



## **DOWNPAYMENT ASSISTANCE APPLICANT:**

Thank you for making application for downpayment assistance with National Faith Homebuyers. In order for us to process your request, the following documents are required.

### **CUSTOMER**

1. 60 Days Income for ALL Household Members
2. Most recent year tax return & W-2
3. 3 months of asset verifications (Bank Statements)
4. Application for homebuyers assistance (Note: Anyone 18+ must sign page 2)
5. Conflict of Interest Form (Exhibit E) – Form MUST be Witnessed and Notarized
6. Copy of Driver's License : *Front and Back of License for anyone 18+*
7. Copy of Social Security Card for all household members
8. Completion of Homebuyer Education
9. Signed Lead Disclosure Form
10. Signed Freedom to Choose Form

### **LENDER**

1. Flood Determination
2. Appraisal (1004)
3. First Mortgage Application (1003)
4. Title Insurance
5. Loan Estimate

### **INSPECTOR**

1. Passing HQS inspection/Visual Lead inspection

### **REALTOR**

1. Signed Purchase Agreement & Copy of EMD (Earnest Money Deposit)
2. Notice to Seller (Exhibit D) – Form must be Signed and Witnessed

When all documents have been received by National Faith Homebuyers; Confirmed for completion, accuracy and eligibility, the material will be submitted to Pontiac for final approval and issuance of a check. There is a 3-4 week waiting period for final payment. These documents may be faxed in with previous authorization from National Faith Homebuyers.

If you should have any questions or concerns, please do not hesitate to contact me at 313-255-9500.

Thank You,

5460 W. Fort Street | Detroit, MI 48226 OR  
32150 Dorsey Street Suite 15 Westland, MI 48186  
Office: (313) 255-9500 | Fax: (313) 255-9555

[www.nationalfaith.org](http://www.nationalfaith.org)

## Pontiac Down Payment Information

- You must be a first time homebuyer
- Your household income may not exceed the amount listed by HUD for your household size for 80% AMI
- You have to complete the required education
- You must be purchasing in the city of Pontiac. This is determined by the legal description of the property not the mailing address.
- Your assets may not exceed \$20,000.00
- The housing ratio must not exceed 35% and the debt to income ratio not exceed 43%
- The program offers up to \$20,000 towards 50% of the down payment and any reasonable closing costs.
- If the amount of the assistance awarded falls between \$1-\$14,999 the affordability period will be a five-year ownership period. A lien will be placed on the property specifying these conditions.
- If the amount of the assistance awarded falls between \$15,000-\$40,000 the affordability period will be a ten-year ownership period. A lien will be placed on the property specifying these conditions.
- Each section of the application for assistance must be completed for each household/family member. If the amount for any family member is zero (0), you must enter a zero (0). Your application for assistance will not be processed if any information is missing. All lines that require a signature must be signed. If there is a witness line, it must be signed by a witness before it can be submitted. If there is a notary section, the document must be notarized before it can be submitted.
- All household income must be declared and will be counted toward the income limit for your family size
- **NO FILE(S) WILL BE SUBMITTED TO PONTIAC FOR PAYMENT UNTIL ALL DOCUMENTATION HAS BEEN RECEIVED AND VERIFIED FOR ACCURACY, COMPLETION AND ELIGIBILITY**
- If you are unsure how to complete your paperwork, please call or come into our office so a NFH representative can help you complete your paperwork.



## PONTIAC

### Application for Homebuyer Assistance

Please complete this application as accurately as possible. Documentation verifying all sources of income, benefits, and assets must be submitted with this application. If you are unsure of which documents to submit, please contact the application processor. If you wish to provide additional information of explanation, you may use the back of this form. All responses must be provided by the loan applicant(s). Please type or print legibly.

