

TDHCA

First Time Homebuyer Assistance

Southeast Texas Housing Finance Corporation (SETH) has received funds from Texas Department of Housing and Community Affairs (TDHCA) to assist eligible first-time homebuyers with up to \$10,000 downpayment and closing cost assistance.

Program Requirements

- Must be a “first time homebuyer.” (not have owned a home in past three years)
- The home must be located within Counties of Austin, Chambers, Matagorda, Wharton, Waller, Galveston County (but outside City of Galveston), or within the Cities of Cleveland, Huntsville, and Pearland.
- Maximum purchase price is \$200,160
- Buyer(s) must be able to get an acceptable loan within 30 days of being qualified for the program from a lender
- The home must remain the principal place of residence of the buyer(s) for at least 5 years.
- Buyer(s) household gross income cannot exceed the following amounts by family size:

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Austin County	31,450	35,950	40,450	44,950	48,550	52,150	55,750	59,350
Matagorda County	26,950	30,800	34,650	38,500	41,600	44,650	47,750	50,800
City of Huntsville	28,400	32,450	36,500	40,550	43,800	47,050	50,300	53,550
Wharton County	26,800	30,650	34,450	38,300	41,350	44,450	47,500	50,550
City of Pearland	38,250	43,700	49,200	54,650	59,000	63,400	67,750	72,150
ALL OTHER CITIES AND COUNTIES	34,250	39,100	44,000	48,900	52,800	56,700	60,650	64,550

Principal Residence. Homebuyers will be required to certify that they intend to occupy the unit as their principal residence during the recapture period.

Homebuyer’s Counseling Certification. The borrower must successfully complete an eight hour homebuyer’s counseling course approved by SETH.

Recapture Provisions. The assistance is in the form of a deferred loan forgiven at 20% per year over a five year period. If the homebuyer(s) sells, refinances or moves out of the property within the 5 years period, the homebuyer(s) will be responsible for the full amount of the loan that has not been forgiven. This provision will be enforced by requiring that the HOME recipient execute a note in favor of the State of Texas.

Form of Ownership. Fee simple title is the only acceptable form of ownership.

Property Conditions. Property under contract must pass SETH’s and TDHCA’s “Housing Standards.”



Income Verification. SETH will calculate income according to criteria set out by HUD to determine total household income. Income verification will be valid for a three-month period following receipt of information. If the homebuyer does not occupy the property, or close the mortgage loan within three months, income must be re-verified.

Minimum Borrower Investment. A minimum investment of \$500 by the borrower is required in the purchase of the home. This can include earnest money, appraisal fees, credit report fees, amounts required to be brought to closing or any fees paid to the program administrator.

Administrative Procedures. The Program is designed to assist low-income first time homebuyer's purchase affordable, safe and decent housing and funds are available on a first come first served basis.

SETH reserves the right to amend program guidelines when it is deemed necessary. Applicants, Lenders, and Professional Real Estate Persons are required to go online at www.sethfc.com and print up the current Program Guidelines.

Administration Procedures

Mortgages provided will be conventional loan programs, FHA, RHS, or VA home loans. The direct assistance to the homebuyer will be up to \$10,000 for a home and will be in the form of a 5 year deferred forgiveness loan if all Program requirements have been met. The homeowner will execute a secondary promissory note securing the deferred forgiveness loan and **SETH will collect a \$200 processing fee at closing.**

Eligible properties will be single-family properties that are for sale and exceed the "Housing Standards", as well as all applicable local building codes, ordinances, zoning ordinances. For all new construction Model Energy Code must be met and Homebuilder must be registered with the state. **An Inspection will be conducted and a fee of \$200 will be collected at closing.**

Program Administration

The Program will be operated in accordance with all applicable rules and regulations of the Department of Housing and Urban Development (HUD), Texas Department of Housing and Community Affairs (TDHCA), and Southeast Texas Housing Finance Corporation (SETH). Administrative procedures used to implement the Program will be added or modified to meet any changes made to such rules and regulations of the above entities that may occur over time. Administrative authority for operation of the Program will rest with the Program Administrator (Administrator) appointed by SETH. The Administrator will serve as the approving office for Program assistance. The Administrator will be responsible for carrying out the processing of applications for assistance, recommendation for Program assistance, identification of property deficiencies, preparation of security documents and any other required forms, maintenance of Program records as required by HUD and/or TDHCA, marketing and public relation efforts as needed to promote the Program.

