



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. 30 Days Income for ALL Household Members
2. Most recent year tax return & W-2's
3. 3 months of asset verifications
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 all household members 18+*
7. Copy of Social Security Card for ALL household members
8. Completion of Homebuyer Education from a HUD approved agency
9. Signed Lead Disclosure Form
10. Signed Freedom to Choose Form
11. Signed City of Livonia Guidelines Form

LENDER

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

INSPECTOR

1. HQS or equivalent 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 City of Livonia 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,

City of Livonia 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
- You have to complete the required education
- You must be purchasing in Livonia, MI
- Your assets may not exceed \$20,000.00
- The housing ratio must not exceed 35%
- The debt to income ratio must not exceed 43%
- The program affordability period forgives up to \$14,999 ~~but~~ after the initial five-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 THE CITY OF LIVONIA 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.



City of Livonia
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

Signature

Address and apt#

Date

Revised 1/2010



Livonia First Time Home Buyer Program

FREEDOM TO CHOOSE

The City of Livonia 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 Cities 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.

Homebuyer

Date

Homebuyer Counselor

Date

EXHIBIT D

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

Date of Notice: _____

1. I, (We) _____, am (are) presently the owner(s) of property located at _____. I (We) hereby certify that no tenants have been living in this property within 90 days prior to the purchase agreement.
2. I (We) have been notified that this property is to be purchased by homebuyers receiving downpayment and/or closing cost assistance from the City of Livonia Homebuyer Assistance Program funded by the U.S. Department of Housing and Urban Development (HUD) HOME Program.
3. The sale of this property is not a result of acquisition under the power of eminent domain by any Federal, State, County, or municipal agency and I (we) entered into the purchase agreement of my (our) own free will.
4. I (we) hereby agree that I (we) am (are) not being displaced by a government action and, therefore have no right to Relocation Assistance provided for in the Uniform Relocation Act of 1970 because of the above statement.

WITNESSES:

SELLER(S):

EXHIBIT E

AFFIDAVIT REGARDING CONFLICT OF INTEREST

I (we) the undersigned, being duly sworn, do certify that, to the best of my (our) knowledge:

My (our) income is less than or equal to 80% of the area median income for a household of _____ person(s) which is the first requirement to be a recipient of City of Livonia Homebuyer Assistance.

I (we) have not granted any gratuitous funds to any related party City of Livonia and are not related to any employee or officer of the City of Livonia or of the U.S. Department of Housing and Urban Development (HUD) who has a decision-making or monitoring relationship with the City of Livonia HOME Program.

I (we) understand the following citation from 24 CFR Part 92.356(b) and, to the best of my (our) knowledge none of the following situations or relationships applies to me (us):

24 CFR Part 92.356(b) Conflicts prohibited. No persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME -assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

24 CFR Part 92.356 (c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or sub recipient which are receiving HOME funds.

WITNESSES:

HOME BUYER(S):

STATE OF MICHIGAN)
)ss
COUNTY OF WAYNE)

On _____, before me, a Notary Public in _____ County, personally appeared, _____, who acknowledged and executed this document.

Notary Public, _____ County, MI
My Commission Expires: _____
Acting in _____ County



LIVONIA HOMEBUYER ASSISTANCE PROGRAM Guidelines and Agreement

“Equal Housing Opportunity”

Homebuyer: _____

Address: _____

- The City of Livonia manages a Homebuyer program that provides down payment assistance to moderate and low income home buyers. The program is funded with Federal HOME Program funds.
- Program guidelines provide down payment assistance, not to exceed \$14,999. The housing ratio must not exceed 35%. Debt to Income ratio may not exceed 43%.
- The program affordability period forgives up to \$14,999 loan after the initial five-year ownership period.
- This property must be the homebuyer’s principal residence during the affordability period. Home buyers may not refinance or sell the home during the initial five-year ownership period. If this occurs, the loan must be repaid, except in situations where refinancing results in a lower mortgage payment. This must be approved in advance by the City of Livonia.
- Cash purchase offers will be accepted for first time purchasers (i.e., not owned a house in the past three years and/or not owned a house in Michigan; the combination of property tax, homeowners insurance and utility expenses (based on the Livonia Housing Commission utility allowance schedule) does not exceed 35 percent of the homebuyer’s monthly income; and the homebuyer may not have more than \$20,000 in liquid assets following the purchase. Cash offers require a 15 year affordability period, with graduated distribution of the appreciation value, rated at 6.6 percent per year (i.e., owner receives 6.6% of the realized appreciation times number of years of ownership; the balance reverts to the City of Livonia HOME Program.)
- HUD program guidelines limit the purchase price of the home. The purchase price limits changes annually, and can be found at www.hud.gov.
- HUD program guidelines set income limits for eligibility, based on family size and total family income. The purchase income limits change annually, and can be found at www.hud.gov.
- Home buyer cannot have more than \$20,000 in liquid assets.
- Homes located throughout the City of Livonia may be eligible, subject to an inspection and the HUD purchase price limit.
- Eligible participants must participate in home buyer classes.
- The program does not provide refinancing assistance.
- The City of Livonia will subordinate to a refinancing mortgage, only in situations where the payment and/or term are reduced. The City will not subordinate a new mortgage for the purpose of taking equity out of the property.
- National Faith Homebuyers manages the program for the City of Livonia. Application must be made to National Faith Homebuyers.
- From time to time, HUD officials monitor the City of Livonia Homebuyer Assistance Program. When this occurs, the HUD official may select this project (house) for an inspection to ensure that Federal funds are expended within Federal guidelines. If this project is selected for inspection, the homebuyer will be notified in advance of the inspection.

Homebuyer

Date: _____

Homebuyer

Date: _____

City of Livonia

Date: _____