

Closing Costs Assistance Program

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Thank you for your interest in our **Closing Costs Assistance Program**! We want to take this opportunity to review the process for this program to avoid any confusion. Please review the following items carefully. If you would like any additional information regarding this process, please contact us at 315-253-8451.

1. **HOME BUYER EDUCATION ORIENTATION & COURSE** - In order to qualify for our program, you must first attend a free 60-minute Orientation Session, and then sign up for and complete the Homebuyer Education Course. The course provides 8 hours of basic instruction pertaining to buying and owning a home. Upon completion of the course, you will be required to attend a one on one counseling session where you will be issued your certificate. There is a fee for the Homebuyer Class, which you must pay before you begin the class.
2. **MORTGAGE** – If you have not already secured mortgage financing for the property you intend to purchase, Home HeadQuarters can help you. Please fU_`rc nci f`<ci g]b[`7ci bgY`cf for additional information.
3. **APPLICATION** - To be considered for the Closing Costs Assistance Program, you must submit a **completed** application. With your completed and signed application form, you must also provide:
 - An accepted **purchase offer** for the property you intend to purchase" `fia i ghVY`cW]hX`]b`h`Y` 7]mrcZ5i Vi fb"
 - Proof of income** for all members residing in the household (i.e. 3 most recent consecutive paystubs, fYWbhSocial Security benefit award letter, most recent proof of pension)
 - A copy of your **State and Federal Income Tax Returns from the last 2 years**
 - Copies of your **bank statements** for the last three months
 - A Certificate of Completion from the **Homebuyer Education Course**
 - A **Commitment Letter** for prime permanent financing from the lending institution of your choice
 - A **Loan Estimate of closing costs** from the lending institution of your choice
 - Copy of **home inspection report OR** if you have waived a home inspection, a signed waiver
- (. **CLOSING** - A Home HeadQuarters representative will provide the funds directly to your closing attorney. We can, at your request, make arrangements for you or your attorney to view these documents before closing. **Please note that depending on the source of assistance, you may be required to live in your home as your primary residence for at least 5 years and that this will be secured through a lein on the home that will be released at the end of the 5-year residency requirements.**



Closing Costs Assistance



CUSTOMER INFORMATION					
Borrower Name		Co-Borrower Name			
Social Security No.	D.O.B.	Social Security No.	D.O.B.		
Address (Street)		Address (Street)			
(City, Zip)		(City, Zip)			
Phone: Home	Cell	Phone: Home	Cell		
Email		Email			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you received federal funding for home improvement activities in the last 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you received federal funding for home improvement activities in the last 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>			
How did you hear about Home HeadQuarters?					
EMPLOYMENT INFORMATION					
Name of Employer		Name of Employer			
Number of Years	Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Number of Years	Self Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Employer Address		Employer Address			
Position		Position			
Work Phone	Annual Income	Work Phone	Annual Income		
HOUSEHOLD INFORMATION: PLEASE INCLUDE ALL HOUSEHOLD MEMBERS, ESPECIALLY THOSE AGE 7 OR YOUNGER					
<i>Please list ALL persons currently living in your household. (Use and attach separate sheet of paper if additional space is needed)</i>					
Name	Date of Birth	Annual Salary (If any)	Source of Income		
PROPERTY INFORMATION					
Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent		If you rent, what is your current rent? \$_____			
Address of the home you wish to purchase:		Did you submit a purchase offer to the seller? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		How many units are in the home? <input type="checkbox"/> 1 <input type="checkbox"/> 2			
		*Please note: Three family homes or larger are not eligible.			
Is the home handicapped-accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		In the past three years did you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ADDITIONAL INFORMATION					
Please answer the following questions. If you answer "Yes" to any of question in this section, please write the number of the question and explain on a separate sheet of paper and attach to the application.		APPLICANT		CO-APPLICANT	
1. Do you have any outstanding judgments?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. In the last seven years, have you declared bankruptcy?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. In the last seven years, have you had property foreclosed upon or given title or deed in lieu thereof?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Are you a party in a lawsuit?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Do you have any past due obligations owed to or insured by an agency of the federal government?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you obligated to pay alimony, child support or separate maintenance?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Closing Costs Assistance



ASSET INFORMATION		
BANK ACCOUNT NAME	ACCOUNT NUMBER	APPROXIMATE BALANCE
1.		\$
2.		\$
INVESTMENT INCOME	ACCOUNT NUMBER	APPROXIMATE BALANCE
1.		\$
2.		\$
OTHER INCOME	ACCOUNT NUMBER	APPROXIMATE BALANCE
1.		\$
2.		\$

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 lender's compliance with equal credit 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 a Lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish this information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian American <input type="checkbox"/> White	Race <input type="checkbox"/> American Indian, Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian American <input type="checkbox"/> White
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

SIGNATURE SECTION

I/We have applied for the loan indicated on this application, which may be secured by a mortgage or deed of trust on the property described herein and represent that the property will not be used for any illegal or restricted purpose, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. I/We also authorize Home HeadQuarters, Inc., or any lending institution affiliated or working with Home HeadQuarters, to obtain a Credit Bureau Report.

I/We do or do not intend to occupy the property as my/our primary residence.

I/We understand that it may be a federal crime punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Please [✓] check here if you prefer your name not to be included in any promotional material or publications.

I/We understand that, in compliance with lead regulations, the federal government requires that Home HeadQuarters inspect all homes to be purchased for possible defective paint surfaces.

Signature of Borrower	Date
Signature of Co-Borrower	Date

Terms & Conditions: up to \$4,000 may be available for assistance through this program. Closing costs include: mortgage tax, recording fees, document preparation fees, and application fees. For more information, contact Cayuga County Homsite at (315) 253-8451.



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VERIFICATION OF INCOME

DATE: _____

SENT TO: _____

NAME/COMPANY: _____

Dear _____:

We are requesting the Combined Gross Annual Income for all persons living in the home as their permanent residence as they have stated in their bank application. This information is necessary to determine their income eligibility to qualify for subsidy funds.

Name of Client: _____

Address of Property: _____

Total Gross Household Income: _____

Authorized Signature from
Lending Institution: _____

I, _____, hereby authorize my Lender to provide Home HeadQuarters, Inc., the necessary documentation to verify my income.

Please give this form to your first mortgage financing representative to fill out and return to: Danielle Rodgers, Program Coordinator

Email: DanielleR@homehq.org

Fax: (315) 255-6114



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