**Date:**

**Applicant Name(s):**

**Current Street Address, City, State, Zip Code:**

**Phone Number (Home, Work & Cell)**

**Are you a first-time homebuyer? (circle one) YES NO Email Address:**

**ALL INFORMATION IS REQUIRED FOR EACH FAMILY MEMBER. IF THE AMOUNT IS ZERO (0), YOU MUST WRITE A ZERO (0). YOUR FORM WILL BE RETURNED FOR ANY MISSING INFORMATION.**

**STARTING WITH THE HEAD OF HOUSEHOLD, LIST ALL PERSONS RESIDING IN THE HOUSEHOLD.**

| Family Members | Date of Birth | Relationship to Head of Household |
|----------------|---------------|-----------------------------------|
|                |               |                                   |
|                |               |                                   |
|                |               |                                   |
|                |               |                                   |
|                |               |                                   |

#### Annual Wages/Salaries

| Family Members | Gross Base Employment | Average Overtime |
|----------------|-----------------------|------------------|
|                |                       |                  |
|                |                       |                  |
|                |                       |                  |
|                |                       |                  |
|                |                       |                  |

#### Annual Benefits/Pensions

| Family Members | Unemployment | Social Security | Insurance Policy | Disability |
|----------------|--------------|-----------------|------------------|------------|
|                |              |                 |                  |            |
|                |              |                 |                  |            |
|                |              |                 |                  |            |
|                |              |                 |                  |            |
|                |              |                 |                  |            |

#### Annual Public Assistance/Other

| Family Members | Public Aid | Alimony | Child Support | Annuities | Other |
|----------------|------------|---------|---------------|-----------|-------|
|                |            |         |               |           |       |
|                |            |         |               |           |       |
|                |            |         |               |           |       |
|                |            |         |               |           |       |
|                |            |         |               |           |       |

### Assets

| Type of Assets        | Current Cash Value | Annual Income |
|-----------------------|--------------------|---------------|
| Checking Account      |                    |               |
| Savings Account       |                    |               |
| Money Market Account  |                    |               |
| Stocks/Bonds          |                    |               |
| Life Insurance Policy |                    |               |
| Additional Property   |                    |               |
| Owned Business(es)    |                    |               |

#### Household Information:

This information is for record keeping purposes only and will not be used to approve or deny assistance.

Head of Household: (circle one)

Single, Non-Elderly      Elderly      Related/Single Parent      Related/Two Parents      Other

Race/Ethnicity:      Hispanic (   ) Yes      (   ) No

(Circle One)

White    Black/African American    Black/African American & White    Asian    Asian & White    Asian/Pacific Islander  
 American Indian/Alaskan Native    American Indian/Alaskan Native & White    Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native & Black/African American    Other Multi-Racial

A signature and date are required in order for this application and statement of income to be considered valid. The applicant(s) certifies that all of the information in this application and all the information furnished in support of this application is given for the purpose of obtaining a loan and is true and complete to the best of the Applicant's knowledge and belief. Verification of any of the information contained in this application may be obtained from any source named herein. PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Section 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, representations, or makes or uses any false writing or document knowing the same or contain any false, factious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned no more than five years or both." All household members above the age of eighteen (18) are **REQUIRED** to sign this application, and submit all necessary employment/asset documentation.

|                                                   |      |
|---------------------------------------------------|------|
| Signature of Applicant                            | Date |
| Signature of Co-Applicant/Other House-Hold Member | Date |
| Signature of Other House-Hold Member              | Date |

#### For Office Use Only

|                                                   |                                 |
|---------------------------------------------------|---------------------------------|
| Verified Annual Household Income Amount: \$       | Approval for Assistance: YES NO |
| Reviewed By:                                      | Date:                           |
| Lender Company Name:                              | Contact Person:                 |
| Telephone Number:                                 | FAX Number:                     |
| Purchase Property Address, City, State, Zip Code: |                                 |

# PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME

May, 1995

After carefully reading the Lead Based Paint pamphlet, please detach this sheet and return it to your local housing authority, landlord, management office or community development office.

Receipt

I HAVE RECEIVED A COPY OF THE PAMPHLET ENTITLED:

*Protect Your Family From Lead In Your Home*

Print Full Name

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Signature

---

Address and apt#

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Date

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Revised 1/2024



## PONTIAC HOMEBUYER PROGRAM

# FREEDOM TO CHOOSE

The Pontiac First-Time Homebuyers Program services are designed to provide education and support towards the purchase of your first home. It's our goal to help you learn as much as possible about your housing options so you can go forward and make the best decision for yourself. When you're educated, you make informed decisions for you and your family.

