METRO NSP
HOMEBUYER ASSISTANCE
DEPARTMENT OF HOUSING & FAMILY SERVICES

Borrowers Name:_____ **Social Security #**_____

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

Present Address of Borrower(s):_____

Home Phone #:_____ **Cell #:**_____

Present Employer Borrower:_____ **Phone#:**_____

Co-Borrowers Name:_____ **Social Security #**_____

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

Present Employer Co-Borrower:_____ **Phone#:**_____

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

Are you a first time homeowner:_____ **Do you currently own or have you owned property in the last 3 years?**_____

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 $**_____

Address of Property to Be Purchased:_____ **Zip**_____

Please check where Property is located **Target Area**_____ **Metro Wide**_____

Please check appropriate box of property **House**____ **Condo**____ **Townhouse**_____ **Patio Home**_____

Is the potential home to be purchased **Existing Structure**_____ **or** **New Construction**_____

Was Property Built before 1978 **Yes**_____ **No**___

Sales Price of the Property **$**_____

Builder/Realtor/Seller(s) Name:_____ **Phone#:**_____ **Cell**_____ **Fax:**_____

Name of Bank or Lending Institution:_____

Loan Officer:_____ **Phone#:**_____ **Fax:**_____

Amount Requested for down payment assistance: $_____ **closing cost $**_____

Please submit this application for approval to: ***THE METRO NSP*** *- 745 West Main St. Ste 300 Louisville KY 40202*

Metro Louisville
Housing & Family Services

EQUAL HOUSING OPPORTUNITY

RELEASE

I, the undersigned buyer(s), applying for a soft second mortgage from the Department of Housing and Family Services Housing and Community Development Division, give(s) permission to same, to obtain any and all information needed in processing this loan. Address of property:_____ 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.

This must be signed and dated.

Applicant **Spouse/Co-Applicant**

Signatures:_____ _____

Printed Name:_____ _____

_____

Date:_____ _____

Please make sure that all documents are completely filled out and enclosed when submitting application:

Metro Louisville
Housing & Family Services

EQUAL HOUSING OPPORTUNITY

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:

Race/Ethnicity:

White	_____	**Single/Non Elderly**	_____
Black or African American	_____	**Elderly**	_____
Asian	_____	**Related/Single Parent**	_____
American Indian or Alaska Native	_____	**Related/Parent**	_____
Native Hawaiian or Other Pacific Islander	_____	**Handicap**	_____
American Indian/Alaska Native & White	_____	**Other**	_____
Asian & White	_____		
Black or African American & White	_____	**Female Head Household:**	
Hispanic	_____	**Yes**_____	**No**_____
Other or Mixed Race	_____		

Number of Household Members _____

The following information is needed to process application for approval

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

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.

Name

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ► ..... ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.) | Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number
			–			–		

or

Employer identification number
		–						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ► Date ►

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or

2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or

3. The IRS tells the requester that you furnished an incorrect TIN, or

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under **4** above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note: *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Exempt payees. Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);

2. The United States or any of its agencies or instrumentalities;

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or

5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;

7. A foreign central bank of issue;

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

9. A futures commission merchant registered with the Commodity Futures Trading Commission;

10. A real estate investment trust;

11. An entity registered at all times during the tax year under the Investment Company Act of 1940;

12. A common trust fund operated by a bank under section 584(a);

13. A financial institution;

14. A middleman known in the investment community as a nominee or custodian; or

15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15.**

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for **9**
Broker transactions	Exempt recipients **1** through **13.** Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients **1** through **5**
Payments over $600 required to be reported and direct sales over $5,000 [1]	Generally, exempt recipients **1** through **7** [2]

[1] See **Form 1099-MISC,** Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note: *See the chart on page 4 for further clarification of name and TIN combinations.*

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5,** Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at **www.ssa.gov/online/ss5.html**. You may also get this form by calling 1-800-772-1213. Use **Form W-7,** Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4,** Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at **www.irs.gov**.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: *Writing "Applied For" means that you have already applied for a TIN* ***or*** *that you intend to apply for one soon.*

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

******NOTICE TO AGENT(S), SELLERS(S) AND BUYER(S)******
LEAD PAINT VISUAL INSPECTION & HOUSING CODE VIOLATION INSPECTION

This notice is to advise the buyer, seller and their agent(s) that all homes assisted through the Department of Housing and Family Service Housing and Community Development Division Down Payment Assistance Program using Federal HOME funds, must meet local housing codes and standards. This includes a visual lead inspection on homes built before 1978.

