

Southeast Texas Homebuyer's Assistance Program Application

Southeast Texas Housing Finance Corporation (SETH) has received funds from Texas Department of Housing and Community Affairs (TDHCA) to assist eligible first-time homebuyers with **up to \$20,000** down payment and closing cost assistance.

Program Requirements

- Must be a “first time homebuyer.” (not have owned a home in past three years)
- The home must be located within the Cities of Pearland, Cleveland, Baytown or the Counties of Galveston (except the City of Galveston) Walker, Matagorda, Wharton, Austin, Waller and Chambers.
- Maximum purchase price is \$200,160
- Buyer(s) must be able to get an acceptable loan within 30 days of being qualified for the program from a lender.
- The home must remain the principal place of residence of the buyer(s) during the Recapture Period.
- Buyer(s) household gross income cannot exceed the following amounts by family size:

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
City of Pearland	42,950	49,100	55,250	61,350	66,300	71,200	76,100	81,000
Walker County	28,650	32,750	36,850	40,900	44,200	47,450	50,750	54,000
Matagorda County	27,350	31,250	35,150	39,050	42,200	45,300	48,450	51,550
Wharton County	29,800	34,050	38,300	42,550	46,000	49,400	52,800	56,200
Austin County	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650
City of Cleveland, City of Baytown, Galveston County, Chambers County, & Waller County	37,000	42,250	47,550	52,800	57,050	61,250	65,500	69,700

Principal Residence. Homebuyers will be required to certify that they intend to occupy the unit as their principal residence during the recapture period.

Homebuyer's Counseling Certification. The borrower must successfully complete an eight hour homebuyer's counseling course approved by SETH.

Recapture Provisions. The assistance is in the form of a deferred loan forgiven at 20% per year over a five year period if the assistance is less than \$15,000. If the assistance is \$15,000 or more, the deferred loan is forgiven at 10% per year over a ten year period. The homebuyer(s) will be responsible for the full amount of the loan that has not been forgiven. This provision will be enforced by requiring that the HOME recipient execute a note in favor of the State of Texas.

Form of Ownership. Fee simple title is the only acceptable form of ownership.

Property Conditions. Property under contract must pass SETH's and TDHCA's "Housing Standards."

Income Verification. SETH will calculate income according to criteria set out by HUD to determine total household income. Income verification will be valid for a three-month period following receipt of information. If the homebuyer does not occupy the property, or close the mortgage loan within three months, income must be re-verified.

Minimum Borrower Investment. A minimum investment of \$500 by the borrower is required in the purchase of the home. This can include earnest money, appraisal fees, credit report fees, amounts required to be brought to closing or any fees paid to the program administrator.

Administrative Procedures. The Program is designed to assist low-income first time homebuyer's purchase affordable, safe and decent housing and funds are available on a first come first served basis.

SETH reserves the right to amend program guidelines when it is deemed necessary. Applicants, Lenders, and Professional Real Estate Persons are required to go online at www.sethfc.com and print up the current Program Guidelines.

Administration Procedures

Mortgages provided will be conventional loan programs, FHA, RHS, or VA home loans. The direct assistance to the homebuyer will be **up to** \$20,000 for a home and will be in the form of a 5 or 10 year deferred forgiveness loan if all Program requirements have been met. The homeowner will execute a secondary promissory note securing the deferred forgiveness loan.

Eligible properties will be single-family properties that are for sale and exceed the "Housing Standards", as well as all applicable local building codes, ordinances, zoning ordinances. For all new construction, Model Energy Code must be met and Homebuilder must be registered with the state.

Program Administration

The Program will be operated in accordance with all applicable rules and regulations of the Department of Housing and Urban Development (HUD), Texas Department of Housing and Community Affairs (TDHCA), and Southeast Texas Housing Finance Corporation (SETH). Administrative procedures used to implement the Program will be added or modified to meet any changes made to such rules and regulations of the above entities that may occur over time. Administrative authority for operation of the Program will rest with the Program Administrator (Administrator) appointed by SETH. The Administrator will serve as the approving office for Program assistance. The Administrator will be responsible for carrying out the processing of applications for assistance, recommendation for Program assistance, identification of property deficiencies, preparation of security documents and any other required forms, maintenance of Program records as required by HUD and/or TDHCA, marketing and public relation efforts as needed to promote the Program.

