Norfolk Down Payment Assistance Program

Purchaser's Application

<u>REQUIRED ATTACHMENTS:</u> Please include the following documents when returning this application. They are required to process your request to participate in this program. Households must be income qualified to participate.

☐ **1. A copy of your past two years Federal Income Tax Returns with W2s, 1099s and all schedules attached.**

☐ 2. Income verification documentation - INCOME VERIFICATION IS REQUIRED FOR ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 except full time students under 25.

3. Four current consecutive pay stubs for all working members of the household 18 years or older unless they are a full time student under 25. If a member of your household is 18 years or older and not working, a NOTARIZED STATEMENT stating such is needed. If a member of your household is enrolled as a full-time student a third-party verification from the school in which the student is enrolled full-time stating such is needed. If you are divorced and have children and DO NOT receive child support, you must provide a NOTARIZED STATEMENT to that effect. Otherwise, you must provide a Child Support and/or Alimony order, Copy of Divorce Decree, or 8 current consecutive copies of child support checks. Written verification is required from the funding source of all other household income such as Public Assistance, Veteran's Benefits, Unemployment, Social Security, Social Security Disability, Alimony, Worker's compensation, retirement\pension income or interest. People who are self-employed will also need to provide a copy of <u>IRS Schedule C for the past two years.</u>

4. Residency and EligibilityVerification: (1) If Norfolk is your principal residence please include verification (items include: employment status, voter registration, driver's license, vehicle registration, real property ownership and/or income tax returns). (2) If you are employed by the Town of Norfolk, a copy of your most recent pay stub, and a statement from your Manager about your length of employment, (3) If your parent(s) or children live in Norfolk, a written statement from them stating this fact, and proof of their residency will be required (4) If you are employed in Norfolk, a copy of your most recent pay stub, and a letter from your employer detailing your employment history with that company.

4. Maintaining Eligibility: On an annual basis, a participant in this program will execute a recertification and provide supporting documentation that the Unit continues to be the Owner's Principal Residence as defined in the Regulations, that the Unit has not been rented by the Owner within the preceding twelve months, and that the Owner has occupied the Unit for a minimum of ten of the preceding twelve moths.

Please return your completed application and required attachments to:
Town Clerk, Town Hall, One Liberty Lane, Norfolk, MA 02056

PART I: APPLICANT INFORMATION.

Name:_____
Address:_____
Address: _____
Mailing Address:_____
Telephone: (Day)_____ (Evening)_____
Email Address if available: _____.

NUMBER OF PEOPLE IN APPLYING HOUSEHOLD: _____
(Note: Household is all individuals who will be occupying the Unit regardless of legal status)

Household Composition: Please list below the head of your household and all members who live or will be living in your home. Give the relationship of each person to the head of household.

List head of Household First Name	Social Security #	Relationship to Head	Age	Employed Student

PART II: ADDITIONAL INFORMATION

- Are all household members Norfolk residents?

☐Yes ☐No If so for how long?_____ (please provide copy of employment status, voter registration, drivers license, vehicle registration, real property ownership and/or income tax returns for each household member)

- Does any member of your household own any residential real estate including any in a trust?

  ☐Yes ☐No (please include a current appraisal for all residential real estate)

PART III: EMPLOYMENT INCOME INFORMATION.

Complete whether an employee or self-employed.

- **Household Member #1: (complete for all household members 18+ unless they are a full time student under 25)**

NAME:_____

Employer:_____

Employer's Address:_____

Work Phone:_____ Years worked for current employer:_____

Other income or employment:

_____

- **Household Member #2: (complete for all household members 18+ unless they are a full time student under 25)**

NAME:_____

Employer:_____

Employer's Address:_____

Work Phone:_____ Years worked for current employer:_____

Other income or employment:

_____

Household Member #3: (complete for all household members 18+ unless they are a full time student under 25)

NAME:_____

Employer:_____

Employer's Address:_____

Work Phone:_____ Years worked for current employer:_____

Other income or employment:

_____

- **Household Member #4: (complete for all household members 18+ unless they are a full time student under 25))**

NAME:_____

Employer:_____

Employer's Address:_____

Work Phone:_____ Years worked for current employer:_____

Other income or employment:

_____

NOTICE: If there are other adults in the household currently employed or receiving cash benefits, include them on a blank page.

PART IV. ANNUAL INCOME TOTALS: What is your household's gross yearly income, from all sources? (Include all employers and self-employment, etc for **everyone over the age of 18 exclude full time students under 25 in the household**.)