Eligible Borrower Financing

SETH reserves the right to disallow certain fees and charges if it is proven they exceed normal fees or that the lender does not normally charge such fees in the ordinary course of business on a loan of the type being originated to a similar borrower. In addition, SETH reserves the right to deny assistance to a buyer if, in its sole discretion, the mortgage product and fees indicate that the monthly payment exceeds the buyer's ability to repay the loan.

Loan Terms

SETH shall use a five-year deferred forgivable loan note to enforce the principal residence requirement during the five-year recapture period. The loan will be a non-recourse, no-interest, and five-year non-amortizing forgivable loan. The loan shall have a second lien holder position, and will allow for recapture of the HOME assistance out of the net sales proceeds if the homeowner sells the dwelling before the end of the recapture period. If the HOME assisted property is sold after the end of the recapture period, no recapture provisions apply. If the net proceeds are not sufficient to recapture the pro rated HOME Investment no recapture

provisions apply, however, the homeowner will not be allowed to recover more than the amount of the homeowner's down payment, principal payments and any capital improvement investment. No refinancing is allowed during the second lien period and full repayment is expected. The note will be secured by a recorded Deed of Trust.

Requirements for loans accepted into our down payment and closing cost assistance program. All loans must be:

1. A Conventional (conforming, or non-conforming), Portfolio, FHA, VA or Rural Development (RHS) mortgage loan.
2. A Fixed Interest Rate for the life of the loan is preferred, unless written approval is given by SETH.
3. Buyer's Housing Costs cannot exceed 33%, based on SETH Income calculation not lenders.
4. Back in ratio cannot exceed 45%.
5. Originator can not charge more than 2% in upfront Fees, regardless of who pays.
6. No Prepayment Penalties will be allowed.
7. All Buyers must contribute at least \$500 of their own money.
8. Loan Terms must be 10 to 30 years.
9. Assets listed on 1003 Loan Application may be counted as Assets of buyer and calculated as Income for SETH calculation.
10. Buyers with Liquid Assets in excess of two times amount of assistance applied for are not eligible. This includes gifts listed as assets on 1003 and will be counted as assets in income calculations.
11. TDHCA will not subordinate its lien.
12. TDHCA's lien must be in a second or third lien position.
13. Eligible Gift Programs in combination with our funds are allowed but must be approved by SETH.
14. If Buyer is requesting more than one assistance program, written approval from SETH is required.
15. Seller contribution can be up to 6%, but buyer cannot receive money back at closing.
16. SETH does not allow the same person to act as both Real Estate Agents and Lender in same transaction.
17. "Homebuyer Assistance Fees" cannot be charged regardless if it is considered a Lender or Real Estate Fee.

Fair Marketing Procedures

SETH will conduct public meetings, meet with applicants individually; work with local financial institutions, and real estate agents to explain the Program, and to request their participation. Program information will also be made available to the public through local newspapers. Press releases will be distributed to places that will reach potential low-income homebuyers such as local newspapers, social service agencies, the local chamber of commerce, apartment buildings, and other public places.

Lead Based Paint

The Lead Safe Housing Rule applies to any housing unit built prior to 1978 and assisted with HUD funds. The rule affects the way the State, SETH, Lenders, Realtors and Title Companies implement homebuyer assistance programs as follows:

- During the SETH regular inspection of any house built before 1978, both the interior and exterior painted surfaces must be inspected for defective paint. Defective paint is paint that is cracking, flaking, chipping or peeling from a building component or house.
- Defective paint surfaces must be corrected by workers trained in lead-safe work practices or workers supervised by a trained and certified supervisor or contractor.
- If defective paint is not found, no corrective work or clearance testing is required.
- The buyer and seller cannot close on a homebuyer assistance project until the house passes the clearance examination.
- Buyer cannot waiver opportunity to do Lead Based Paint Risk Assessment on home under contract.

