



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



Dear Applicant:

Thank you for your interest in the Homebuyer Assistance Program administered by the Louisville Metro Office of Housing and Community Development (OHCD). Please find enclosed the Homebuyer Assistance Program application packet. The Homebuyer Assistance Program is available to any household at or below 80% of the median income limits adjusted for family size. **All applicants must be income and credit qualified in order to qualify for the Homebuyer Assistance Program.** Applicants will be notified of their eligibility upon processing of an application. **Only COMPLETED application packets (including all attachments) will be processed. If all information is not received, the application packet will be returned to applicant. Please note that staff will not make copies of your original documents. SUBMIT COPIES ONLY! Original documentation will not be returned.**

Once an applicant qualifies, applicants are encouraged to engage a Realtor (if not already done so) and begin searching for a home. **Income and credit qualification DOES NOT guarantee assistance to an applicant.** Final amount of homebuyer assistance, if any, will be based upon each individual applicant's need in relation to the purchase of a specific property and how the purchase of the property helps to achieve the goals of the Homebuyer Assistance Program. 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.**

Due to the confidential nature of our documents, we stress that the completed application be mailed or hand delivered. Please return your completed application packet 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)

Staff is not available to see you without an appointment. If you would like to set up an appointment, or if you have any questions, need assistance with your application, or would like to know the status of your application, please contact The Office of Housing and Community Development at (502) 574-4016

