

**Office of Community & Economic Development (OCED)
City of Ann Arbor Covenant Unit Resale
HOMEBUYER ELIGIBILITY APPLICATION**



THE FOLLOWING SUPPORTING DOCUMENTS ARE REQUIRED AND SUBMITTED WITH THIS APPLICATION:

- 1) Copy of executed purchase agreement; and
- 2) Copy of the pre-approval letter from the mortgage lender and buyer's **completed** loan application. Loan application must including the following: current address, assets, debt and credit information; and
- 3) Six weeks of current consecutive pay stubs; and
- 4) Copy of previous year's federal income tax return including the W-2s.
- 5) Application plus items 1-4 must be submitted prior to OCED's review.

6) Return Completed Application & ALL Supporting Documentation to:

Office of Community & Economic Development, Attn: Darnishous Thompson
415 W. Michigan Ave, 2nd Floor, Suite 2200 Ypsilanti, Michigan, 48197
734-544-6749 -FAX OR VIA EMAIL thompsond@ewashtenaw.org

Primary Applicant Name: _____

Address (street, city, state, zip): _____

Phone: (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

Email Address: _____

Co-Applicant Name: _____

Address (street, city, state, zip): _____

Phone: (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

Email Address: _____

HOUSING AND HOUSEHOLD INFORMATION

Household Member	Relationship to Primary Applicant	Gender (circle)	Date of Birth	If a minor, legal dependent	Employed?	Other source of income?
	Primary Applicant	M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		M F		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a U.S. Citizen?

Yes No

Do you live or work in Washtenaw County?

Yes No

Do you or any household member currently own a home or mobile/manufactured home?

Yes No

Do you presently rent? Yes No

Have you completed homebuyer education course from the Washtenaw Housing Education Partners?

Yes No

If yes, what date did you receive your certificate? _____

If No, did you receive pre-purchase education from another other approved agency? Yes No

If yes, please provide the name and phone number of the agency? _____

_____ Agency Name /contact _____ Phone
Number

LENDER INFORMATION

If you are working with a lender, please complete the following and attach a copy of your application and preapproval letter:

_____ Loan Officer Name _____ Company Name _____ Phone _____ Fax

Have you been pre-approved for a mortgage? Yes No Amount of loan \$

_____ Will you receive a family gift toward closing costs and/or a down payment? Yes No

If yes, amount? _____. Applicant must provide proof of funds and a notarized gift letter.

INCOME INFORMATION

Gross Income is income before taxes and other deductions. Please list the gross income of everyone in the household (regardless of whether or not they will be on the mortgage and/or deed)

EMPLOYMENT INCOME

Applicant's Current Employer: _____

Address: _____ Phone: _____

Position: _____ Dates of employment: From _____ To _____

Dates of employment: From _____ To _____ Position

_____ Gross Monthly Income \$ _____ Pay Schedule: Weekly Bi-Weekly Monthly Twice Per Month

Full time Part time Hours weekly _____

Co-Applicant's Current Employer: _____

Address: _____ Phone: _____

Position: _____ Dates of employment: From _____ To _____

Dates of employment: From _____ To _____ Position

Gross Monthly Income \$ _____ Pay Schedule: Weekly Bi-Weekly Monthly Twice
Per Month
Full time Part time Hours weekly _____

BENEFIT PAYMENTS, SUPPORT PAYMENT, OTHER INCOME:

Please list all payments any household member (including minors) receives from Social Security, Supplemental Security Income (SSI), Supplemental Security Disability Income (SSDI), Housing Assistant Payment (HAP), Workers Compensation, Disability Pay or Benefits, Unemployment Insurance, Severance Pay, Annuities, Insurance Policy Payments, Pension, Retirement Benefits, Death Benefits, Armed Forces Pay, Alimony/Maintenance, Child Support, OTHER: Money or gifts regularly given by persons not living in the home, Lottery Winnings Paid Periodically, Rental Income from Tenants; Interest, Dividends, Royalty Income, Income from Estates or Trusts, Other (please specify)

Household Member	Source of Income	Current Gross Monthly	Clarification, if needed (for example if any payments are not regular or are not expected to continue, please explain.)