Please return all of the following pages (completed application) to:

Program Administrator – TDHCA

Southeast Texas HFC

11111 South Sam Huston Parkway, East

Houston, TX 77089

Phone: 281-484-4663 Fax: 281-484-1971 www.sethfc.com

SETH Application Submission Checklist

Must Submit Original DPA Application Along With the Following Documentation In Order to Determine Income Eligibility

- \$50.00** Application Fee Cashiers' Check or Money Order made payable to SETH.
- Completed **SETH application** with signatures of all household members over the age of 18. (*Co-applicant /Spouse or significant other, even if co-applicant is not on the loan.*)
- HOME Program Eligibility Release Form, signed by all household members over 18 of age
- Signed Home Program Agreement
- Certification of First-Time Homebuyer
- Certification of Principal Residence
- Provide copy of ID / Drivers License for all household members
- Original Birth Certificate/ Resident Card for all household members
- 10 Reasons application can be Rejected or Delayed
- Lease or Rental Agreement all pages
- Current **3 - months pay stubs** for applicant, co-applicant, and any household member over 18 (*reflecting all deductions*)
- Most recent **6-months CHECKING** statements for all household member (*reflecting acct holders name, institutions name, monthly ending balance*) Explain on Form 1010 deposits (*date, amount and source of income*)
- Most **current 1- month SAVING** banks statements for all household members Explain on Form 1010 deposits (**date, amount and source of income**)
- Last **2 Years W2's and Tax Returns** for all household members (**TRANSCRIPTS NOT ACCEPTED**)
- Complete 4506T even it tax returns are provided
- Certification of Zero Income & explain on Form 1010 **if applicable**
- If self employed, **last 3 years' W2'S & Tax Returns and Profit and Loss Statement if applicable**
- Current statement of 401K, Retirement or IRA, Stock, Profit Sharing, and CD Accounts. **If applicable**
- SSI received, most current Social Security Disability Award Letter for all household members **if applicable**
- Copy of Decree of Divorce. (*No assistance will be provided under a pending divorce or temporary separation decree*)
- Copy of Child support / Attorney General Order or Custody Agreement or explain on Form 1010
- Copy of current Attorney General payment history printout (*Even if support is not receive.*)
- TANF -AFDC- WIC, **if applicable**
- College Student: Current Transcript, Scholarship, Grant Award Letter for all household members **if applicable**
- Homebuyers Education Certificate(**must be SETH approved**)
- Provide Lender /Mortgage and Realtor contact information (if available)