An inspection completed by a staff inspector from the Department of Housing and Family Services Housing and Community Development Division will determine if a home meets the minimum level of local housing codes and/or standards as set forth by the Louisville Metro Inspection, Permits and Licenses.

EXAMPLE: If a furnace is working at the time of the inspection, the furnace will pass inspection. Age, model, and size of the furnace are not considered when an inspector determines if a home will pass/fail the housing code portion of the inspection. The cosmetic appearance of the home is also not considered when an inspector determines if a home will pass/fail inspection.

Listed below are examples of what our staff inspector is looking for during the visual lead inspection.

EXTERIOR

1. Chipped and or peeling paint on exterior of home and all other out buildings.

INTERIOR

1. Chipped and peeling paint on all interior surfaces.
2. Paint dust in all window areas.

If our in-house inspector finds any of the above listed conditions during their inspection, this home will fail the inspection. If the home fails the Visual Lead Inspection, a recommended form of safe work practices will be furnished to the agent/seller by mail from our office. The buyer and seller can then negotiate the repairs needed or the application for down payment assistance through the Department of Housing and Family Services Housing and Community Development Division must be withdrawn. All repairs must be completed before a re-inspection and closing can be executed.

This Department strongly suggests that all potential homebuyers contract for the services of a professional home inspector.

I _____(seller and or agent) have read and understand the information printed above concerning the Department of Housing and Family Services Housing and Community Development Division code and visual lead inspection.

Dated:_____

I _____(buyer) have read and understand the information printed above concerning the Department of Housing and Family Services Housing and Community Development Division code and visual lead inspection.

Dated:_____

Department of Housing & Family Services
Housing & Community Development Division

Metro Neighborhood Stabilization Program
2010 Income Limits

Includes "Low", "Moderate" and "Middle"
LMMI Income Groups

Jefferson County	FY 2010 Income Limit	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
100% of AMI		$43,260	$49,440	$55,620	$61,800	$66,744	$71,688	$76,632	$81,576
Max LMMI @ 120%		$51,900	$59,350	$66,750	***$74,150***	$80,100	$86,050	$91,950	$97,900

DEPARTMENT OF HOUSING & FAMILY SERVICES
LOUISVILLE METRO GOVERNMENT
GREG FISCHER
MAYOR

AFFIDAVIT OF INCOME FOR HEAD OF HOUSEHOLD

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 Department of Housing & Family Services Housing and Community Development Division, 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 Department of Housing & Family Services Housing and Community Development Division, I could be punished by a fine, imprisonment, or both; as well as having to reimburse all expenditures related to the amount of money obtained through the Department of Housing & Family Services Housing and Community Development Division. 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: _____

DEPARTMENT OF HOUSING & FAMILY SERVICES
LOUISVILLE METRO GOVERNMENT
GREG FISCHER
MAYOR

AFFIDAVIT OF INCOME FOR ALL OTHER HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER

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Name: _____

Address: _____ Zip code: _____

Date of Birth: _____ Social Security Number: _____

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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: _____

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 COUNTY 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, _____ herby 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 the Department of Housing & Family Services Housing & Community Development Division, Down Payment 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 <u>under 62 years of age</u>, 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: Department of Housing & Family Services Housing and Community Development Division, Down Payment Assistance Program. 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:_____

ATTACHMENT TO SALES AND PURCHASING CONTRACT
LEAD BASE PAINT DISCLOSURE

_____(Seller) and _____(Buyer)

for Property at _____

Lead Warning Statement:
Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based ;or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure (initial)

_____ (a) Presence of lead-based paint and/or lead-based paint hazards (check one below):

☐ Known lead-based paint and/or lead-based paint hazards are present in the housing: (explain)

_____

_____

☐ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

_____ (b) Records and Reports available to the seller (check one below):

☐ Seller has provided the purchases with all available records and reports pertaining to lead-based paint and/or lead-based hazards in the housing: (List all documents below):

_____

_____

☐ Seller has no reports or records pertaining to lead-based paint in the housing.