Eligible Borrower Financing

SETH reserves the right to disallow certain fees and charges if it is proven they exceed normal fees or that the lender does not normally charge such fees in the ordinary course of business on a loan of the type being originated to a similar borrower. In addition, SETH reserves the right to deny assistance to a buyer if, in its sole discretion, the mortgage product and fees indicate that the monthly payment exceeds the buyer's ability to repay the loan.

Loan Terms

SETH shall use a five or ten-year deferred forgivable loan note to enforce the principal residence requirement during the five or ten-year recapture period. The loan will be a non-recourse, no-interest, and five or ten-year non-amortizing forgivable loan. The loan shall have a second lien holder position, and will allow for recapture of the HOME assistance out of the net sales proceeds if the homeowner sells the dwelling before the end of the recapture period. If the HOME assisted property is sold after the end of the recapture period, no recapture provisions apply. If the net proceeds are not sufficient to recapture the pro rated HOME Investment

no recapture provisions apply, however, the homeowner will not be allowed to recover more than the amount of the homeowner's down payment, principal payments and any capital improvement investment. No refinancing is allowed during the second lien period and full repayment is expected. The note will be secured by a recorded Deed of Trust.

Requirements for loans accepted into our down payment and closing cost assistance program. All loans must be:

1. A Conventional (conforming, or non-conforming), Portfolio, FHA, VA or Rural Development (RHS) mortgage loan.
2. A Fixed Interest Rate for the life of the loan.
3. Buyer's Housing Costs (Front end ratio) cannot be less than 25%, based on SETH Income calculation not lenders.
4. Debt to income ratio (Back end ratio) cannot exceed 45%.
5. Other than surveys and appraisals reimbursed to third-parties and fees allowed for the origination of single family mortgage revenue bond and mortgage credit certificate programs, fees charged by the lender in connection with mortgage loans may not exceed \$2,500.
6. No Prepayment Penalties will be allowed.
7. All Buyers must contribute at least \$500 of their own money.
8. Loan Terms must be 10 to 30 years.
9. Assets listed on 1003 Loan Application may be counted as Assets of buyer and calculated as Income for SETH calculation.
10. Buyers with Liquid Assets in excess of two times amount of assistance applied for are not eligible. This includes gifts listed as assets on 1003 and will be counted as assets in income calculations.
11. TDHCA will not subordinate its lien.
12. TDHCA's lien must be in a second or third lien position.
13. Eligible Gift Programs in combination with our funds are allowed but must be approved by SETH.
14. If Buyer is requesting more than one assistance program, written approval from SETH is required.
15. Seller contribution can be up to 6%, but buyer cannot receive money back at closing.
16. "Homebuyer Assistance Fees" cannot be charged regardless if it is considered a Lender or Real Estate Fee.
17. SETH does not allow the same person to act as both Real Estate Agents and Lender in same transaction.
18. No identity of interest relationship between the Lender and the household is allowed; and if an identity of interest exists between the household and the seller, TDHCA may require additional documentation.

Fair Marketing Procedures

SETH will conduct public meetings, meet with applicants individually; work with local financial institutions, and real estate agents to explain the Program, and to request their participation. Program information will also be made available to the public through local newspapers. Press releases will be distributed to places that will reach potential low-income homebuyers such as local newspapers, social service agencies, the local chamber of commerce, apartment buildings, and other public places.

Lead Based Paint

The Lead Safe Housing Rule applies to any housing unit built prior to 1978 and assisted with HUD funds. The rule affects the way the State, SETH, Lenders, Realtors and Title Companies implement homebuyer assistance programs as follows:

- During the SETH regular inspection of any house built before 1978, both the interior and exterior painted surfaces must be inspected for defective paint. Defective paint is paint that is cracking, flaking, chipping or peeling from a building component or house.
- Defective paint surfaces must be corrected by workers trained in lead-safe work practices or workers supervised by a trained and certified supervisor or contractor.
- If defective paint is not found, no corrective work or clearance testing is required.
- The buyer and seller cannot close on a homebuyer assistance project until the house passes the clearance examination.
- Buyer cannot waiver opportunity to do Lead Based Paint Risk Assessment on home under contract.

Top 10 Reasons SETH Deferred Loan Applications Are Rejected or Delayed

1. **Poor communications.** There are many parties involved in a real estate transaction -- buyer, seller, real estate agent, mortgage banker, home inspectors, appraiser, title companies-- and each must have complete understanding of what is going on at any given time. These loans do not close themselves; rather they require twice the work from everyone involved.
2. **Income calculation can differ based on the program and lender guidelines.** You, your lender and SETH may come up with different incomes for your household. For example SETH calculates income based on every working member of the household regardless of who is on the loan and uses projections to calculate income not historical data like Income Tax Returns.
3. **Misunderstandings.** You will need loan programs explained. SETH or your loan representative can help you with any loan terms you may not be familiar with. You can visit many online glossaries or pick up one of many real estate mortgage books, virtually all of which contain a glossary.
4. **Being in denial about what you can really afford.** Most Homebuyers let the lenders decide what they can afford to borrow. You may not have a problem with a lender approving you for a higher than appropriate loan. From that, you decide what your budget will realistically let you afford to pay each month. Get pre-approved with a bona fide, carved-in-stone pre-approval that guarantees in writing a loan amount, interest rate, and as much of the other loan terms as possible.
5. **Over looking property repair problems.** Government loans on homes in need of repair need to come with instructions explaining who is responsible for repairs and when. SETH cannot assist/fund any loan until all repairs are corrected.
6. **Lack of understanding about the loan and SETH process.** A working knowledge of what happens during the processing, underwriting, and closing of a loan is crucial.
7. **Not completing loan conditions in timely manner.** Many times buyers do not understand the commitment from lender and SETH is based on meeting certain conditions. SETH requires Homebuyer Counseling of buyers in a timely manner and Inspection and possible repairs.
8. **Poor Preparation.** The more information you have available at application -- proof of income, investments, assets, debts, tax returns for the self-employed, even addresses, current and past -- the more complete the loan officer's and SETH's analysis can be in a more timely manner. SETH's process is approximately 45 days.
9. **Right House wrong Location.** SETH administers several programs within the Houston-Galveston area but not all programs are available everywhere. Some Local Cities, Counties and the State also have some Programs that may be available. In all cases, proof of where property taxes are paid will be reviewed to determine if home is located in eligible area.
10. **Non-Compatible loan products.** SETH only pays certain costs and does not allow the lender to charge additional costs. Usually sub-prime loans charge more than our guidelines will allow. Lenders offer a variety of products (ARMs, etc.) or have additional requirements such as prepayment penalties and these are not allowed by SETH.

Signatures: _____

SETH Application Submission Checklist (please provide the following documentation along with the application)

Borrower to provide:

1. \$50.00 NON-REFUNDABLE application fee... Money order or Cashiers' check ONLY payable to SETH.
2. Completed SETH application with signatures of all adults 18 years and older living in the home. *(Co- applicant information completed by spouse or significant other, even if co-applicant is not on the first loan.)*
3. HOME Program Eligibility Release Form, signed by applicant, co-applicant, and by any household member over 18. (attached)
4. Signed Certification of First Time Homebuyer (attached)
5. Signed Certification of Principal Residence (attached)
6. Signed HOME Program Agreement (attached)
7. Signed Top 10 Reasons form (attached)
8. Provide copy of all adult household members ID / Drivers License
9. Provide copy of all adult household members Resident Card (if applicable)
10. Provide copy of all household members Birth Certificates.
11. Provide copy of all household members Social Security cards.
12. Lease or Rental Agreement all pages – or explanation of current living arrangements.
13. Current 3 months pay stubs for applicant, co-applicant, and any household member over 18, must reflect Employee & Employer information.
14. Most recent 6-months CHECKING statements for applicant, co-applicant, and any household member *(reflecting acct #, acct holders name, institutions name, & monthly ending balance)*
15. Most recent SAVINGS account statement for applicant, co-applicant and any household member. *(reflecting acct #, acct holders name, institutions name, & monthly ending balance)*
16. Explanation of all deposits in Bank accounts that are not from employment.
17. Copy of Last 2 Years W-2's & Tax Returns for applicant, co-applicant, and any household member over 18.
18. Complete form 4506T signed and date even if tax returns are provided (attached)
19. If anyone over 18 in household is not working, signed Certification of Zero Income (attached)
20. If self employed, last 3 years' Tax Returns and Profit and Loss Statement
21. Current statement of 401K, Retirement or IRA, Stock, Profit Sharing, and CD Accounts.
22. SSI received, most recent Social Security Disability Award Letter for any household member
23. Copy of divorce decree. (No assistance will be provided under a pending divorce or temporary separation decree)
24. Court order for child support or Attorney General Order & printout *(Even if the support is not receive.)*
25. TANF (AFDC, WIC,)
26. College : Current Transcript , Scholarship or Grant Award Letter for any household member
27. Provide name and contact information of Lender, Realtor or Builder. (if applicable)
28. Homebuyers Education Certificate

If you have a contract on a home at this time SETH will require the following forms signed, these forms are not attached and you will need to request copies from the Program Assistant as soon as possible:

1. Signed Seller's disclosure of information on Lead base paint – Signed by Seller(s).
2. Signed Relocation and Acquisition Disclosure – Signed by borrower(s) & Seller(s).
3. Signed Receipt of Lead Base paint acknowledgment form – Signed by borrower(s).

