



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM

Dear Applicant:

Please find enclosed the application packet for the Louisville Metro Government's Homebuyer Assistance Program. The Homebuyer Assistance Program is available to any household at or below 80% of the median income limits adjusted for family size. Due to the confidential nature of our documents, we stress that the **application be mailed or hand delivered.**

This packet includes the following items:

- Application for Homebuyer Assistance
- Original Signed Release Form (*This form is needed for this agency to obtain documents on your behalf, if necessary, from your first mortgage lender. This form lists all necessary documentation needed by the Louisville-Jefferson County Metro Government's Homebuyer Assistance Program to process an application*)
- U.S. HUD Direct Benefit Form
- W-9 Request for Taxpayer Information
- Affidavit of Income (*Please read this carefully before signing and submitting*)
- Verification of Employment
- Current Income Guidelines
- Declaration of Section 214 Status, this is needed for everyone in household.

Please return your completed application packet along with your homeownership counseling certificate and bank pre-approval letter to:

Louisville Metro Government – Develop Louisville
Attn: Homebuyer Assistance Program
444 S. 5th Street 5th Floor
Louisville, KY 40202

Packet must be Mailed or Hand Delivered (Please Do Not Fax or Email)

If all information is not received, the application packet will be returned to applicant. All applicants must be income and credit qualified in order to receive entry into the Homebuyer Assistance Program. Applicants will be notified of their pre-approval upon processing of an application. Once pre-approval has been obtained, applicants are encouraged to engage a Realtor (if not already done so) and begin searching for a home. **Final amount of homebuyer assistance will be based upon each individual applicant's need in relation to the purchase of a specific property. Metro does not have a waiting list and Metro does not reserve funds being requested for assistance.** The program is based upon a first come, first serve basis, subject to case review board approval.

If you have any questions, please contact, The Homebuyer Assistance Program at (502) 574-4016



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



PROGRAM GOALS

Louisville Metro Government (Metro) through its department, Develop Louisville, utilizes a portion of its entitlement of HOME Investment Partnerships Program (HOME) funds towards assisting Louisville Metro low to moderate income residents achieve homeownership. It is the goal of Metro's Homebuyer Assistance Program to:

- Encourage homeownership throughout the Louisville Metro area which is economical to low-moderate income consumers in order to assist in preventing future foreclosures;
- Encourage mixed-income neighborhoods and the de-concentration of poverty;
- Encourage homeownership in Metro's Neighborhood Revitalization Strategy Areas;
- Assist homebuyers in becoming informed consumers in order to successfully navigate real estate transactions and to understand the responsibility of homeownership;
- Encourage reinvestment in Louisville Metro's vacant and abandoned properties (VAP).

APPLICATION PROCESS

1. Homebuyer(s) complete homeownership counseling from HUD Certified Counseling Agency
2. Homebuyer(s) obtain first mortgage pre-approval from financial institution
3. Homebuyer(s) applies to Homebuyer Assistance Program
4. Homebuyer(s) receive entrance or denial based into Homebuyer Assistance Program based upon income
5. Upon approval, Homebuyer(s) engages Realtor (if not already done so) to assist in home search
6. Homebuyer(s) locates home and obtains accepted sales contract (Home Purchase Packet information to be completed by Homebuyer(s))
7. Homebuyer(s) submits Home Purchase Packet to Metro
8. Case review board reviews and approves the amount of assistance available to the homebuyer(s)
9. Homebuyer(s) closes on home
10. VAP Only – rehabilitation of home occurs and property passes Metro inspection before occupancy



