

SOUTH SHORE HOME CONSORTIUM



Town of Braintree



City of Quincy



Town of Holbrook



Town of Weymouth

Application: South Shore HOME Consortium First-Time Homebuyer Program

Applicants to the South Shore HOME Consortium First-Time Homebuyer Program must complete this application form and provide the required documentation to be reviewed for eligibility for the Program. Applicants should review the Program Guidelines prior to completing and submitting this application. Applications should be submitted by hard copy mail or in person to the City of Quincy, Department of Planning and Community Development, Attention HOME Program FTHB. Applications can be submitted electronically via the City's secure file sharing website via a link provided by staff. Questions about this application or about the Program should be directed to Deb Cabral, Lead Program Manager at: 617-376-1054 or dcabral@quincyma.gov.

I. APPLICANT INFORMATION				
Please provide information about your household in the area below. The applicant and co-applicant refer to the household member or members who will be on the deed and on the mortgage. If your household only has one applicant, please include only information for the applicant.				
Name of Applicant: (Last)		(First)	(MI)	
Name of Co-Applicant: (Last)		(First)	(MI)	
Address (Street, Town/City, State, Zip)				
Applicant Phone #:		Applicant Email:		
Co-Applicant Phone #:		Co-Applicant Email:		
Applicant Ethnicity: Hispanic Yes or No (circle one)(optional)		Co-Applicant Ethnicity: Hispanic Yes or No (circle one)(optional)		
Applicant Race (Check <u>All</u> that Apply)(optional)		Co-Applicant Race (Check <u>All</u> that Apply)(optional)		
<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other Multi-racial		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other Multi-racial		
II. Household Information				
Please list all members of your household, including the applicant and co-applicant, in the table below and provide the required information about each household member.				
Name	Relationship to Applicant/Co-Applicant	Date of Birth MM/DD/YYYY	Last Four (4) Digits of Social Security Number	Is household member a full-time student (Yes or No)?

III. INCOME INFORMATION

Please complete the table below regarding your household's income. Please list all income received from all sources for all members of your household 18 years of age or older, including: wages, salary, and tips; business income; unemployment compensation; social security; pension; child support; alimony; dividends and interest; recurring payments received from family and/or friends; and all other sources of income. If a household member has more than one source of income, please list each income source in the table. **"Please see Attachment A: Determining Income Eligibility"** in the **Program Guidelines** if you have questions about what is included and excluded from the calculation of income.

Name of Household Member	Income Type (e.g. employment, pension, social security, other, etc)	Gross Income	
		Income Per Pay Period (weekly, bi-weekly, monthly)	\$
		Annualized Income	\$
		Income Per Pay Period (weekly, bi-weekly, monthly)	\$
		Annualized Income	\$
		Income Per Pay Period (weekly, bi-weekly, monthly)	\$
		Annualized Income	\$
		Income Per Pay Period (weekly, bi-weekly, monthly)	\$
		Annualized Income	\$
		Income Per Pay Period (weekly, bi-weekly, monthly)	\$
		Annualized Income	\$
Total Annual Gross Household Income			\$

IV. ASSET INFORMATION

Please list all of the financial assets held by all household members in the table below. Assets include cash on hand, checking accounts; savings accounts; certificates of deposit; stocks and bonds; mutual funds and other investment accounts; whole life insurance; Roth Individual Retirement Accounts (Roth IRA); Individual Retirement Accounts (IRAs), employer sponsored retirement plans (401(k), 403(b), 457(b)); retirement plans for self-employed individuals and small business owners (SEP IRA, 401(k)), etc., government approved college savings plans, such as 529 plans; all other financial asset types held by household but not listed here. **The household asset limit for the Program is \$75,000, but this limit excludes non-Roth IRA retirement accounts and government sponsored college savings plans.**

Name of Household Member	Account Type (e.g. checking, savings, stocks, bonds, 401(k), etc.)	Name of Financial Institution	Last 4 digits of account number	Account Balance/Value

Do you own any other real estate? Yes or No (Circle One)