Top 10 Reasons SETH Deferred Loan Applications Are Rejected or Delayed

1. **Poor communications.** There are many parties involved in a real estate transaction -- buyer, seller, real estate agent, mortgage banker, home inspectors, appraiser, title companies-- and each must have complete understanding of what is going on at any given time. These loans do not close themselves; rather they require twice the work from everyone involved.
2. **Income calculation can differ based on the program and lender guidelines.** You, your lender and SETH may come up with different incomes for your household. For example SETH calculates income based on every working member of the household regardless of who is on the loan and uses projections to calculate income not historical data like Income Tax Returns.
3. **Misunderstandings.** You will need loan programs explained. SETH or your loan representative can help you with any loan terms you may not be familiar with. You can visit many online glossaries or pick up one of many real estate mortgage books, virtually all of which contain a glossary.
4. **Being in denial about what you can really afford.** Most Homebuyers let the lenders decide what they can afford to borrow. You may not have a problem with a lender approving you for a higher than appropriate loan. From that, you decide what your budget will realistically let you afford to pay each month. Get pre-approved with a bona fide, carved-in-stone pre-approval that guarantees in writing a loan amount, interest rate, and as much of the other loan terms as possible. SETH will not assist buyers with housing costs greater than 1/3 of gross salary for the household.
5. **Over looking property repair problems.** Government loans on homes in need of repair need to come with instructions explaining who is responsible for repairs and when. SETH cannot assist/fund any loan until all repairs are corrected.
6. **Lack of understanding about the loan and SETH process.** A working knowledge of what happens during the processing, underwriting, and closing of a loan is crucial.
7. **Not completing loan conditions in timely manner.** Many times buyers do not understand the commitment from lender and SETH is based on meeting certain conditions. SETH requires Homebuyer Counseling of buyers in a timely manner and Inspection and possible repairs.
8. **Poor Preparation.** The more information you have available at application -- proof of income, investments, assets, debts, tax returns for the self-employed, even addresses, current and past -- the more complete the loan officer's and SETH's analysis can be in a more timely manner. SETH's process is approximately 45 days.
9. **Right House wrong Location.** SETH administers several programs within the Houston-Galveston area but not all programs are available everywhere. Some Local Cities, Counties and the State also have some Programs that may be available. In all cases, proof of where property taxes are paid will be reviewed to determine if home is located in eligible area.
10. **Non-Compatible loan products.** SETH only pays certain costs and does not allow the lender to charge additional costs. Usually sub-prime loans charge more than our guidelines will allow. Lenders offer a variety of products (ARMs, etc.) or have additional requirements such as prepayment penalties and these are not allowed by SETH.

Signatures: _____

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Programs
INTAKE APPLICATION



Date Complete Application Received:	Time Complete Application Received:
--	--

Contract Administrator: Southeast Texas Housing Finance Co.	Contract Number:
Applicant Name(s):	
Current Address:	
City, State, Zip:	
Home Phone:	Type of HOME Contract: HOME

HOUSEHOLD COMPOSITION AND CHARACTERISTICS - List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship to Head of HH	Date of Birth	Sex	Social Security Number
	Head of Household			

For TBRA Applicants Only: OCCUPANCY REQUIREMENTS

HOME Program occupancy guidelines include a basic occupancy standard of two persons per living/sleeping area.

Number of bedrooms required by household N/A

HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED. It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> American Indian/Alaska Native and White |
| <input type="checkbox"/> American Indian/Alaska Native and Black/African American | <input type="checkbox"/> Other Multi Racial |

Ethnicity of Head of Household:

- Hispanic – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

PREFERENCE INFORMATION (SPECIAL NEEDS)

You may qualify for a preference for housing assistance if any of the following circumstances apply to a member(s) of your household and can be verified. Please check any that apply to you.

- Persons in this household are elderly or disabled.
- Persons in this household have special needs.
- I/we are currently homeless or living in substandard housing.
Explain: _____
- I/we have been, or are about to be, involuntarily displaced from our housing.
Explain: _____
- Other: _____

TEMPORARILY ABSENT HOUSEHOLD MEMBERS

Are any household members temporarily absent from the home? Yes No
If Yes, state the reason he/she is absent: _____

FUTURE HOUSEHOLD MEMBERS

Do you anticipate any other members will join your household within the next 12 months? Yes No
If Yes, explain: _____

INCOME INFORMATION

Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, TANF, other benefits, other income.

FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps.

List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

ASSET INFORMATION

Do you own real estate property? Yes No

If Yes, what is its current market value? _____

If you have a mortgage on the property, what is the current balance owed on the mortgage? _____

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income From Asset

PROVIDE THE YEAR IN WHICH DWELLING WAS BUILT:

TBRA: Rented Unit _____ **HBA/ADDI: Home being purchased** _____ **OCC: Home Owned** _____

EXPENSE INFORMATION

Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Rent \$	Phone \$	Medical \$	Credit Card \$
Electric \$	Car Payment \$	Cable TV \$	Credit Card \$
Gas \$	Car Insurance \$	Medical Insurance \$	Loan \$
Water \$	Child Care \$	Rentals \$	Loan \$
Other (specify) \$			

Yes No **Child Care:** Does your household pay child care expenses for children under the age of 13 in order to enable a household member to work or go to school?
List name, address, and phone number of the care provider: _____

