



City of Gainesville Community Development Department Housing Division

HOMEBUYER QUALIFICATION PROCESS

Application Process

The client must complete and return the required documents listed below. Incomplete application packages will not be processed. Documents required for complete applications include but may not be limited to:

- Official Application (completed with original signatures)
- Authorization for Release of Information Form
- Current Photo ID
- Lender Pre-Qualified Certification
- Paycheck Stubs (3 most recent), Current W-2 (1), Current Tax Return (1)
- Most Recent Bank Statement (3 each checking/savings if applicable)

Resident Eligibility Requirements

To qualify, applicants must meet the annual 80% median household income levels as determined by HUD and adjusted by family size. The current income limits published by HUD can be found by visiting the HUD website located here:

<http://www.hud.gov/offices.cpd.affordablehousing/programs/home/limits/income/>

U.S. Citizenship Qualification

Each member of a household that receives assistance must be lawfully within the United States. Each household member must complete a “Declaration of Citizenship Status”. Evidence of declared citizenship status must accompany each declaration.

Homeownership Requirements

Each member of a household receiving assistance, must complete the “Principal Residence Certification”, agreeing to occupy the property as their principal residence. Any subsidies provided to the homeowner are payable only in the event the household sells, transfers title, or fails to occupy the property as their principal residence during the period of affordability. The developer must verify property ownership on an annual basis throughout the affordability period.

After income is verified, staff will contact realtor to discuss income determination and eligibility. Housing will not be approved until: (1) client and lender submit all required documentation, (2) offer has been approved and accepted by Board, and (3) Georgia Department of Community Affairs (DCA) sends project number (if applicable).

Contract Signing

The Lender supplies a copy of the following documents: Sales Contract, loan application, paycheck stubs, appraisal, credit report, closing attorney information, Loan Underwriting Mortgage approval with conditions and certification that the mortgage loan is underwritten to one of the following standards: Fannie Mae, Freddie Mac, FHA, VA or Georgia Dream.

The City of Gainesville is committed to providing all persons with equal access to its services, activities, education and employment regardless of race, color, national origin, religion, sex, familial status, disability, or age.





CITY OF GAINESVILLE INTAKE APPLICATION

For Office Use Only	
APPLICATION DATE: _____ Income \$ _____ Family Size _____ Income Limits _____ % Signature _____ Date _____	Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD CHARACTERISTICS -List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Applicant Name(s):	
Co-Applicant Name:	
Current Address:	
City, State, Zip:	Home Phone:
Cell Phone:	Email:
Marital Status:	Number of Dependents:

Name	Relationship to Head of Household	Date of Birth	Age	Gender (M/F)	Social Security Number
	Head Household				

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HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED. It is being collected to ensure compliance with Federal Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- White
- Black/African American Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian and White
- Black/African American and White
- American Indian/Alaska Native and White
- American Indian/Alaska Native and Black/African American
- Other Multi Racial

Ethnicity of Head of Household:

- Hispanic** – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic** – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is this a Female Head of Household? Yes No

Number of household members with disability. _____

INCOME INFORMATION Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, TANF, other benefits, other income.

FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps. List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Occupation	Job Title	Permanent or Temporary	Rate of Pay	Payment Basis (weekly, monthly, etc.)

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Credit History: Please answer all questions. If the answer is yes please attach a written explanation.

Are there any outstanding financial judgments or liens against you? Yes No

Have you declared bankruptcy within the last 36 months? Yes No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure? Yes No

Are you a co-signer on any note or loan? Yes No

EXPENSE INFORMATION

Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Creditor/Expense	City, State of Creditor	Year Loan Opened	Current Balance	Monthly Payment	Is Debt Business Related?
Mortgage					<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric					<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas					<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone					<input type="checkbox"/> Yes <input type="checkbox"/> No
Cable					<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Payment					<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Insurance					<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Expenses					<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Insurance					<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care					<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card \$					<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card \$					<input type="checkbox"/> Yes <input type="checkbox"/> No
Loan					<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify) \$					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you related to the City Mayor or a Member of City Council? Yes No