V. HOUSING AND DOWNPAYMENT INFORMATION			
Please provide information about the property you are purchasing and your mortgage financing in the table below.			
Address of Property to be Purchased (Street, Town/City, Zip Code)		Purchase Price	
		\$	
Downpayment Amount	How much of your downpayment is from your own funds?*	How much of your downpayment is a gift?	
\$	\$	\$	
<i>*Households purchasing a home in Weymouth are required to have 1.5% of the purchase price of the home in their own funds. Households purchasing a home in Braintree, Holbrook, or Quincy are required to have 3% of the purchase price in their own funds.</i>			
VI. SUPPORTING DOCUMENTATION AND CERTIFICATIONS			
All households must submit the required supporting documentation and certifications required herein as part of their application. Households who fail to provide all of the required documentation and certifications will not have their application reviewed for eligibility for the Program. Please note that you do not need to provide documentation/certifications that are not applicable to your household. For example, a household that does not have a household member who is self-employed does not need to provide documentation of self-employment income. Please check "NA" for the documentation that is not applicable to your household.			
I/We have provided the last two months of pay stubs for all wage earners who are hourly/salaried employees. If a household is paid weekly, this will total 8-9 pay stubs. If a household is paid bi-weekly, this will total 4-5 pay stubs, etc.		YES	NA
I/We have provided documentation of self-employment and business income, including three months profit and loss statement and most recent quarterly tax filings		YES	NA
I/We have provided current statements/other documentation for all other sources of income that show payment amounts received, for all household members. Other income sources include: alimony and/or child support, Social Security benefits, income received from pensions, Unemployment Compensation, Workman's Compensation, disability or death benefits and any other form of income. Please see Attachment A: Determining Income Eligibility of the Program Guidelines for more information about what is included as income.		YES	NA
I/We have provided a copy of Federal and State tax returns, as filed, with W-2s, 1099 and all schedules for every current or future person living in the household 18 years of age or older, for the three most recent years completed;		YES	
I/We have provided three most recent statements (monthly) for all checking accounts showing account balance/value, dividends/interest earned, and a record of all transactions for the statement period; I/We have required the three most recent statements for all other asset accounts, or the most recent statement in the event that a statement is received quarterly, showing the account balance and records of all transactions occurring over the statement period;		YES	
I/We have provided a copy of the Certificate of Completion for First-Time Homebuyer Workshop (course must be completed in the last two years)		YES	
I/We have been provided with the "Lead Paint Information Pamphlet "Protect Your Family from Lead in Your Home"		YES	
I/We reviewed and completed " Attachment A: Authorization for Release of Information " and included it with the application submission.		YES	
I/We reviewed and completed " Attachment B: No Income Certification " to this application and included it with the application submission.		YES	NA
I/We reviewed and completed " Attachment C: No Income Certification " to this application and included it with the application submission.		YES	NA
I/We reviewed and completed " Attachment D: No Financial Assets Certification " to this application and included it with the application submission.		YES	NA

APPLICANT CERTIFICATION AND SIGNATURE

1. I/We certify that our household size is _____ persons, as documented herein.
2. I/We certify that our household’s annual income equals \$_____, as documented herein.
3. I/We certify that our household has assets totaling \$_____, as documented herein.
4. I/We certify that our household is a first-time homebuyer, as described in the South Shore HOME Consortium First-Time Homebuyer Program Guidelines.
5. I/We have been provided with the “Lead Paint Information Pamphlet “Protect Your Family from Lead in Your Home”
6. I/We certify that the information in this application and in support of this application is true and correct to the best of my/our knowledge. I/We understand that false or incomplete information may result in disqualification from further consideration.
7. I/We understand that submission of this application does not guarantee a commitment of funds towards the purchase of a home.
8. I/We understand that we will need to submit additional information as part of the final approval process for the Program and our participation in the Program is contingent upon our household remaining Program eligible and meeting all other requirements.

Your signature(s) below give the South Shore HOME Consortium authorization to verify information provided in this application. The applicant agrees to provide additional information in order to verify the accuracy of all statements and information in this application. No application will be considered complete unless it is signed and dated by the Applicant(s) and all household members 18 years of age or older.

Applicant Signature

Date

Co- Applicant Signature

Date

Other household members 18 years or older Date

Other household members 18 years or older Date

Applications should be mailed or submitted in person to:

**City of Quincy, Department of Planning and Community Development
Attention: HOME Program FTHB
34 Coddington Street, 3rd Floor
Quincy, MA 02169**

Applications can be submitted electronically via the City’s secure file sharing website via a link provided by staff.

