



GREG FISCHER
MAYOR

**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
810 Barret Avenue Room #212
Louisville, KY 40204

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) 574-1974



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, 810 Barret Avenue, Room 212, Louisville KY 40204

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 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 #

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____



DEVELOP LOUISVILLE HOMEBUYER ASSISTANCE PROGRAM



HOMEBUYER ASSISTANCE PROGRAM Income Limits Effective May 1, 2014

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

INCOME LEVEL	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS
30% OF MEDIAN	\$13,400	\$15,300	\$17,200	\$19,100	\$20,650	\$22,200	\$23,700	\$25,250
50% OF MEDIAN	\$22,300	\$25,500	\$28,700	\$31,850	\$34,400	\$36,950	\$39,500	\$42,050
60% OF MEDIAN	\$26,760	\$30,600	\$34,440	\$38,220	\$41,280	\$44,340	\$47,400	\$50,460
80% OF MEDIAN	\$35,700	\$40,800	\$45,900	\$50,950	\$55,050	\$59,150	\$63,200	\$67,300

Request for Copy of Tax Return

(Rev. September 2013)

OMB No. 1545-0429

Department of the Treasury
Internal Revenue Service

▶ **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	\$ _____
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.

			Phone number of taxpayer on line 1a or 2a
Sign Here	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.

Social security number									

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

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 ▶
------------------	----------------------------	--------

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.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 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 payee 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 to Form W-9 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, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, 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,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
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 *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

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 income tax return. 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 income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. 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/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. 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. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

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

The following codes identify payees that are exempt from backup withholding:

- 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
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

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

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

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-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, 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 online at www.ssa.gov. 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 apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

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

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

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) 574-6554

<p align="center">DEVELOP LOUISVILLE 810 BARRET AVENUE ROOM 212 LOUISVILLE KY 40204 (502) 574-1974 HOMEBUYER ASSISTANCE PROGRAM</p> <p>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.</p> <p>YOUR PROMPT RETURN OF THE REQUESTED INFORMATION WILL BE APPRECIATED.</p>	<p>EMPLOYED SINCE: _____ SALARY: _____</p> <p>OCCUPATION: _____</p> <p>EFFECTIVE DATE OF LAST INCREASE: _____</p> <p>BASE PAY RATE: \$ _____/Hour; or \$ _____/Week; or \$ _____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>OR # OF WEEKS _____ WORKED/YEARLY</p> <p>OVERTIME PAY RATE: \$ _____/HOUR</p> <p>EXPECTED AVERAGE NUMBER OF OVERTIME HOURS WORKED PER WEEK DURING NEXT 12 MONTHS _____</p> <p>TOTAL EXPECTED PAY EARNINGS. \$ _____</p> <p>TOTAL EXPECTED OVERTIME EARNINGS. \$ _____</p> <p>PROBABILITY AND EXPECTED DATE OF ANY PAY INCREASE: _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): FOR: _____ \$ _____ PER _____</p> <p>IS PAY RECEIVED FOR VACATION? • YES • NO</p> <p>IF YES, NO. OF DAYS PER YEAR _____</p> <p>DOES THE EMPLOYEE HAVE ACCESS TO A RETIREMENT ACCOUNT? • YES • NO</p> <p>IF YES, WHAT AMOUNT CAN THEY GET ACCESS TO: \$ _____</p>
<p>RELEASE: I _____ HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.</p> <p>_____ (SIGNATURE OF APPLICANT)</p> <p>Date: _____</p> <p>OR A COPY OF THE EXECUTED "HOME PROGRAM ELIGIBILITY RELEASE FORM," WHICH AUTHORIZES THE RELEASE OF THE INFORMATION REQUESTED, IS ATTACHED.</p>	<p>Name of Business: _____</p> <p>Signature _____ Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>TELEPHONE: _____</p> <p align="center"><u>PLEASE COMPLETE ALL INCOME INFORMATION OR SUBMIT EXPLANATION OF NO ENTRY</u></p> <p align="center"><u>(PLEASE ATTACHED SEPARATE SHEET FOR ADDITIONAL INCOME)</u></p>
<p align="center">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.</p>	



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: _____