Are you employed by the City of Gainesville? Yes No

Are you related to a City Employee? Yes No

Do you serve on any Board or Agency associated with the City of Gainesville? Yes No

If yes to above, give name and relationship:

Has the applicant or co-applicant received federal or state assistance within the last 10 years? Yes No

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APPLICANT CERTIFICATION:

I understand that by signing below that:

- (a) I will forfeit any Assistance if any information I provide is false.
- (b) The Community Development/Housing Department office does not guarantee that I can purchase a home.
- (c) I acknowledge by signing, that all information I have given is true and factual to the best of my knowledge.
- (d) I agree to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by the City of Gainesville pursuant to this application.

Signature of Applicant: _____

Date:

Signature of Co-Applicant: _____

Date :

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

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CITY OF GAINESVILLE
INCOME VERIFICATION FORM

1. Name of Applicant(s):		2. Total Number of Persons in Household:			
ASSETS					
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets		
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....			4.		
5. If line 3 is greater than \$5,000, multiply line by <u>2%</u> (Passbook Rate) and enter results here; otherwise, leave blank			5.		
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income.....					7.
8. Applicable income limit for county as adjusted for household size:					8.

Applicant Signature of Homeowner or Home Buyer

Co-Applicant Signature of Homeowner or Home Buyer

Georgia Department of Community Affairs
Community HOME Investment Program
**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Georgia Department of Community Affairs
Community HOME Investment Program
**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER UNDER 18 YEARS OF AGE**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a) or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

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GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION STATEMENT

I, _____ hereby authorize the City of Gainesville Community Development/Housing Division or its designated agents to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income, (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the City of Gainesville the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the City of Gainesville for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 2 years. A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate of the original.

Who must sign the consent form: Each member of your household which is 18 years or older must sign the consent form. Additional signatures must be obtained from new adult members running the household or whenever members become 18 years of age.

I (we) fully understand that it is a Federal Crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the information given in the application as applicable under the provisions of Title 18, United States Code, Section 1001, at seg.

Signature (Owner) _____ Date _____ Social Security # _____

Signature (Owner) _____ Date _____ Social Security # _____

Other family members over age 18:

_____ Date _____ Social Security # _____
Name

_____ Date _____ Social Security # _____
Name

_____ Date _____ Social Security # _____
Name

Georgia Department of Community Affairs
Community HOME Investment Program

CERTIFICATION AS TO CONFLICT OF INTEREST

Name of Applicant/Co-Applicant: _____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of HOME funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

City of Gainesville

(Name of State Recipient or Sub-recipient)

whom are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Signature of Certifying Officer of State Recipient/Sub-recipient

Date

Georgia Department of Community Affairs
Community HOME Investment Program

CERTIFICATION TO USE UNIT AS PRINCIPAL RESIDENCE

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' HOME Program is approved, that I (or we) will occupy the property for which we are receiving the HOME grant funding as my (or our) principal residence throughout the required affordability period which has been defined as _____ number of years.

Applicant Signature

Date

Applicant Printed Name

Co-Applicant Signature

Date

Co-Applicant Printed Name

DCA does not provide legal advice regarding any Landlord Tenant issues. For free or reduced cost legal assistance for low income persons, please contact one of the following agencies:

Residents of Clayton, Cobb, DeKalb, Fulton and Gwinnett counties - Atlanta Legal Aid Society, 404-524-5811.

Residents at all other counties - Georgia Legal Services Program (www.glsp.org) for free legal information and legal services.

DCA, through partnerships with a network of nonprofits covering the state, provides Home Buyer Education to potential homeowners. DCA supports the education of future homeowners on the benefits and responsibilities of homeownership as a necessary and important part of the home buying process. For instance, Home Buyer Education will explain the terms and fees you should expect to pay for a mortgage, thus helping you to avoid loans with inappropriate or unfair terms and fees. For a detailed list of Home Buyer Education providers and their service areas, please visit the DCA web site at www.gadream.com and click on List of Housing Counselors on the left of the home page.

Georgia Housing Search

DCA sponsors a comprehensive web site database, GeorgiaHousingSearch.org that assists Georgia residents in locating available affordable rental housing units. Prospective tenants have a variety of specific search features to access housing.

DCA also offers programs to help qualified Georgians achieve homeownership:

The **Georgia Dream First Mortgage Loan** provides a low interest rate loan for borrowers with low to moderate income and modest assets thereby potentially saving home buyers hundreds to thousands of dollars.

The **Georgia Dream Second Mortgage Loan** provides a deferred payment second mortgage of \$5,000 to cover a portion of your down payment, closing costs, and prepaid items. This amount is increased to \$7,500 for eligible applicants serving in the military, employed in public protection, health care or education professions or whose household includes an individual living with a disability.

For more information about the Georgia Dream program, contact DCA at 404-679-4847 or by going online at www.gadream.com.

The Georgia Commission on Equal Opportunity and the Georgia Department of Community Affairs developed this brochure through a cooperative effort.



The Georgia Fair Housing Act*

*Promoting Equal Opportunity
for All Georgians*



Fair Housing is for Everyone!

**Georgia Commission
on Equal Opportunity**

404-656-1736 or
800-473-OPEN
www.gceo.state.ga.us

**Georgia Department of
Community Affairs**

404-679-4840 or
800-359-4663
TDD 877-204-1194
www.dca.ga.gov


Georgia Department of
Community Affairs

Fair Housing: It's the Law!

The Georgia Fair Housing Act prohibits discrimination in housing and housing-related activities because of a person's:

- Race
- Sex
- Color
- Familial Status (families with children under 18)
- National Origin
- Disability or Handicap
- Religion



This law was passed to ensure that all citizens of Georgia are able to compete for housing on a fair and equitable basis in keeping within their economic means.

What is prohibited?

Housing discrimination can occur in a variety of ways. Listed below are some housing practices that are considered illegal if they are based on a home seeker's **race, color, national origin, sex, religion, familial status, or disability**.

- Refusing to rent or sell a house.
- Falsely denying that a house is available for inspection, sale, or rent.
- Offering different terms, conditions, or privileges for certain people.
- Intimidating, interfering with, or coercing people to prevent them from buying or leasing a dwelling.
- Advertising or posting notices about the sale or rental of a dwelling where the ad or notice indicates preference, limitation, or discrimination.
- Discriminating against someone through financing or broker's services.
- "Steering" of clients by real estate agents to or from certain neighborhoods and of tenants by landlords to or from certain areas of the complex.

Do you think your rights have been violated?

If you think your fair housing rights have been violated, you may write, fax, or telephone the Georgia Commission on Equal Opportunity (GCEO) with your complaint. You have one year after an alleged violation to file a complaint, but you should file it as soon as possible.



Georgia Commission on Equal Opportunity

2 Martin Luther King Jr. Drive, S.E.
Suite 1002 - West Tower
Atlanta, Georgia 30334

In Atlanta: 404-656-1736
All of Georgia: 800-473-OPEN
Fax: 404-656-4399

Se habla Español.

Once the GCEO is made aware of discriminatory practices, the GCEO will:

1. Investigate the complaint.
2. Collect relevant facts and data and interview parties and witnesses.
3. Assist both parties in reaching an agreement.
4. Make a determination based on the investigation findings.

Please note: The GCEO must remain neutral throughout the investigative and resolution process.

Education:

The Georgia Department of Community Affairs provides the Landlord Tenant Handbook to answer common residential landlord-tenant questions. The Handbook contains information on Georgia landlord-tenant law as of June 2012 and, as such, may not reflect the current status of Georgia law. A single copy of the Handbook is provided free of charge upon request. The Handbook is also available at the Georgia Department of Community Affairs website at www.dca.ga.gov under Popular Programs.