Buyer's Acknowledgement (initial)

_____ (c) Purchaser has received all information listed above.

_____ (d) Purchaser has received the pamphlet *Protect Your Family From Lead in Your Home*.

_____ (e) Purchaser has (check one below)

☐ Received a ten day opportunity or mutually agreed upon period to conduct risk assessment or inspection or the presence of lead-based paint or lead-based paint hazards; or

☐ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgement (initial)

_____ (f) Agent has informed the Seller of the Seller's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Broker Agent has advised Seller of Seller's obligation under the law to complete this form and Seller has refused to do so

Seller_____ Date / / Buyer_____ Date / /

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge that the information they have provided is true and accurate.

Seller_____ Date / / Buyer_____ Date / /
Seller_____ Date / / Buyer_____ Date / /
Agent_____ Date / / Agent_____ Date / /

NOTICE OF VOLUNTARY SALE

I,_____
Buyer(s)

have applied for down payment assistance through the Department of Housing and Family Services Housing and Community Development Division. This assistance is funded by Federal HOME funds. I am purchasing the home for fair market value which is determined by the appraisal.

I,_____
Seller(s)

am selling the property located at _____

Louisville, KY _____.
(zip code)

I understand the buyer does not have the power of eminent domain. I also understand that I am selling this property as a voluntary transaction and that I am not eligible for relocation funds.

Signed this _____ day of _____, _____
(year)

_____
Buyer(s)

Signed this _____ day of _____, _____
(year)

_____
Seller(s)

VERIFICATION OF EMPLOYMENT

PLEASE HAVE YOUR EMPLOYER COMPLETE INFORMATIONAND FAX TO OUR OFFICE AT (502) 574-4199

DEPARTMENT OF HOUSING & FAMILY SERVICES HOUSING AND COMMUNITY DEVELOPMENT DIVISION

745 WEST MAIN STREET, STE. 300
LOUISVILLE KY 40202 (502) 574-3107
HOME OWNERSHIP 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: _____

(ANY OTHER COMMENTS ABOUT INCOME PLEASE EXPLAIN ON BACK OF THIS FORM)

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.

METRO NSP
DEPARTMENT OF HOUSING AND FAMILY SERVICES

APPLICATION CHECKLIST AND REQUIRED FORMS:

	NSP Incentive Application
	Original Signed Release Form: Needed for this agency to obtain documents on your behalf, if necessary, from your first mortgage lender.
	U.S. HUD Direct Benefit Form - information required for reporting to US HUD
	W-9 Request for Taxpayer Information
	Affidavit of Income - ***Please read this carefully before signing and submitting***
	Declaration of Section 214 Status - required for everyone in the household
	Verification of Employment
	Current Pay Check Stubs - showing year to date income and
	Verification of Employment Form - To completed by employer, included with packet or faxed
	Federal Income Tax Filings for Current and Previous Year
	W-2's for Current and Previous Year
	Declaration of Section 214 Status - required for all household members
	Copy of Divorce Decree - only if applicable
	Housing Choice Voucher Homeownership Worksheet (Section 8) - only if applicable
	Statements from ALL Interest Bearing Accounts - checking, saving, dividends, and/or other for ALL household members age 18 or older
	Net Income Statements - from real or personal property
	Affidavit of Income Form - Please read this carefully before signing and submitting Required for ALL household members age 18 or older
	Copy of Driver's License/Picture I.D. - required for applicant, spouse or co applicant
	Copy of Social Security Card and Birth Certificate for ALL household members
	HUD Approved Homeownership Counseling Certificate (MUST HAVE BEFORE SUBMITTAL)
	Copy of Your Completed Loan Application w/ Good Faith Estimate your Primary Lender
	Lender Pre-approval letter, Good Faith Estimate or Pre-approval Letter from the Bank or Lending Institution
	Completed Sales Contract - ***With Lead Base Paint Disclosure needed if home built before 1978***
	Notice of Voluntary Sales (Signed by the Seller and the Buyer)