Answer the following questions only if the Head of Household OR the Spouse is aged 62 or older, OR if the Head of Household OR the Spouse is disabled:

Yes No **Current Medical:** Does your household have any unpaid medical bills?
List types and amounts of unpaid balances: _____

Yes No **Future Medical:** Do you anticipate medical expenses to be incurred in the next 12 months?
List types and amounts: _____

Yes No **Medicare:** Does your household have Medicare coverage?
List monthly premium amount: _____

Yes No **Insurance:** Does your household have medical insurance *other than Medicare*?
List the name and address of carrier, the policy number, and monthly premium amounts. _____

Yes No **Disabled Household Members:** Does your household pay a care attendant (live-in aide) OR for equipment for any disabled household member in order to enable that person or another household member to work? If yes, provide name, address, and phone number of care attendant, and/or list types and monthly cost of equipment: _____

APPLICANT CERTIFICATION

Household members age 18 and over must sign this application. I/We understand the information provided above is collected to determine if I/we are eligible to receive HOME Program assistance. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of housing assistance and is punishable under federal law. I/We authorize the above-referenced Contract Administrator to verify all information provided on this application.

Signature of Applicant:	Date
Signature of Applicant:	Date
Signature of Applicant:	Date
Signature of Applicant:	Date

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.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program



HOME Program ELIGIBILITY RELEASE FORM

Contract Administrator: Southeast Texas Housing Finance Corp.

Contract Number:

Applicant Name:

Applicant Address:

Instructions to Applicant: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named Contract Administrator to obtain information from a third party regarding your eligibility and continued participation in the:

HOME Contract for Deed Conversion (CFD) Program
HOME Tenant Based Rental Assistance (TBRA) Program
HOME Homebuyer Assistance (HBA) Program
HOME Homebuyer Assistance with Rehabilitation (HBA-R) Program
HOME Owner Occupied Assistance (OCC) Program

Privacy Act Notice Statement: Texas Department of Housing and Community Affairs (TDHCA) requires the collection of the information listed in this form to determine an applicant's eligibility in the HOME Program. This information will be used to establish the level of HOME benefits for which the applicant is eligible and to verify the accuracy of the information furnished. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate Federal, State, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. TDHCA is authorized to ask for this information under the National Affordable Housing Act of 1990.

Each adult member of the household must sign this HOME Program Eligibility Release Form prior to the receipt of benefits and on an annual basis thereafter to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

Information Covered: Inquiries may be made about items initialed below by the HOME applicant.

Description	Verification Required	Initials of Applicants
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expenses	X	
Disability Assistance Expenses (if applicable)	X	
Occupancy Preference (Special Needs) (if applicable)	X	
Medical Expenses (if applicable)	X	
Other (list):	X	
Dependent Deduction: <input type="checkbox"/> Full-time Student <input type="checkbox"/> Disabled Household Member <input type="checkbox"/> Minor Children	X	

Applicant's Authorization:

Notice to TBRA Applicants:

To be eligible to receive rental assistance through the HOME TBRA Program, the Applicant must participate in a self-sufficiency program which is authorized and/or conducted by the Contract Administrator. Rental assistance provided through the HOME TBRA Program is limited to a maximum of twenty-four (24) months.

____ (Applicant's Initials)

I authorize the above-named HOME Contract Administrator to obtain information about me and my household that is pertinent to determining my eligibility for participation in the HOME Program. I acknowledge that:

- (1) A photocopy of this form is as valid as the original; AND
- (2) I have the right to review information received using this form; AND
- (3) I have the right to a copy of information provided to Contract Administrator and to request correction of any information I believe inaccurate; AND
- (4) All adult household members will sign this form and cooperate with Contract Administrator in the eligibility verification process.

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.

Signatures:

_____ Signature - Head of Household	_____ Printed Name	_____ Date
_____ Signature – Other Adult Household Member	_____ Printed Name	_____ Date
_____ Signature – Other Adult Household Member	_____ Printed Name	_____ Date
_____ Signature – Other Adult Household Member	_____ Printed Name	_____ Date

HOME PROGRAM AGREEMENT

VALUE OF THE PROPERTY

The Sales Price of the Home under Contract is \$ _____, and must be acquired within 4 months.

