

HOME BUYER ASSISTANCE PROGRAM PRE-APPLICATION 2016

| Applicant Information | | | | Co-Applicant Information | | | |
|-----------------------|-------|--------------|-----------------|--------------------------|-------|--------------|-----------------|
| Full name | | | | Full name | | | |
| Soc. Security # | | Birth date | | Soc. Security # | | Birth date | |
| Home Address | | | | Home Address | | | |
| City | State | Zip | Yrs. at address | City | State | Zip | Yrs. at address |
| Home phone # | | Work phone # | | Home phone # | | Work phone # | |
| Current employer | | | Date Hired | Current employer | | | Date Hired |
| Email Address: | | | | Email Address: | | | |

| GROSS MONTHLY INCOME (before taxes) | Applicant | Co-Applicant | Other occupants (total) |
|--|-----------|--------------|-------------------------|
| Please Include a Total from all Sources of Income | \$ | \$ | \$ |
| Income Sources (examples: wages, social security, unemployment, etc) | | | |

| Bank Accounts Yes or No | Applicant | Co-Applicant | Other Occupants |
|-------------------------|-----------|--------------|-----------------|
| Checking | | | |
| Savings | | | |

1. Have you been pre-approved for a home loan? Yes No **If no, please do not proceed with application. Contact Trellis at 602.759.8699 for further assistance.**
2. Do you currently rent or own your primary residence? Own Rent
3. Do you currently own a home or other real estate? Yes No If yes, address: _____
4. Do you have any money to contribute to your down payment? Yes No If yes, how much: _____
5. Have you ever filed for bankruptcy? Yes No If yes, when: _____
6. Have you ever had a foreclosure or repossession? Yes No If yes, please explain: _____

7. Are you employed by the City of Surprise? Yes No If yes, department and title: _____
Date hired _____
8. Do you have any relatives employed by the City of Surprise? Yes No If yes, name, department and relationship:

9. Are you affiliated in any way (employee, agent, consultant, officer, appointed or elected official, contractor, etc.) with any agency that receives CDBG or HOME funds? Yes No If yes, agency and title:

INCOME ELIGIBILITY GUIDELINES 2016 – Per HUD

| Income Limits→ Household Size↓ | 50 % Median Income DP Exceptions | 80% Median Income | 120% Median Income |
|-----------------------------------|-------------------------------------|-------------------|--------------------|
| 1 person | \$22,050 | \$35,250 | \$52,850 |
| 2 people | \$25,200 | \$40,250 | \$60,400 |
| 3 people | \$28,350 | \$45,300 | \$67,950 |
| 4 people | \$31,450 | \$50,300 | \$75,480 |
| 5 people | \$34,000 | \$54,350 | \$81,550 |
| 6 people | \$36,500 | \$58,350 | \$87,600 |
| 7 people | \$39,000 | \$62,400 | \$93,600 |
| 8 people | \$41,550 | \$66,400 | \$99,650 |

Please list all occupants of the home other than yourself(ves):

| Name | Relationship to you | Birth date | Male or Female | Disabled? Yes/No | Home Bound? Yes/No |
|------|---------------------|------------|----------------|------------------|--------------------|
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HOW MANY BEDROOMS AND BATHROOMS DO YOU ANTICIPATE THE *NEED* FOR? We will work with each family to determine the appropriate size of home necessary to accommodate the household. This information will help determine what inventory of homes to purchase and *is not a guarantee* of the number of bedrooms/bathrooms in home selected for your family.

BEDROOMS _____

BATHROOMS _____

OTHER SPECIAL CONDITIONS _____

Notice to applicants

This is notice to you as required by the Right to Financial Privacy Act of 1978, that the Human Service and Community Vitality, and/or the City of Surprise, has a right of access to financial records held by any financial institution in connection with the consideration or administration of the Section 312 rehabilitation loan and/or other rehabilitation loans sponsored by the City of Surprise, for which you have applied. Financial records involving your transaction will be available to the Community Development Department without further notice or authorization but will not be disclosed or released to another government agency or department without your consent except as required by law.

Right to financial privacy act certificate

The Human Service and Community Vitality Department certifies, in compliance with the Right to Financial Privacy Act of 1978, that in connection with this request for access to financial records, it is in compliance with the applicable provisions of said Act.

Disclaimer

The undersigned hereby acknowledge that any discussion with any City employee regarding homebuyer assistance programs is only for information and may not be considered a binding commitment on the part of the City of Surprise to provide funds or technical assistance to the project. The applicant also acknowledges that any activities started prior to the project approval are at the risk and expense of the property owner.

Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for federal financial assistance or causes such a false statement or misrepresentation to be made shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than two years, or both, under provisions of the United States Criminal Code.

Applicant signature _____ **Date** _____

Co-Applicant signature _____ **Date** _____

Application taken by _____ **Date** _____

Please mail or hand-deliver your completed application to: Human Service and Community Vitality at 16000 N Civic Center Plaza, Surprise, Arizona 85378. For questions, call (623) 222-1550. *Esta información está disponible en español. Llame (623) 222-1550 para pedir una copia en español.* This material is available in Braille, large print, or diskette. Contact ADA Liaison, Neighborhood Services Division, (623) 222-1550 Voice, (623) 222-1002 TTY.