Thank you,

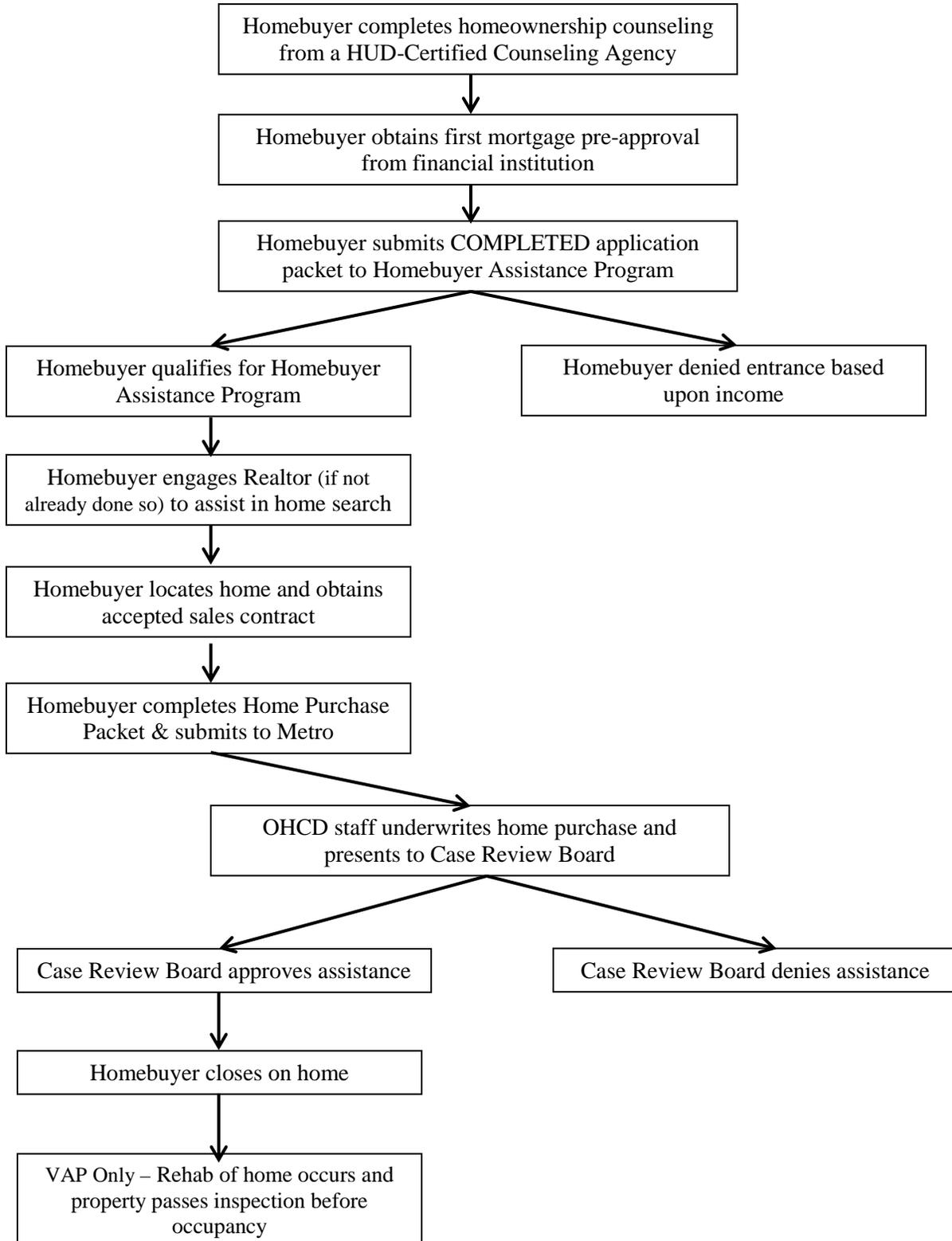
The Homebuyer Assistance Program



DEVELOP LOUISVILLE OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT HOMEBUYER ASSISTANCE PROGRAM



APPLICATION PROCESS





**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



PROGRAM GOALS

Louisville Metro Government (Metro) through its department, Develop Louisville – Office of Housing and Community Development, 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:

- Assist homebuyers in becoming informed consumers in order to successfully navigate real estate transactions and to understand the responsibility of homeownership in order to assist in preventing future foreclosures;
- Help homebuyers build equity and provide for the opportunity for financial stability;
- Incentivize the purchase of homes by low to moderate income residents in areas to encourage mixed-income neighborhoods and the de-concentration of poverty;
- Encourage homeownership in Metro’s Neighborhood Revitalization Strategy Areas (NRSA); <https://louisvilleky.gov/government/housing-community-development/public-notice-federal-plans-and-project-compliance>
- Encourage reinvestment in Louisville Metro’s vacant and abandoned properties (VAP).

As part of the underwriting process, the Office of Housing and Community Development will evaluate homebuyers on their ability to help Metro achieve the goals of the Homebuyer Assistance Program. This includes:

- The homebuyer contributes, from their own funds, at least two percent (2%) of the purchase price of the home towards the purchase;
- The difference between the homebuyer’s front end and back end ratios is ten percent (10%) or less;
- The homebuyer selects a home in a mixed income area, or in a Metro NRSA, or in a development financed in whole or in part by Metro funds;
- The homebuyer purchases a vacant and abandoned property or a blighted property.



DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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 \$15,000.00 or more, they will be required to contribute the difference between the balance of their liquid assets and the total amount allowed by the program (\$15,000) towards the purchase of home.
- Homebuyer(s) must be able to financially contribute to the purchase of the property through, at minimum, 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) and Metro encourages the homebuyer to personally provide at least 2% in down payment.**
- **Homebuyer(s) must submit and qualify for 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.** **There is no guarantee the applicant will receive assistance. The case review board may deny assistance to an applicant.**
- 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.
- No adjustable rate or pre-payment penalty mortgages will be accepted.
- **The Homebuyer(s) must occupy the home purchased as their principal, primary residence for the term of the Mortgage.**
- 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.
- A five-year lien is placed on loans under \$15,000. One hundred percent (100 %) of the Note amount shall be forgiven at the end of the five year "Loan Term".
- A ten-year lien is placed on loans over \$15,000 - \$39,999. 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 and over. 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
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



DOCUMENTATION CHECKLIST

To process your application you must supply this office with the completed application along with following forms. YOU MUST PROVIDE A COMPLETED APPLICATION FOR IT TO BE CONSIDERED BY THE PROGRAM. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR RE-SUBMISSION. For your convenience, please check off each item you've obtained.

- Application
- Copy of Homeownership Counseling Certificate (*minimum of 6-8 hours (depending upon housing counseling agency) of pre-purchase counseling is required. Additional hours may be required per the housing counseling agency.*)
- Copy of Pre-Approval Letter from Lender
- Release Form (*This form is necessary for OHCD to obtain documents on your behalf, if necessary, from your first mortgage lender. This form lists all necessary documentation needed by OHCD's Homebuyer Assistance Program to process an application*)
- HUD Direct Benefit Form
- W-9 Request for Taxpayer Information
- Documentation of income from any/or all sources
 - Two (2) months current consecutive pay check stubs show year to date income
 - Verification of Employment Form completed by EMPLOYER (may be emailed, mailed or faxed in if not included with packet)
 - 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)
 - Current Year Federal Taxes and W-2's and complete Tax Form 4506
 - Affidavit of Income (please read this carefully before signing and submitting. All household members age 18 or older)
- Budget from Homeownership Counseling or Completed Budget on Page 7
- Declaration of Section 214 Status (everyone in household must complete)
- Copies of driver's license (Picture I.D.) for applicant, spouse or co-applicant
- Copies of Social Security Cards for **ALL** household members
- Housing Choice Voucher Homeowner Worksheet (Section 8) (*If Applicable*)
- Copy of Divorce Decree (*If Applicable*)
- Live in Aide Form (*If Applicable*)



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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. _____

Co-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#: _____

Present Employer Co-Applicant: _____ 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
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
HOMEBUYER ASSISTANCE PROGRAM**