You are encouraged to thoroughly evaluate mortgage loan products and lenders. You are free to choose the home, lender and Realtor, regardless of any recommendations made by the City and the City's contractors. We're happy to refer you to others we know who do honest, fair work. Ultimately you choose who you want to work with.

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Homebuyer

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Date

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Homebuyer Counselor

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Date

Revised 1/2024

**EXHIBIT D**  
**NOTICE TO SELLER OF RESIDENTIAL PROPERTY**  
**UNIFORM RELOCATION ASSISTANCE AND REAL PROPERTY ACQUISITION**  
**POLICIES ACT OF 1970, AS AMENDED**

Date of Notice: \_\_\_\_\_

I/We, \_\_\_\_\_, am/are the current owner(s) of the property located  
at: \_\_\_\_\_.

I/We hereby certify that no tenants have occupied this property within 90 days prior to the purchase agreement.

I/We have been notified that this property is to be purchased by homebuyers receiving down payment and/or closing cost assistance from the Pontiac Homebuyer Assistance Program, funded by the U.S. Department of Housing and Urban Development (HUD) CDBG Program.

The sale of this property is not the result of acquisition under the power of eminent domain by any federal, state, county, or municipal agency. I/We entered into the purchase agreement voluntarily.

I/We hereby agree that I/We are not being displaced by a government action and, therefore, have no right to Relocation Assistance provided under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, based on the above statements.

SELLER(S):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**EXHIBIT E**  
**AFFIDAVIT REGARDING CONFLICT OF INTEREST**  
**(CDBG Down Payment Assistance Program)**

I (we), the undersigned, being duly sworn, certify the following to the best of my (our) knowledge and belief:

**1. Income Eligibility**

My (our) annual household income is less than or equal to 80% of the Area Median Income (AMI) for a household of \_\_\_\_ person(s), which is a requirement to receive Pontiac CDBG Homebuyer Assistance.

**2. No Improper Payments or Relationships**

I (we) have not provided any gratuity, gift, payment, or other thing of value to any employee, officer, agent, or related party of the City of Pontiac.

I (we) are not related to any employee, agent, officer, or elected or appointed official of the City of Pontiac or the U.S. Department of Housing and Urban Development (HUD) who has decision-making authority, oversight responsibility, or inside information related to the CDBG Homebuyer Assistance Program.

**3. Understanding of Federal Conflict-of-Interest Regulations (24 CFR 570.611)**

I (we) understand the following requirements from 24 CFR 570.611, which apply to the CDBG Program:

**24 CFR 570.611(b) — Conflicts Prohibited**

No person who exercises or has exercised any functions or responsibilities with respect to CDBG-assisted activities, or who is in a position to participate in decision-making or gain inside information regarding such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have any interest in any contract, subcontract, or agreement for such activities or their proceeds, either for themselves or for those with whom they have family or business ties, during their tenure or for one year thereafter.

**24 CFR 570.611(c) — Persons Covered**

These conflict-of-interest provisions apply to any employee, agent, consultant, officer, or elected or appointed official of the City of Pontiac, any subrecipient, or any agency receiving CDBG funds.

I (we) affirm that none of the prohibited conflicts described above apply to me (us).

HOMEBUYER(S):

|       |       |
|-------|-------|
| _____ | _____ |
|       | Date  |
| _____ | _____ |
|       | Date  |

WITNESSES:

\_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

**STATE OF MICHIGAN )**

**) ss.**

**COUNTY OF \_\_\_\_\_ )**

**On this \_\_\_\_ day of \_\_\_\_\_, 20, before me, a Notary Public in and for said County, personally appeared \_\_\_\_\_, who acknowledged that they executed this document.**

**Notary Public, \_\_\_\_\_ County, Michigan**

**My Commission Expires: \_\_\_\_\_**

**Acting in \_\_\_\_\_ County**