUSING OPPORTUNITY

BORROWER'S CERTIFICATION

SECTION E

The Borrower certifies that all information in this application, and all information furnished in support of this application is given for the purpose of obtaining a loan under the HOME Program, and is true and complete to the best of the Borrower's knowledge and belief. Verification may be obtained from any source named herein:

| | |
|---|---|
| Signature | Signature |
| Date | Date |

**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, mor makes or uses any false writings or document, kn owing the same to contain any false, fictitious for fraudulent statement or entry shall be fined mot more than $10,000.00 or imprisoned not more than five (5) years, or both.**

# SECTION F

## AUTHORIZATION TO RELEASE INFORMATION

To Whom it may Concern:

1 I/We have applied for a Real Estate Loan from the Cabell-Huntington-Wayne Housing Consortium. As part of the application process, the Cabell-Huntington-Wayne Housing Consortium may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

2 I/We authorize you to provide to the Cabell-Huntington-Wayne Housing Consortium any and all information and documentation that they request. Such in formation includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns. The Cabell-Huntington-Wayne Housing Consortium may address this authorization to any party named in the loan application.

3 A copy of this authorization may be accepted as an original.

| SIGNATURE | SOCIAL SECURITY NUMBER |
|---|---|
| SIGNATURE | SOCIAL SECURITY NUMBER |

EQUAL HOUSING OPPORTUNITY

## VERIFICATION OF EMPLOYMENT

(Name of HOME Participating Jurisdiction)

Cabell-Huntington-Wayne Housing Consortium
PO Box 1659
Huntington, WV 25717
ATTN: Dawnetta Weekley
Phone: (304) 696-4457

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 re-examine 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.

**Insert Employers Address:**

_____

_____

_____

RELEASE: I hereby authorize the release of the requested information

_____
Print Name

_____
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.

Employed Since: _____

Occupation: _____

Effective date of last increase: _____

Base Pay Rate:

$_____ or $_____ Week; or $_____ mo.

Average hrs/week at base pay rate: _____ hrs.
# Weeks worked each year _____ **OR**
# of hours worked each year _____

Overtime pay rate: $_____ / hour

Expected average number of hours overtime worked per week during the next 12 months.

_____

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

For: _____ $_____ Per _____

Is pay received for Vacation? _____

**IF** yes, # of days per year: _____

Base pay earnings for past 12 months: $_____

Overtime earnings for past 12 months: $_____

Possibility and expected date of any pay increase: _____

Does the employee have access to a retiremente account? _____

If yes, what amount can they gain access to?
$_____

_____
Signature of Authorized Representative

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.

_____
Telephone

_____
Title

_____
Date

EQUAL HOUSING OPPORTUNITY



revised 5/26/2010

## VERIFICATION OF EMPLOYMENT

(Name of HOME Participating Jurisdiction)

Cabell-Huntington-Wayne Housing Consortium
PO Box 1659
Huntington, WV 25717
ATTN: Dawnetta Weekley
Phone: (304) 696-4457

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 re-examine 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.

**Insert Employers Address:**

_____

_____

_____

RELEASE: I hereby authorize the release of the requested information

_____
Print Name

_____
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.

Employed Since: _____

Occupation: _____

Effective date of last increase: _____

Base Pay Rate:

$_____ or $_____ Week; or $_____ mo.

Average hrs/week at base pay rate: _____ hrs.
# Weeks worked each year _____ **OR**
# of hours worked each year _____

Overtime pay rate: $_____ / hour

Expected average number of hours overtime worked per week during the next 12 months:

_____

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

For: _____ $_____ Per _____

Is pay received for Vacation? _____

**IF** yes, # of days per year: _____

Base pay earnings for past 12 months: $_____

Overtime earnings for past 12 months: $_____

Possibility and expected date of any pay increase: _____

Does the employee have access to a retiremente account? _____

If yes, what amount can they gain access to?
$_____

_____
Signature of Authorized Representative

_____
Telephone

_____
Date

_____
Title

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.

EQUAL HOUSING OPPORTUNITY

revised 5/26/2010

# CHECK SHEET

Have I:

| | |
|---|---|
| Enclosed three (3) of my most recent pay stubs? | _____ |
| Enclosed a COPY of my most recent signed Federal Income Tax | _____ |
| Signed page 11 | _____ |
| Signed page 12 | _____ |
| Enclosed copies of my spouse's most recent pay stubs? | _____ |
| Complete Section D - Voluntary questionnaire? | _____ |
| Signed Verification of Employment forms? | _____ |

NOTE: If you have filed your Federal Income Tax return, we need that copy. If you **have not** filed the most recent Federa Income Tax Return, provide us a copy of last years return. You will then need to furnish us your most recent return as soon as you have filed.

THIS APPLICATION TO PARTICIPATE IN THE CABELL-HUNTINGTON-WAYNE HOUSING CONSORTIUM HOMEUBYER PROGRAM **WILL NOT** BE PROCESSED WITHOUT ALL OF THE ABOVE MENTIONED CHECK OFF ITEMS BEING INCLUDED WITH YOUR RETURNED APPLICATION.

EQUAL HOUSING OPPORTUNITY