	SOURCE	AMOUNT
		$
		$
		$
		$
		$
		$
	TOTAL YEARLY INCOME	$

If you expect a dramatic change in your annual income in the coming 12 months, please explain:_____

_____

_____

Please attach copies of four consecutive weeks pay stubs verifying your income for the past four pay periods.

PART V: OTHER INCOME:

Please list and include verification of the **MONTHLY** income you currently receive from any other sources for all adults over 18 but exclude any full time students under 25:

Child Support	$_____	Veterans Benefits	$_____
Alimony	$_____	Social Security	$_____
Workers Comp	$_____	Disability	$_____
Unemployment	$_____	Pension	$_____
Other	$_____	Other	$_____

PART VII: OTHER INCOME AND/OR ASSETS.

A. Assets: (Checking, Savings, Money Market, IRAs, CDs, Boats, etc.)

Name of Institution or Description of Asset	Type of Account	Account Number	Balance or Value

Current Landlord Reference: Please provide the name and telephone number of your current landlord. If in current address for less than 5 years, please provide name and telephone of former landlord's as well

Current Landlord

1. **Name** _____ **Tele** _____
   Monthly Rent _____ **Dates Occupied** _____

Former Landlord

2. **Name** _____ **Tele** _____

Monthly Rent _____ **Dates Occupied** _____

I/We, the applicant(s), understand the information provided on this application will be utilized by the Norfolk Community Preservation Committee to determine income eligibility for a The Down payment Assistance Program.

I/We understand that only applicants who provide all of the required documentation will be allowed to participate in this program.

I/We understand that additional information including, but not limited to, verification of employment, income, tax statements, residency, and credit information that is required, and I/We will provide such information as required.

I / We certify that all information given for the purpose of obtaining down payment assistance is true and correct to the best of my/our knowledge. I/We understand that any false statement or misrepresentation may result in the cancellation of my/our application. I/We give to verify all information contained in this application. This information will be kept in confidence and will be used solely to assist in the eligibility of the applicant for down payment assistance.

Principal Applicant	Date
Co-Applicant (If Applicable)	Date
Co-Applicant (If Applicable)	Date
Co-Applicant (If Applicable)	Date

Norfolk Down payment Assistance Program

PURCHASER GENERAL INFORMATION AND AGREEMENT

1) Participation in the Norfolk Down Payment Assistance Program is for a person/household to acquire a principal residence in Norfolk Massachusetts and whose gross household income as defined as less than 80% of median household income as published from time to time by the U.S. Department of Housing and Urban Development (HUD).
2) The Norfolk CPA Committee must receive applications with all required information/forms before an applicant can be deemed eligible to participate in the program.
3) Incomplete applications will not be processed.
4) Each applicant agrees to occupy the property as a primary residence.

5) The purchaser of a property using this program agrees to execute any Covenants in a form promulgated by the Town of Norfolk.

The Town of Norfolk and the Norfolk CPA Committee do not discriminate based on race, color, creed, religion, sex, sexual orientation, handicap, national origin or familial status.

I/We certify that we have read and understand all the general information provided above about the Norfolk Down Payment Assistance Program. This information is provided as a general overview of the program. I/WE certify that we will comply with all program requirements, including but not limited to, the principal residence requirement. I/We have received, read, and understand a copy of the Norfolk Program Regulations.

I/We also understand that receipt of a grant in the down payment assistance program defines the applicant's eligibility to participate in the program. I/We understand that bank financing is a separate application and qualification process, and receiving a grant in no way assures home loan qualification.

Principal Applicant	Date
Co-Applicant (If Applicable)	Date
Co-Applicant (If Applicable)	Date
Co-Applicant (If Applicable)	Date
Witness	Date

Norfolk Down payment Assistance Program

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

PHONE: _____

I, the above named individual, have authorized the Norfolk Housing Authority to verify the accuracy of the information, which I have provided to them from the following sources:

Employer	Banks
Social Security	Retirement & Pensions Systems
Department of Public Welfare	Department of Employment Security
Veteran's Administration	Payer of Child Support
Trust Administrators	Insurance Companies

Other: _____

I hereby give my permission to release this information to the Norfolk Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Norfolk Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original. This authorization is valid for a period of one year from the date noted below.

Thank your for your assistance and cooperation in this matter.

_____ _____

Signature **Date**