

GENERAL INFORMATION

- 1 The Consortium may loan up to 25% of the purchase price plus closing costs at 0% interest
- 2 The purchaser must supply either 2% of the purchase price or \$500.00, whichever is greater.
- 3 A local lender will loan up to 75% of the purchase price at the current interest rate for thirty (30) years.
- 4 The interest rate must remain fixed for the price of the loan.
- 5 The house can be located anywhere in Cabell County, Wayne County or the City of

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.**

- 6
- 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 Area Median Income (AMI), as determined annually by the Department of Housing and Urban Development.

At time of application to the Consortium, you **must** furnish the most recent three consecutive months of 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 the employment certification form. This form will be mailed to your employer for income verification.

- 10
- 11 You must attend eight (8) hours of homebuyer education classes (pre-purchasing financial counseling) to receive a Certificate from the Housing Consortium.

Please telephone 696-5540 ext. 2103 to receive an application by mail or come to:

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



INSTRUCTIONS:

- 12 Verify that your income is below 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 **You must include with your application:**
- a Income verification for any household member who receives any yearly income. This includes, but is not limited to: pay roll, SSI, Social Security, Retirement Pension and benefits , Interest on Savings, child support, Public Assistance (rental vouchers, food subsidies etc), 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 past (3) months of pay check stubs for **each** 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 a minimum 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 **not** 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 NOT BE ACCEPTED WITHOUT INCOME VERIFICATION

FY 2020 Income Limits

| |
|-----------------------------------|
| Income Limit - 1 Person \$33,150 |
| Income Limit - 3 Persons \$42,600 |
| Income Limit - 5 Persons \$51,100 |
| Income Limit - 7 Persons \$58,700 |

| |
|-----------------------------------|
| Income Limit - 2 Persons \$37,850 |
| Income Limit - 4 Persons \$47,300 |
| Income Limit - 6 Persons \$54,900 |
| Income Limit - 8 Persons \$62,450 |



**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 such as rental and nutrition assistance, rents, interest off of Savings or other investments, child support etcetera.

Assets:

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

Use bottom half of sheet for additional employment information for dependents or other

***NOTE :** residents of the home.



**IN TAKE FORM
SECTION A**

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

APPLICANT

CO-APPLICANT

Name: _____ Name: _____

Soc. Security #: _____ Page 3 Security #: _____ 6/29/2020

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 Includes: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, various forms of Public Assistance such as rental and nutrition assistance, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income and provide a copy of the award letter stating the amount assistance:

Other Income List: _____

Other Income List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



Inc. Veri.: _____
Pay Stubs: _____

Tax Forms: _____
Signed Forms: _____

Inc. Summary: _____
Credit Report: _____

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 Includes: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, various forms of Public Assistance such as rental and nutrition assistance, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income and provide a copy of the award letter stating the amount assistance:

Other Income List: _____

Other Income List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



**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 Includes: Social Security, SSI, Retirement, Pensions, Interest on Savings Accounts, Interest from Stocks, various forms of Public Assistance such as rental and nutrition assistance, part-time/occasional employment, child support, alimony and rents from properties **owned**. Please list type of income and provide a copy of the award letter stating the amount assistance:

Other Income List: _____

Other Income List: _____

Total Gross Monthly Income: \$ _____

Total Gross Monthly Income: \$ _____



LIST OF CURRENT DEBTS

| DEBTOR | BALANCE | MONTHLY PAYMENT |
|--------------------------------|---------|-----------------|
| Rent | | |
| Electric Utility | | |
| Gas Utility | | |
| Water Utility | | |
| Auto Payment | | |
| Auto Insurance | | |
| Telephone | | |
| Other Monthly Expenses (List): | | |

Year: _____

Make: _____

Value: \$ _____

Year: _____

Make: _____

Value: \$ _____



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 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:



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



AUTHORIZATION TO RELEASE INFORMATION

SECTION F

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 information 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



VERIFICATION OF EMPLOYMENT

(Name of HOME Participating Jurisdiction)

Employed Since: _____

Cabell-Huntington-Wayne Housing Consortium
PO Box 1659
Huntington, WV 25717
ATTN: Donald Kleppe
Phone: (304) 696-5540 X2103

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 retirement account? _____

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

Signature of Authorized Representative _____

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.

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

Date

Title



VERIFICATION OF EMPLOYMENT

(Name of HOME Participating Jurisdiction)

Employed Since: _____

Cabell-Huntington-Wayne Housing Consortium
PO Box 1659
Huntington, WV 25717
ATTN: Donald Kleppe
Phone: (304) 696-5540 Ext. 2103

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.

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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

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Base pay earnings for past 12 months: \$ _____

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Possibility and expected date of any pay increase: _____

Does the employee have access to a retirement account? _____

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

Signature of Authorized Representative

Telephone

Date

Title



CHECK SHEET

Have I:

Enclosed 3 months 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 Federal 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.