APPLICANT/CO-APPLICANT CERTIFICATION

- I/We certify that all information contained in this application and all information provided in support of this application is true and complete to the best of My/Our knowledge and belief.
- I/We are aware that any misrepresentation may result in the forfeiture of my/our right to participate in the Office of Community & Economic Development Homeowner's Assistance Program and could result in legal action against Me/Us.
- I/We understand that completion of this application does not guarantee my/our eligibility for the program and/or that I/We will successfully purchase a home through the Office of Community & Economic Development Homeowners Assistance Program. I/We understand that the opportunity to purchase a home through the Office of Community & Economic Development Homeowners Assistance Program is contingent upon My/Our successful completion of all eligibility requirements.

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date

Confidentiality: In order to process an application, the City of Ann Arbor, Washtenaw County and/or its agents may supply and receive information as detailed in the "Certification and Authorization to Release Information." Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

The undersigned authorize Office of Community & Economic Development to contact any agencies, offices, groups, organizations, or employers to obtain, and agencies to release, information that is pertinent to eligibility for the purchase of a home from Office of Community & Economic Development Homebuyer Assistance Program. This information includes, but is not limited to: bank statements, employment status, credit history, income, outstanding debts, loan applications, appraisals, HUD-1 settlement statements and other financial information. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.

I/WE ACKNOWLEDGE THAT:

1. A PHOTOCOPY OF THIS FORM IS AS VALID AS THE ORIGINAL.
2. I/WE HAVE THE RIGHT TO REVIEW THE FILE AND THE INFORMATION RECEIVED USING THIS FORM (WITH A PERSON OF MY/OUR CHOOSING TO ACCOMPANY ME/US),
3. I/WE HAVE THE RIGHT TO COPY INFORMATION FROM THIS FILE AND TO REQUEST CORRECTION OF INFORMATION I/WE BELIEVE INACCURATE.

_____	_____	_____
Signature of Applicant	Social Security Number	Date
_____	_____	_____
Signature of Co-Applicant	Social Security Number	Date

WASHTENAW COUNTY HOME /CDBG PROGRAMS

Acknowledgment & Permission to Publish Notice of Conflict of Interest

On behalf of the Washtenaw Urban County Executive Committee, Washtenaw County provides down payment assistance and other types of homeownership assistance to low-income homebuyers in Washtenaw County. In the administration of these grants, Washtenaw County must follow the conflict of interest regulations for these programs, which prohibit any employee or elected official of the following jurisdictions from benefiting from these programs: Washtenaw County, the City of Ann Arbor, the City of Saline, the City of Ypsilanti, Ann Arbor Township, Bridgewater Township, Dexter Township, Lima Township, Augusta Twp, Manchester Township, Northfield Township, Pittsfield Township, Salem Township, Saline Township, Scio Township, Superior Township, Webster Township, York Township & Ypsilanti Township

IN ADDITION, SERVICES OR GRANTS TO EMPLOYEES OR APPOINTED OFFICIALS OF THE FOLLOWING AGENCIES MAY ALSO CONSTITUTE A CONFLICT OF INTEREST, DEPENDING UPON THE PROJECT IN QUESTION COMMUNITY HOUSING ALLIANCE, COMMUNITY HOUSING ALTERNATIVES, HABITAT FOR HUMANITY OF HURON VALLEY, MSU EXTENSION, POWER, INC. & YPSILANTI, GATEWAY COMMUNITY & ECONOMIC DEVELOPMENT.

On a case-by-case basis, Washtenaw County can ask for a waiver of these regulations from HUD if the County determines that a low-income employee meets the intent of the programs and does not have any connection to the decisions regarding funding and allocations for these grant programs. Please complete the following table below regarding your household's employment status or relationship to employees or officials of the Washtenaw Urban County and affiliated nonprofit organizations that operate homeownership programs.