PRINCIPAL RESIDENCE

The property must be applicant Principal Residence and located in _____ County.

TYPE OF ASSISTANCE AND AMOUNT

The type of assistance SETH is providing to Applicant is a five-year deferred payment loan to be used for down payment and eligible closing cost; to be evidenced by a promissory note to be signed and delivered at closing by Applicant, and secured by second lien deed of trust against the Property from Applicant to a trustee for the State (both in the form required by State). The amount of the assistance is up to \$9,000.00.

TERMS AND CONDITIONS

1. Applicant agrees that, as an express condition precedent to State's willingness to forgive repayment of the Loan on the fifth anniversary date of the Note, Applicant must occupy the Property on a substantially continuous, full-time, full-year uninterrupted basis as its principal residence throughout the five-year term of the Loan commencing on the date of the Note.
2. Applicant acknowledges and agrees that, as a further condition precedent to State's willingness to forgive repayment of the Loan at 20% per year and in full on the fifth anniversary date of the Note, Applicant must maintain the Property and keep in good repair and condition throughout the five-year term of the Loan commencing on the date of the Note.
3. Applicant agrees that, in the event that Applicant rents, leases or sells the Property during the term of the Loan the Applicant shall:
 - a) Notify SETH and State by certified mail, return receipt requested, or hand deliver against a signed receipt written notice of the proposed sale and a copy of the sales contract to the State and SETH, in either case at least fourteen (14) days before the proposed closing date; and
 - b) Reimburse the State at closing or at time applicant no longer occupies property as principal residence, the amount due under the promissory note.
4. Applicant understands and agrees that, except where otherwise required or permitted by the State in connection with a transfer on death, divorce, legal separation, or legal incapacity, the promissory note may not be assumed, assigned, or otherwise transferred in any way. Subject to the requirements of applicable law, the State may sell, assign, and transfer its ownership of the Loan and all of State's rights thereunder with or without notice to or consent from Applicant.
5. Applicant and its representative shall inspect the property prior to closing and by closing on property SETH shall take that as acknowledgement of accepting property in its current condition and that all required repairs were made.

Executed this _____ day of _____ 20____.

Applicant

Co-Applicant

Administrator, Margie Koenning

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program



Certification of First-Time Homebuyer Status

Contract Administrator: Southeast Texas Housing Finance Corp.

Contract Number:

Homeowner(s):

Property Address:

City:

Homeowner's Certification of First-Time Homebuyer Status

I/We, _____, hereby certify that I/we meet the definition of a first-time homebuyer as defined below. I/We further certify that the verification document(s) attached (one or more) hereto are valid proof of my/our first-time homebuyer status, and that all copies provided are true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the HOME Program. (Check all that apply.)

Definition of First-Time Homebuyer

A first-time homebuyer is an individual and his or her spouse who have not owned a home during the three-year period prior to purchase of a home with assistance under the HOME program. The term first-time homebuyer also includes an individual who is a displaced homemaker or single parent (see definitions below) who, even if while a homemaker or while married, owned a home with his or her spouse or resided in a home owned by his or her spouse.

A displaced homemaker is an individual who:

1. Is an adult; and
2. Has not worked full-time full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family; and
3. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

A single parent is an individual who:

1. Is unmarried or legally separated from a spouse; and
2. Has one or more minor children for whom the individual has custody or joint custody, or is pregnant.

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.

Signature of Homebuyer

Date

Signature of Homebuyer

Date

Verification by Contract Administrator

I have examined documentation provided by the homeowner(s) and have verified that the above-referenced information is true and correct to the best of my knowledge.