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



GENERAL GUIDELINES FOR APPLICANTS

- Homebuyer(s) must be income eligible and credit qualified in order to participate in the program. There shall be no unpaid collections on credit report for the homebuyer(s) and no un-discharged bankruptcies. Metro will allow homebuyer(s) to have up to \$10,000 in medical collections and still qualify for the program.
- If a homebuyer(s) has liquid assets of \$20,000.00 or more, they will be determined ineligible the program, as the Homebuyer Assistance Program is to aid those in need of assistance.
- Homebuyer(s) must be able to financial contribute to the purchase of the property through the payment of prepaid expenses, the good faith deposit, and payment of a Recording Fee of \$36.00 to Metro. The homebuyer(s) good faith deposit must be credited against the purchase of the home, **and under no condition will funds from the closing will result in cash back to the homebuyer(s).** **The homebuyer(s) financial contribution must equal a minimum amount of \$500 (does not include Recording Fee).**
- **Homebuyer(s) must submit and obtain entrance into the Homebuyer Assistance Program PRIOR TO locating a home to purchase.** If a homebuyer(s) completes an application after obtaining a ratified sales contract, they may be deemed ineligible for assistance.
- Upon submitting a completed Home Purchase Packet, the amount of assistance available to a Homebuyer(s) will be determined and approved by the case review board. **The amount of assistance is based upon homebuyer(s) need and goals of the Homebuyer Assistance Program.**
- Applications are on reviewed on a first come first serve basis by the case review board, funding CANNOT be reserved for a potential homebuyer.
- Potential homebuyers are encouraged to purchase and rehabilitate vacant and abandoned properties (VAP). Funding can be utilized toward the rehabilitation of a vacant and abandoned property if a potential homebuyer utilizes a FHA 203(k) mortgage.
- Lending institutions must follow responsible lending practices including the guidelines set out by the Consumer Financial Protection Bureau's (CFPB) Ability-To-Pay Principals. No adjustable rate or pre-payment penalty mortgages will be accepted.
- Assistance is provided in the form of a forgivable second Mortgage and Note which will be recorded together, in the Office of the Jefferson County Clerk. All second mortgages will mature at the date mentioned on the loan documents.
- **The Homebuyer(s) must occupy the home purchased as their principal, primary residence for the term of the Mortgage.**
- A five year lien is placed on loans under \$15,000. Twenty percent (20 %) of the Note amount shall be forgiven for each full year of the "Loan Term".
- A ten year lien is placed on loans over \$15,000.00 - \$40,000. After the expiration of five (5) years from the date of the Note, twenty percent (20 %) of the Note amount shall be forgiven for each full year from the sixth (6th) through the tenth (10th) year of the "Loan Term", with the entire amount being forgiven after ten (10) years from the date of the Note.
- A fifteen year lien is placed on loans over \$40,000.00. After the expiration of five (5) years from the date of the Note, ten percent (10 %) of the Note amount shall be forgiven for each full year from the sixth (6th) through the fifteen (15th) year of the "Loan Term", with the entire amount being forgiven after fifteen (15) years from the date of the Note.



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



APPLICATION FOR HOMEBUYER ASSISTANCE

*Please submit this application for approval to:
Homebuyer Assistance Program, 444 S. 5th Street 5th floor, Louisville KY 40202*

Applicant's Name: _____ **Social Security #** _____

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

Present Address of Applicant(s): _____

Phone #: _____ **Email:** _____

Present Employer Applicant: _____ **Phone#:** _____

Co-Applicant's 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: _____ **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 \$** _____

Name of Bank or Lending Institution: _____

Loan Officer: _____ **Phone#:** _____ **Email:** _____

Builder/Realtor Name: _____ **Phone#:** _____ **Email:** _____



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



RELEASE – MUST BE SIGNED & DATED

I, the undersigned homebuyer(s), applying for a soft second mortgage from Louisville Metro Government – Develop Louisville, give(s) permission to same, to obtain any and all information needed in processing this loan. 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.