Questions about this application or about the Program should be directed to Deb Cabral, Lead Program Manager, at: 617-376-1054 or dcabral@quincyma.gov.

ATTACHMENT A: RELEASE OF INFORMATION AUTHORIZATION

RELEASE OF INFORMATION AUTHORIZATION

To Whom it May Concern:

I/We, the undersigned, have applied for a downpayment assistance loan (“Loan”) from the South Shore HOME Consortium. In order to facilitate the processing of our Loan application, I/We hereby authorize you to provide information to the Consortium or its agent provided by us, to you, as part of our mortgage application. This includes source documentation and third-party verifications related to:

- Employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips;
- Cash held in checking/savings accounts, stocks, bonds, certificates of deposit (CD's) Individual Retirement Accounts (IRA's), interest, dividends, etc.;
- Payments from Social Security OR Veterans Administration, Annuities, Insurance Policies, Retirement Funds, Pensions, Disability or Death Benefits;
- Unemployment, disability and/or Worker's Compensation, Welfare Assistance;
- Income from Operation of a Business;
- Alimony or child support payments, etc.

In addition, I/We hereby request that you provide documents and reports commissioned by the Lender as part its loan approval and underwriting process to the City of Quincy Department of Planning and Community Development on behalf of the South Shore HOME Consortium

- Credit report
- Property Appraisal
- Loan Application
- Loan Estimate
- Uniform Underwriting and Transmittal Summary (“Form 1008”) or equivalent form
- Commitment Letter
- Closing Disclosure
- Other documents as requested and necessary for the closing;

To be Signed by all Household Members 18 years of age or older

Signature of Household Member: _____ *Date:* _____

Printed Name of Household Member: _____

Signature of Household Member: _____ *Date:* _____

Printed Name of Household Member: _____

Signature of Household Member: _____ *Date:* _____

Printed Name of Household Member: _____

Signature of Household Member: _____ *Date:* _____

Printed Name of Household Member: _____

ATTACHMENT B: NO INCOME CERTIFICATION (TO BE COMPLETED BY HOUSEHOLD MEMBERS 18 YEARS OF AGE OR OLDER WITH NO INCOME)

I hereby certify that I do not individually receive any income, including income from any of the following sources:

- Income from wages/salaries from employment (including bonuses, tips, commissions)
- Income from self-employment or the operation of a business
- Interest or dividend income from investments held
- Rental income from real or personal property
- Income from social security, social security disability, supplemental social security, pensions, annuities, or insurance payments
- Unemployment compensation or disability payments
- Public assistance
- Alimony, child support, or recurring gifts received from non-household members.

I have **ZERO** income and hereby certify to the following:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in disqualification from the program.

Signature of Household Member: _____ *Date:* _____

Printed Name of Household Member: _____

Witness

Signature of Witness: _____ *Date:* _____

Name of Witness: _____

ATTACHMENT C: NO CHILD SUPPORT CERTIFICATION

NO-CHILD SUPPORT STATEMENT

This Affidavit is to be signed by any individual who claims no Child Support Income on an Application. Check (A), (B), (C), (D), (E) as applicable.

I am not presently receiving Child Support for the following reason:

- A. Child Support is court-ordered; however, I am not receiving payments at this time.
- B. Child Support is not court-ordered and I do not receive any
- C. Unable to locate absent parent.
- D. Absent parent is incarcerated.
- E. Other (please describe)

This statement is true and complete.

(Applicant /Signature) (Date)

(Applicant Name)

(Witness Signature) (Date)

(Witness Name)

ATTACHMENT D: NO FINANCIAL ASSETS CERTIFICATION

No Assets Certification (to be completed by all household members 18 years of age or older)

I, the undersigned, do not have any financial assets held in my name. I rely on the people detailed below to provide for me financially and/or to hold my financial assets in their accounts, which have been disclosed with this application.

Name(s) of Individual(s) Providing Financial Support

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. Providing false, misleading or incomplete information may result in disqualification from the program.

Signature of Household Member: _____ *Date:* _____

Printed Name of Household Member: _____

Witness

Signature of Witness: _____ *Date:* _____

Name of Witness: _____