GREIVANCE PROCEDURE

In the event of a disagreement between the homeowner and the contractor with respect to the rehabilitation work, the Rehabilitation Specialist will mediate all disputes. If this arbitration is unsatisfactory, either party may make an appeal to the Neighborhood Services Coordinator for determination. This appeal process does not preclude owner and/or contractor from appealing to other parties they deem necessary.

In the event of a disagreement between any parties involved in the Housing Rehabilitation Program namely: contractor, homeowner, housing staff, suppliers, and/or other interested parties, regarding any process of the program, including but not limited to; procurement, bid process, bid award, payment schedule, change orders, workmanship and warranties, a formal grievance procedure must be followed. Steps and timeframes are as follows:

1. Informal verbal complaints may be addressed to the Rehabilitation Specialist. The Rehabilitation Specialist will attempt an immediate resolution.
2. If the resolution is not satisfactory, the complaint shall be submitted to the Neighborhood Services Coordinator in writing. The Neighborhood Services Coordinator will contact the homeowner and attempt to resolve the problem. The Neighborhood Services Coordinator will provide a written response to the owner within two weeks.
3. If this resolution is not satisfactory, the complainant shall prepare and submit a written complaint to the Neighborhood Services Coordinator, who will schedule a meeting with the Grievance Panel that will consist of one Surprise Revitalization Advisory Board member, a building official, and the Community Development Director. The Director will issue a response within 2 weeks, and the panel determination is final.

I/We have read and understand the above Grievance Procedure.

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

Date: _____

SURPRISE APPLICANT CERTIFICATION OF NO CONFLICT OF INTEREST

I/We understand that persons employed by the City of Surprise and its elected or appointed officials are expressly ineligible for the Forgivable Loan Housing Rehabilitation Program if they have any direct relationship to implementation of CDBG/HOME program activities and that other City of Surprise employees must file a disclosure of interest to be eligible for program participation. The City of Surprise will assist any employee with the correct filing of a conflict of interest disclosure.

I/We understand that an applicant who is a relative of an employee, either appointed or elected of the City of Surprise must declare a conflict of interest (real or apparent) according to 24 CFR 570.611 (d). The City of Surprise will assist such an applicant in properly declaring a conflict of interest.

I/We guarantee that the information provided is true and correct to the best of my/our knowledge. I/We fully understand that it is a federal crime punishable by fines not to exceed \$10,000 or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code. I/We understand that it is the obligation of the City of Surprise to prosecute violations.

I/We understand that the City of Surprise may verify any income source and homeownership and I/We authorize them to do so.

Applicant Signature: _____

Co-Applicant Signature: _____

Date: _____

Date: _____

City of Surprise Representative: _____

Date: _____

HOME OCCUPANT RACE AND ETHNICITY INFORMATION:

The City collects occupant information only so we may ensure that our programs benefit all Surprise residents regardless of race, gender, physical ability or sexual orientation. This information will **not** affect your loan or grant eligibility in any way. For each occupant of the home, use the following code for race:

Race codes

- American Indian or Alaskan Native = 14
- Am. Indian or Alaskan Native *and* Black or African American = 19
- American Indian or Alaskan Native *and* White = 18
- Asian = 13
- Asian *and* White = 17
- Black or African American = 12
- Black or African American *and* White = 18
- Native Hawaiian or other Pacific Islander = 15
- Other multi-racial = 20
- White = 11

Please list all members of the household

| Name | Race Code | Hispanic Yes/No |
|------|-----------|-----------------|
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THERE IS NO PENALTY FOR PERSONS WHO DO NOT COMPLETE THIS FORM.

The City of Surprise does not discriminate against any worker, employee, applicant or member of public on the basis of race, creed, color, religion, sex or national origin. The City also agrees to comply with the equal fair housing requirements of 24 CFR §92.350 which includes compliance with the Fair Housing Act, Executive Order 11063, as amended by Executive Order 12259, and Title VI of the Civil Rights Act of 1964; the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975; and the prohibitions against discrimination against handicapped individuals under section 504 of the Rehabilitation Act of 1973.

Signature

Date

GOVERNMENT BENEFIT FORM

| | | | |
|--|------|-------|--------|
| FULL Name: | Last | First | Middle |
| Address (as shown on license or application): | | | |
| City, State and ZIP code | | | |

Arizona Revised Statutes §§ 1-501, 1-502 & 41-1080 prevent a state/city agency from issuing any government benefit, federal state or locally funded or issuing a new or renewed license to an individual unless the individual has provided the agency with one of the forms of identification listed below.

To become or remain eligible for the benefit you are seeking, complete this form, staple a photocopy showing both sides of your identification to the back and return to the City. The City will not retain the identification once the form is approved.

Failure to complete and submit this form to the above cited address and/or the falsification of any information provided herein shall subject applicant to denial, cancellation, or revocation of the requested government benefit. Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona drivers license issued after 1996 or an Arizona non-operating identification license.
- 2. A drivers license issued by a state that verifies lawful presence in the United States. (Licenses from HI, IL, ME, MD, NM, TX, UT, and WA are not acceptable).
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

SIGNATURE OF LICENSEE/APPLICANT

DATE