With your application please submit the household budget completed as part of your housing counseling, or please complete the household budget document provided below:

Home Purchase Price Range \$ _____

	Current	Future (Post Home Purchase)
Monthly Income (Wages, SSI, etc.)		
Additional Income		
<u>Total Income</u>		
Monthly Housing Expenses (rent, utilities, insurance)		
Monthly Debt / Loan Payments (car, credit card, student loans, etc.)		
Monthly Additional Expenses (Groceries, Child Care, Medical, Miscellaneous)		
Monthly Savings		
<u>Total Expenses</u>		
<u>= Total Income – Total Expenses</u>		

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
Signature: _____

Spouse/Co-Applicant
Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____



**DEVELOP LOUISVILLE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
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:

Single/Non Elderly _____ Elderly _____

Related/Single Parent _____ Related / Parent _____

Handicap _____ Other _____

Female Head of Household Yes _____ No _____

Race/Ethnicity:

White _____ Black/African American _____

Asian _____ American Indian / Alaska Native _____

Native Hawaiian / Pacific Islander _____ American Indian/Alaska Native & White _____

Asian & White _____ Black or African American & White _____

Other Multi-Racial _____ Hispanic Yes _____ No _____

Please list all household members including live in aides and those that may reside at home part time.

Number of Household Members _____

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

Name: _____

Name: _____

Name: _____

Name: _____



**DEVELOP LOUISVILLE
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HOMEBUYER ASSISTANCE PROGRAM**



**INCOME LIMITS
Effective April 13, 2016**

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	\$14,100	\$16,100	\$18,100	\$20,100	\$21,750	\$23,350	\$24,950	\$26,550
50% OF MEDIAN	\$23,450	\$26,800	\$30,150	\$33,500	\$36,200	\$38,900	\$41,550	\$44,250
60% OF MEDIAN	\$28,140	\$32,160	\$36,180	\$40,200	\$43,440	\$46,680	\$49,860	\$53,100
80% OF MEDIAN	\$37,550	\$42,900	\$48,250	\$53,600	\$57,900	\$62,200	\$66,500	\$70,800

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	<input type="checkbox"/>

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.

Sign Here	_____	_____	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 <i>How to get a TIN</i> on page 3.																						
	<table border="1" style="margin: auto;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																				
Social security number																						
	<table border="1" style="margin: auto;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																				
Employer identification number																						

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

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 ▶ _____

General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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**

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

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 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.

LIVE IN AIDE CERTIFICATION FORM

(to be completed by Live-In Aide)

(Head of Household Name)

I, _____, do hereby certify that the following statements are true and correct.

1. I will reside in the above named resident's home while performing the duties of live-in aide. The HUD guidelines define live in aide as a person who resides with one or more elderly persons, or near elderly persons, or persons with disabilities, and who meets all of the following criteria:
 - a. Is determined to be essential to the care and well-being of the participant.
 - b. Is not obligated for the support of the participant.
 - c. Would not be living in the unit except to provide the necessary supportive services.
2. I am not obligated for the support of the elderly, handicapped or disabled family member named above.
3. I would not be living in the above named resident's unit except to provide care of the elderly, handicapped, or disabled family member.
4. I understand that my income will not be counted for the purpose of determining eligibility.
5. I understand that I cannot be considered the remaining member of the tenant family in the event that the elderly, handicapped or disable family member is no longer a member of the family composition.

Signature of Live-In Aide

Date

Printed Name of Live-In Aide

Witness

Date

LIVE IN AIDE FORM
(to be completed by Head of Household)

Please answer the following questions:

1. Which family member requires a live-in aide? _____

2. Explain how a live-in aide is essential to the care and well-being of this family member:

3. Is the live-in aide needed: Full-time Part-time

4. List any qualified health professionals who can verify the need for a live-in aide.

Name/Title _____ Phone # _____

Name/Title _____ Phone # _____

5. What is the current address of the proposed live-in aide?

Street	City/State	Zip Code
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6. What is the previous address of the proposed live-in aide?

Street	City/State	Zip Code
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7. How much will the live-in aide be paid? \$ _____ Per _____

8. Is the proposed live-in aide a relative? Yes No

I certify that the information contained is true and correct.

Signature: _____

Date: _____

MEDICAL CERTIFICATION FOR LIVE-IN AIDE

(to be completed by a Medical Source)

Name _____

Address _____

The services to be performed by the live-in aide are:

List special skills needed by the live-in aide:

I, _____, hereby certify that
(Name of Medical Source)

the services of a live-in aide are essential to the well-being of the person listed above.

Signature of Medical Source

Date

PLEASE ATTACH YOUR BUSINESS CARD OR
STAMP YOUR NAME AND BUSINESS ADDRESS IN THE SPACE BELOW



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)**

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By _____ (individual referenced above).

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