ACKNOWLEDGMENT OF POTENTIAL CONFLICT OF INTEREST					
Jurisdiction	Please check the appropriate box for each household member that is employed by any of these organizations.				Please Enter Name:
	Employee	Elected Official	Close Relative of Employee or Official	Business Associate of Employee or Official	Name of Employee or Official
Ann Arbor Township					
City of Ann Arbor					
City of Saline					
City of Ypsilanti					
Bridgewater Township					
Dexter Township					
Lima Township					
Manchester Township					
Augusta Township					
Northfield Township					
Pittsfield Township					
Salem Township					
Saline Township					
Scio Township					
Superior Township					
York Township					
Ypsilanti Township					
Washtenaw County					

ACKNOWLEDGMENT OF POTENTIAL CONFLICT OF INTEREST

Organization	Please check the appropriate box for <u>each household member</u> that is employed by any of these organizations.				Please Enter Name:
	<i>Employee</i>	Elected Official	Close Relative of Employee or Official	Business Associate of Employee or Official	Name of Employee or Official
Community Alliance: Community Housing Alternatives					
Habitat for Humanity of Huron Valley					
MSU Extension					
POWER, Inc.					
Ypsilanti Gateway Community & Economic Development Corporation					

STATEMENT: NO KNOWN CONFLICT OF INTEREST

I, _____ (please print), attest that I know of no relationships with any of the officials or organizations listed above that may constitute a conflict of interest, should I receive benefits through the HOME or CDBG Programs.

Signature of 1st Household Member

Date

I, _____ (please print), attest that I know of no relationships with any of the officials or organizations listed above that may constitute a conflict of interest, should I receive benefits through the HOME or CDBG Programs.

Signature of 2nd Household Member

Date

PERMISSION TO PUBLISH NOTICE OF CONFLICT OF INTEREST

I, _____ (please print), hereby give permission to Washtenaw County or the City of Ann Arbor to publish my name in the Ann Arbor News as a recipient of HOME/CDBG Program funding, in order to request a waiver of the conflict of interest regulations from the U.S. Department of Housing & Urban Development.

Signature of 1st Household Member

Date

I, _____ (please print), hereby give permission to Washtenaw County or the City of Ann Arbor to publish my name in the Ann Arbor News as a recipient of HOME/CDBG Program funding, in order to request a waiver of the conflict of interest regulations from the U.S. Department of Housing & Urban Development.

Signature of 2nd Household Member

Date

DECLARATION OF SECTION 214 STATUS

This form is required by P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937. Failure to file could affect benefits.

Notice to applicants and tenants: In order to be eligible to received housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Read the Declaration statement carefully then sign and return to the address below. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (check the appropriate box, check only one):

1. I am a citizen by birth, a naturalized citizen or a national of the United States; or
2. I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (i.e. copy of Driver's license, birth certificate, state identification), see instruction #1; or
3. I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - a. Immigrant status under 101 (a) (15) or 101 (a) (20) of the Immigration and Nationality Act (INA), see instruction #2; or
 - b. Permanent residence under 249 of INA, see instruction #3; or
 - c. Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA, see instruction #4; or
 - d. Parole status under 212(d)(5) of the INA, see instruction #5; or
 - e. Threat to life or freedom under 243(h) of the INA, see instruction #6; or
 - f. Amnesty under 245A of the INA, see instruction #7.

NOTE: For family members with different citizenship status, complete a separate form for each citizenship status.

Print and List all Family Members:
member(s)

Parent or Guardian must sign their own name for family
under 18 years of age. (DO NOT sign child's name)

First, Middle Initial, Last Name (Head of Household)

Signature of Head of Household Date

First, Middle Initial, Last Name

Signature of Adult Family Member Date

First, Middle Initial, Last Name

Signature of Adult Family Member Date

First, Middle Initial, Last Name

Signature of Adult Family Member Date

First, Middle Initial, Last Name

Signature of Adult Family Member Date

First, Middle Initial, Last Name

Signature of Adult Family Member Date

RETURN COMPLETED FORM TO:
Office of Community & Economic Development, Housing & Infrastructure, 415 E. Michigan Ave, 2nd Floor, Suite 2200, Ypsilanti, MI 48197