Applicant

Spouse/Co-Applicant

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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

1. HUD Approved Homeownership Counseling Certificate **(MUST SUBMIT WITH APPLICATION)**
2. Documentation of income from any/or all sources
 - a. Two (2) Months of current consecutive pay check stubs showing year to date income **and** Verification of Employment Form completed by EMPLOYER, (if not included with packet can be faxed)
 - b. Copies of any interest bearing accounts, (checking or saving) dividends, and/or other net income from real or personal property (All household members age 18 or older.)
3. W-9 Taxpayer Information
4. Current Year Federal Taxes and W-2's and complete Tax form 4506 must be submitted with taxes
5. Declaration of Section 214 Status (in packet) for All household members
6. Copy of Divorce Decree (*If Applicable*)
7. Copy of your Bank / Lending Institution Loan Application w/ Good Faith Estimate
8. Pre-approval Letter from Lender
9. Housing Choice Voucher Homeownership Worksheet (Section 8) (*If Applicable*)
10. Affidavit of Income Form: Read carefully before signing (All household members age 18 or older)
11. Copies of driver's license (Picture I.D.) for applicant, spouse or co applicant
12. Copies of social security cards and birth certificate for ALL household members.



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



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 #
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Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



INCOME LIMITS Effective JUNE 1, 2015

All applicants must be at or below 80% of the median income.

INCOME LEVEL	1 PERSONS	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
30% OF MEDIAN	\$13,500	\$15,400	\$17,350	\$19,250	\$20,800	\$22,350	\$23,900	\$25,450
50% OF MEDIAN	\$22,450	\$25,650	\$28,850	\$32,050	\$34,460	\$37,200	\$39,750	\$42,350
60% OF MEDIAN	\$26,940	\$30,780	\$34,620	\$38,460	\$41,580	\$44,640	\$47,700	\$50,820
80% OF MEDIAN	\$35,950	\$41,050	\$46,200	\$51,300	\$55,450	\$59,550	\$63,650	\$67,750

HOUSING COUNSELING AGENCIES

APPRISEN

www.apprisen.com

(502) 458-8840

LOUISVILLE URBAN LEAGUE

www.lul.org

(502)585-4622

OR ANY OTHER HUD APPROVED COUNSELING AGENCIES

KY HOUSING CORPORATION

1-800-633-8896

Request for Copy of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note. If the copies must be certified for court or administrative proceedings, check here

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.

a Cost for each return	\$	50.00
b Number of returns requested on line 7		
c Total cost. Multiply line 8a by line 8b	\$	

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

	Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

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 (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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	
[] [] [] [] - [] [] - [] [] [] []	
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. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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 COUNTRY 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
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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, _____ hereby declare, under penalty of perjury, that I am:
Print name

<p><u>1. A CITIZEN OR NATIONAL OF THE UNITED STATES</u></p> <p><u>If you checked this block, no further information is required.</u> 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.</p> <p>_____ Signature</p> <p>_____ Date</p> <p>Check here if adult signed for a child: _____</p>
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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 Louisville Metro Government – Develop Louisville, Homebuyer 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 under 62 years of age, 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: Louisville Metro Government – Develop Louisville, Homebuyer 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: _____

VERIFICATION OF EMPLOYMENT
PLEASE HAVE YOUR EMPLOYER COMPLETE INFORMATION
AND FAX TO OUR OFFICE AT (502) 574-4199

DEVELOP LOUISVILLE
444 S. 5TH STREET 5TH FLOOR
LOUISVILLE KY 40202
HOME BUYER 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: _____

PLEASE COMPLETE ALL INCOME INFORMATION OR
SUBMIT EXPLANATION OF NO ENTRY

(PLEASE ATTACHED SEPARATE SHEET FOR ADDITIONAL INCOME)

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.



GREG FISCHER
MAYOR

**DEVELOP LOUISVILLE
LOUISVILLE, KENTUCKY**

**AFFIDAVIT OF INCOME FOR HEAD OF HOUSEHOLD
(MUST BE NOTARIZED)**

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 Develop Louisville – Homebuyer Assistance Program, 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 Develop Louisville – Homebuyer Assistance Program, 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 Develop Louisville – Homebuyer Assistance Program. 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: _____



GREG FISCHER
MAYOR

**DEVELOP LOUISVILLE
LOUISVILLE, KENTUCKY**

**AFFIDAVIT OF INCOME 18 YEARS OF AGE OR OLDER
(MUST BE NOTARIZED)**

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 Develop Louisville – Homebuyer Assistance Program 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 Develop Louisville – Homebuyer Assistance Program, 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 Develop Louisville – Homebuyer Assistance Program. 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: _____