Signature of Contract Administrator's Authorized Representative

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program



Certification of Principal Residence
Homebuyer Assistance
American Dream Downpayment Initiative

Contract Administrator: Southeast Texas Housing Finance Co. **Contract Number:**

Homebuyer Name(s):

Homebuyer Address:

Homebuyer's Certification of Occupancy

I/We, _____, hereby certify that I/we will occupy the above-referenced address and it will be my/our principal residence throughout the required affordability period. I/We understand that my/our acceptance of down payment and/or closing cost assistance through the HOME program will result in the attachment of a lien in favor of Texas Department of Housing and Community Affairs (TDHCA) on the above-referenced address. I/We further certify that all information and copies provided to Contract Administrator are true and correct. I/We understand that any discrepancies or mis-statements may result in my/our disqualification from the HOME Program.

Signature of Homebuyer

Date

Signature of Homebuyer

Date

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.

Administrator's Verification

I hereby certify that I have examined all documentation provided by the above-referenced applicant and he/she is eligible to participate in the HOME Program.

Signature of Contract Administrator's Authorized Representative

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program
ZERO INCOME CERTIFICATION

Contract Administrator: Southeast Texas Housing Finance Corp.		Contract Number:
Applicant Name:		Home Phone:
Current Address:		City, State, Zip:
<p>A “Zero Income Certification” must be completed and signed by <i>each</i> household member age 18 or older when the <i>total household income</i> claimed is zero.</p> <p>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 U. S. Government.</p>		

1. I hereby certify that I *do not* individually receive income from *any* of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments other than food stamps;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources (including Avon, Mary Kay, etc.);
 - j. Any other source not named above; AND

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months; AND

3. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities:

Applicant’s Certification: Under penalty of perjury, I hereby certify that the information provided to Contract Administrator in this Zero Income Certification is true, correct, and complete. I agree to provide additional information to Contract Administrator and/or Texas Department of Housing and Community Affairs (TDHCA) upon request.

Signature of Applicant

Date

Signature of Applicant

Date

Contract Administrator’s Certification: In accordance with the requirements of the HOME Investment Partnerships Program, I have reviewed, verified, and confirmed the information provided by Applicant. I hereby certify that the information presented herein is true, correct, and complete and Applicant has been determined eligible to participate in the HOME Investment Partnerships Program.

Signature of Contract Administrator

Date

Form 1010

(To be signed by household members over the age of 18 yrs)

Borrower (s) _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Property Address: _____

State if item listed below is Applicable "A" or Not Applicable "N/A"

If "A" provided documentation. If "N/A" to any of the items with (♦) explain on Form 1010

List the names of all Household members	Applicant	Co-Applicant Or Spouse	Member	Member	Member	Member
Benefits --SS Disability / Supplemental						
Pensions, Annuities, Insurance policies, or Death Benefits						
Self Employed						
Unemployment Benefits						
Housing Assistance						
♦Decree of Divorce						
♦ Custody Order						
♦Child Support Order						
♦OAG payment printout						
College Transcript/Schedule						
Grant, Scholarships, Loans Award letter & payment history						
TANF, WIC, Etc.						
Retirement(s) or 401K						
Stocks or Investments						
♦Saving Account						
♦Checking Account						

Explain Deposits all deposit that are not direct deposit from Employer or Social Security on bank statements provided. (Include date, amount and source)

Section 1010 of

Title 18, U.S.C., "Department of Housing and Urban Development and Federal Housing Administration Transactions, provides: whomever, for the purpose of influencing in any way the action of such Department—makes, passes, utters, or publishes any statement, knowing that same to be false—shall be fined not more than \$5,000 or imprisoned not more than two years, or both." Other Federal statutes provide severe penalties for any fraud or intentional misrepresentation made for the purpose of influencing the issuance of any guaranty or making of any loan.

Applicant: _____ Date: _____
 Co-Applicant/ Spouse: _____ Date: _____
 Household member: _____ Date: _____
 Household member: _____ Date: _____



Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

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

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 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 four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

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 information requested. If the request applies to a joint return, **either** husband or wife 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-T on behalf of the taxpayer.

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

General Instructions

Purpose of form. Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

Note. You can also call 1-800-829-1040 to request a transcript or get more information.

Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592
	801-620-6922

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.