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under section 101(a)(15) or 101(a)(20) of Immigration and Nationality Act (INA).** A non-citizen lawfully admitted for permanent residence, as defined by section 101 (a)(20) of the INA, as an immigrant, as defined by section 101 (a)(15) of the INA {8 U.S.C. 1101(a)(20) and 1101(a)(15)} respectively [*immigrant status*]. This category includes a non-citizen admitted under section 210 or 210A of the INA {8 U.S.C. 1160 or 1161}, [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under section 249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible 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} [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under section 207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to the admission under section 207 of INA {8 U.S.C. 1157} [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA {8 U.S.C. 1158} [*asylum status*]; or because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
5. **Parole status under section 212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General's withholding deportation under section 212(d)(5) of the INA {8 U.S.C. 1182(d)(5)} [*parole status*].
6. **Threat to life or freedom under section 243(h) of INA.** A non-citizen who is lawfully present in the U.S. 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 or freedom*].
7. **Amnesty under section 245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under section 245A of the INA {8 U.S.C. 1255a} [*amnesty granted under INA 245A*].

Instructions to Grantee: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), Grantee must enter INS/SAVE Verification Number and date it was obtained. Grantee signature is not required

Instructions to Family Member For Completing Form: On the opposite page, print or type first name, middle initial(s), and last name. Place and "X" in the appropriate boxes. Attach INS document(s) evidencing eligible immigration status. Sign and date.

NOTE: All information furnished in support of your application is given for the purpose of applying for housing program assistance sponsored by Office of Community & Economic Development and must be true and complete to the best of your knowledge and belief. Failure to do so or submission of fraudulent information will be grounds for rejection of your application and participation in the applicable housing program.

IX. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the City of Ann Arbor Office of Community & Economic Development compliance with equal opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that the City of Ann Arbor Office of Community & Economic Development may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the City of Ann Arbor Office of Community Development is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (The Office of Community & Economic Development must review the above material to assure that the disclosures satisfy all requirements to which the City of Ann Arbor Office of Community Development is subject under applicable state law for the particular type of loan applied for).

APPLICANT

I do not wish to furnish this information
Race/National origin: American Indian or Alaskan Native
 Hispanic Black, not of Hispanic origin
 White, not Hispanic origin
 Asian or Pacific Islander
 Other (specify) _____

SEX: Female Male

CO- APPLICANT

I do not wish to furnish this information
Race/National origin: American Indian or Alaskan Native Hispanic Black, not Hispanic origin
 White, not Hispanic origin
 Asian or Pacific Islander
 Other (specify) _____

SEX: Female Male

To Be Completed By Interviewer:

This application was taken by:
 face-to-face interview
 by mail
 by telephone

Interviewer's Name (print/type)

Interviewer's Signature

Date Application was received

**City of Ann Arbor
 OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT
 415 E. Michigan Ave., 2nd Floor, Suite 2200
 ANN ARBOR, MICHIGAN 48107-8645
 (734) 544.6748 Main Phone Number**

We Do Business in Accordance With the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988)

It is illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin

- | | |
|---|---|
| <input type="checkbox"/> In the sale or rental housing or residential lots | <input type="checkbox"/> Blockbusting is also illegal |
| <input type="checkbox"/> In the financing of housing | <input type="checkbox"/> In the appraisal of housing |
| <input type="checkbox"/> In advertising the sale or rental of housing | |
| <input type="checkbox"/> In the provision of real estate brokerage services | |

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination: U.S. Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, D.C. Contact (00)669-9777 and for the hearing impaired, please call TTY (800)927-9275.



ELIGIBILITY/COMPLIANCE DETERMINATION



The undersigned has examined this application for homeownership assistance including the supporting data and finds that the Applicant(s) does satisfy the eligibility requirements of the current program guidelines for assistance.

Determination:

Date:

Interviewing Staff's Signature: