

**SINGLE-FAMILY NEW CONSTRUCTION - ROUND 4
APPLICATION FOR HOME BUYER ASSISTANCE
(80% AMI)**



Applicant Name: _____

Social Security Number: _____

Spouse /Co-Householder Name: _____

Social Security Number: _____

Address/City/Zip: _____

Telephone Number(s): _____

E-mail address: _____

Best time to be reached by telephone: _____

Builder/contractor who will be constructing your proposed new residence:

Location of the proposed residence (approximate street address and legal description):

Instructions: Please list **all** persons who will be occupants in the home you will be purchasing. (Notes: List any unborn children on the way. If school rather than employer is shown for any household members 18 years of age or older, please indicate whether or not they are ***full time** students.)

Name	Sex	Date of Birth	Relationship	Employer/School (*full time?)
			<i>Head of household</i>	

Was your primary residence damaged by the Flood of 2008? Yes No

Current Residency Status: US Citizen Permanent Resident Alien Other

Marital Status: Single Married (If separated, but not legally divorced, please check married).

I. INCOME INFORMATION

CURRENT/ANTICIPATED INCOME SOURCES (EXCLUDING EARNINGS FROM INTEREST AND DIVIDENDS)

Please Note: When completing the income information below, include the total amount of gross income estimated from each source for the upcoming 12 months. *Federal program regulations require that we verify all income amounts with their source. Unless your verified income is below the current Gross Income Limits for the county where your new home will be located, you will not be eligible for assistance under this program. The current Gross Income Limits are attached to the back of this application forms for your reference.*

Please include any of the following types of income in the table for ALL members of the household. Refer to the attached page for more information.

- ❖ Wages and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any payroll deductions - in other words "Gross Income" must be included, not just take home pay)
- ❖ Gross Social Security Benefits (including Medicare Insurance Premiums)
- ❖ Annuities and Pensions, IRA Distributions, Periodic payments from insurance policies, etc
- ❖ Company disability or death benefits, unemployment, and worker's compensation
- ❖ Net Income from Self-Employment
- ❖ Interest and Dividends (do not include below; include on next page)
- ❖ Net income for renting real estate or other property
- ❖ Alimony and child support payments
- ❖ Department of Human Services assistance (Family Investment Program /FIP, Medicaid Assistance, Title 19 Waiver, etc)

Type of Income: (Wages, Pension, Investment, Social Security, etc.)	<u>Complete</u> Name & Address of income source (for third party verification purposes)	Household member receiving the income	Amount per Year
	Income Source: Address: Fax # (if employer):		\$_____/yr.
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	Income Source: Address: Fax # (if employer):		\$_____/yr.

II. ASSET INFORMATION

1. Real Estate (farms, apartments, etc.) owned as an investment. Do NOT include the home where you presently live.

Street Address _____	Street Address _____
City & State _____	City & State _____
Market Value _____	Market Value _____
Loan Balance _____	Loan balance _____
Monthly Rent Received _____	Monthly Rent Received _____

2. Other Assets

Please complete boxes 1 through 10 below (write “none” in the boxes in which you do not hold the asset type listed). Please use the ‘Supplemental Information box provided in Section 11b on the next page if you are not sure which box in which one or more of your assets belongs

Financial Assets	
<p>1. <u>Checking Account(s)</u></p> <p>Show Names/Addresses of Financial Institutions where accounts are held</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>2. <u>Savings Accounts, CD’s, Bank Money Market Account(s)</u></p> <p>Show Names/Addresses of Financial Institutions where accounts are held & account balances</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>3. <u>Individual Stocks & Bonds, Mutual Funds</u></p> <p>Show Names/Addresses of Investment Institutions where accounts are held & current account balances</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>4. <u>IRAs, Annuities, Keogh, 401(k)s and Other retirement savings accounts (use accumulated value)</u></p> <p>Show Names/Addresses of Account Providers & current account balances</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>5. <u>Cash Value of Trusts</u> that are available to the household</p> <p>Show Names/Addresses of Trustees</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>6. <u>Cash Value of Life Insurance Policies</u></p> <p>Show Names/Addresses of Life Insurance Companies & current cash values of all policies</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>7. <u>Lump Sum Receipts</u> anticipated over the next 12 months (inheritances, capital gains, insurance settlements, sale of current residence, etc)</p> <p>If you own the home in which you are presently residing, please provide the information requested in box 11a below</p> <p><u>If you do not own the home in which you presently reside, please sign with your initials on the line below</u></p> <p>_____</p>	<p>8. <u>Retirement and pension funds</u> that can be withdrawn without retiring or terminating employment</p> <p>Include accounts listed in Box 4 as applicable.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>9. <u>Business Assets</u> where applicant IS NOT actively engaged in the business (market value less outstanding debt)</p>	<p>10. <u>List All Business Or Personal Assets</u> sold, disposed of, or given away in the past 2 years (provide market value of the asset disposed and the market value of the asset received in return).</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>11. <u>Current Residence</u></p> <p>Estimated Market Value: \$ _____ (source of Value estimate: _____)</p> <p>Current Mortgage Loan Balance \$ _____</p> <p>Lender holding the mortgage & Address:</p> <p>_____</p> <p>_____</p>	<p>12. <u>Supplemental Information</u></p>

III. ATTACHMENTS

Please attach the following items, as applicable, so that we can begin to process your application:

1. A copy of your most current federal income tax return 1040 and all attachments including schedules, W-2's, and other forms included in the filing. If you did not file an income tax return within the past year, please explain:

2. Documentation of all applicable sources and amounts of *income expected in the coming 12 months* such as:
 - o Copies of your 4 most recent paycheck stubs showing gross pay, deductions, and year-to-date information
 - o Social Security amount determination letter
 - o Bank statement
 - o Annuity/IRA/Investment statements (showing any dividends, interest, withdrawals, if any) – capital gains are not counted as income
 - o Statement showing pension receipts/disbursement amount(s)
 - o Monthly child support documentation
 - o If self-employed, send your 3 most recent years of tax returns.
3. Explain any anticipated changes in income within the next year such as lay-offs, work slow-down, etc. _____
4. If applicable, a document from your mortgage company showing the balance of your current home loan.
5. One preapproval letter from a lender. The following lenders are currently eligible for participation: Clear Lake Bank & Trust Co., CUSB, First Citizens National Bank, First Security, Habitat For Humanity, Home Trust & Savings Bank, Liberty Bank, Manufacturers Bank & Trust, North Iowa Credit Community Union, Northwood State Bank, St. Ansgar State Bank, and Security State Bank. Your loan terms must include:
 - a. Loan Amount: The loan amount must be between 50% and 75% of the purchase price (25% down payment will be paid by the SFNC program), and you will be responsible for closing costs.
 - b. Loan interest rates cannot be higher than 4 percentage points above the federal prime interest rate at the time of loan commitment
 - c. No less than a 15-year fully amortized, fixed-rate mortgage may be used (early pay-off provisions must be allowed)
 - d. No adjustable rate mortgages or balloon payment types of mortgages are allowed

APPLICANT AGREEMENT, CERTIFICATION & RELEASE

Agreement

As an applicant to the Single-Family New Construction Program, I (we) understand and agree to the following:

1. I (we) acknowledge that the assistance is provided as a 25% down payment for the purchase of the home and is in the form of a receding, forgivable loan. A lien will be placed on the property for the five-year period following the closing with 20% forgiven each year. As such, payments are not generally made on the loan; however, if I (we) sell the property or otherwise vacate the property within five years, the balance of the loan must be repaid to the program.
2. I (We) acknowledge that applicants must meet *income* eligibility criteria (see Gross Income Limits attached to the back of this application – the limits change annually) and that information provided will be verified with the income source (for example, an employer). 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 representation, 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 five years, or both.”*
3. I (We) acknowledge that applicants must obtain a home loan to be eligible for this program. The home loan must be between 50% (\$75,000) and 75% (\$112,500) of the purchase price. Early payoff of the home mortgage is allowed. Co-signers are allowed, but cannot be listed on the deed. The closing costs cannot be added into the loan.
4. I (We) acknowledge that the assistance is limited to preselected home sites with preselected home designs that were packaged by preselected builders for predetermined purchase prices.
5. I (We) acknowledge that the purchase price can NOT exceed the listed sales price for the home and the homes under the program are NOT custom built homes with redesign options; however, the builder may offer some choices relevant to color choices and fixtures.
6. I (We) acknowledge intend that the home purchased through the program will remain my (our) primary residence for the five years following the closing.
7. I (We) acknowledge that assistance received under this program will not be allowed to be combined with any Federal Jumpstart Homebuyer Assistance or State Jumpstart Down Payment Assistance on the same dwelling unit or person/household served.
8. I (We) acknowledge that applicants are not guaranteed to receive assistance.
9. I (We) acknowledge that, per 8USCA Section 1642, applicants receiving HUD down-payment assistance must be a U.S. Citizen or a “qualified alien” and that I (we) may be required to provide proof of citizenship or immigration status.
10. I (We) covenant and agree that I (we) will comply with all requirements imposed by or pursuant to the regulations of the Secretary of Housing and Urban Development effectuating Title VI of the Civil Rights Act of 1964 (78 /stat. 252). I (We) agree not to discriminate upon the basis of race, color, creed, sex or national origin in the sale, lease, rental, use or occupancy of the real property rehabilitated with assistance of the community and other parties, public or private, in whose favor or for whose benefit these provisions have been provided and shall have the right, in the event of any breach of these provisions, to maintain any actions or suits at law or in equity or any other proper proceedings to enforce the curing of such breach.

Release

I (We) authorize the North Iowa Area Council of Governments, the Iowa Department of Economic Development and any participating lenders in this program to obtain and share information, including all documentation necessary to determine my (our) eligibility and application ranking for this program. I (We) release the aforementioned institutions to obtain information regarding my (our) financial standings from government entities, asset holding institutions and employers with whom I (we) are currently or have within the past year participated.

Certification

I (We), the undersigned, certify that I (we) have read and understand the entire Applicant Agreement, Certification & Release forms and that the information in this application and all information furnished is true and correct and complete to the best of the Applicant’s knowledge and belief. I (We) further certify that I (we) have disclosed or will disclose all current and anticipated income sources of all household members and all current and anticipated assets held by all household members, as required in this application.

Applicant(s):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature Date

Applicant Signature Date

Other Adult Household Member(s) (if any):

Applicant Name (printed or typed)

Applicant Name (printed or typed)

Applicant Signature Date

Applicant Signature Date

Submit your completed original (not faxed or copied) application to:
Attn: Myrtle Nelson, North Iowa Council of Governments
525 6th St SW, Mason City, IA 50401

For questions or help with this application contact:
Myrtle Nelson at 641-423-0491, ext. 16
mnelson@niacog.org

**SINGLE FAMILY NEW CONSTRUCTION Round 4
INCOME LIMITS – ISSUED DECEMBER 2011**

County For New home	1-person household	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household	8-person household
<i>Floyd</i>	\$35,500	\$40,550	\$45,600	\$50,650	\$54,750	\$58,800	\$62,850	\$66,900

To receive assistance the applicant’s household must have an income below the applicable limit listed in the above table. For example, a household of 2 people in Floyd County must have an income less than \$38,000 to receive assistance. The above gross income limits refer to gross income that the entire family or household anticipates receiving over the next 12 months, based on current circumstances or known upcoming income changes. **If your most recent Federal tax return (which you are asked to include with this application) is not reflective of the income you expect to receive over the next 12 months, please attach a note with your return, which explains your new circumstances.**

Income from the following sources must be included:

- Wages and salaries, overtime pay, commissions, fees, tips and bonuses (calculated before any payroll deductions - in other words “Gross Income” must be included and not just “take home” pay)
- Social Security Benefits
- Annuities and Pensions, IRA Distributions, periodic payments from insurance policies, etc.
- Company disability or death benefits, unemployment, and worker’s compensation
- Net Income from Self-Employment
- Interest and Dividends
- Net income for the rent of real estate or other property
- Alimony and child support payments received
- Department of Human Services assistance (Family Investment Program/FIP, Medicaid Assistance, Title 19 Waiver, etc)

NOTE: Income from employment of family or household members under the age of 18 is excluded from the gross income calculation. However, earned income of adult full-time students in excess of \$480 is excluded (except head of household or spouse).