Please return the completed application, documentation listed above & application fee to:



Southeast Texas HFC
Attn: Program Assistant
11111 South Sam Houston Parkway, East
Houston, TX 77089
www.sethfc.com
Phone: 281-484-4663 Fax: 281-484-1971

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
INTAKE APPLICATION**

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. Please complete this entire form and leave no blanks.

If there are any questions that you do not understand, please contact the Contract Administrator, Owner or Management Office Personnel. We thank you in advance for your cooperation.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Southeast Texas HFC	TDHCA Number: 1001435
Contact Name: Margie Koenning	Contact Title: Program Manager
Address: 11111 South Sam Houston Pkwy East; Houston, TX 77089	Phone: 281-484-4663 ext. 104
Email Address: mkoenning@sethfc.com	Fax: 281-484-1971

II. THIS SECTION TO BE COMPLETED BY APPLICANT	
A. CONTACT INFORMATION	
Street Address: <small>(as shown on driver's license or government ID)</small>	Apt #:
City/State/Zip:	County:
Current Address: <small>(if different from above)</small>	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: () Mobile Phone: ()
Emergency Contact Name:	Phone: ()

B. PREVIOUS RESIDENCY INFORMATION	
Previous Address/City/State:	Cost per Month:
Reason For Leaving:	Occupied For: ___ Yrs ___ Mos
Contact/Landlord Name:	Phone:

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household						
Full Name (exactly as on driver's license or other govt. document)	Relationship to Head of HH	Date of Birth	Gender	Student Status F/T=Full Time P/T=Part Time	Social Security No./ Alien Registration No.	Receiving income
1	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
2	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
3	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
4	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
5	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
6	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
7	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No
8	<input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. HOUSEHOLD COMPOSITION INFORMATION

Were any of the household members a full-time student within the last calendar year? NO YES, who? _____

Are any of the household members listed above foster children? NO YES, who? _____

Are any of the household members listed above a live-in attendant? NO YES, who? _____

Are any household members temporarily absent from the home? NO YES, who? _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? NO YES

If yes, explain: _____

E. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18)

Identify income from any of the following sources, including periodic payments:	Head of Household	Co-Head/ Spouse	Other Adult Member(s)	Child or Dependent	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No					
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No					
Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No					
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No					
Salary from 2 nd job <input type="checkbox"/> Yes <input type="checkbox"/> No					
Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No					
Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No					
Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No					
Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No					
Pension <input type="checkbox"/> Yes <input type="checkbox"/> No					
Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No					
Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No					
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No					
Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No					
Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No					
Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd)					
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No					
Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No					
Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No					
Total:					

F. CURRENT EMPLOYMENT CONTACT INFORMATION

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

Household Member's Name		Occupation		Work Phone	
Name and Street Address of Employer			City		State Zip Code
Date Hired	Salary \$ _____	<input type="radio"/> Hourly <input type="radio"/> Weekly <input type="radio"/> bi-weekly <input type="radio"/> twice a month <input type="radio"/> Monthly <input type="radio"/> Yearly <input type="radio"/> Other _____		# of hours worked per week	Work Fax

G. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)

Identify All Asset Sources	Cash Value	Asset Income (Interest/Dividends)	Name of Financial Institution	Account Number
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No				
Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No				
IRA/Keogh Account(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Retirement/Pension Fund(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No				
Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No				

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

H. HOUSEHOLD ASSET INFORMATION

1. Has anyone in the household given away anything of value within the last two years? (if a home was released due to foreclosure, bankruptcy or divorce, answer no) NO YES If yes, who? _____
 Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal): _____
2. Has anyone in the household owned a home in the last two years? NO YES If yes, who? _____
 Do they currently own it? NO YES If No, when was it disposed of? _____
 If Yes, Is it being rented? NO YES
 Is it sitting vacant? NO YES
 Is it in the process of being sold? NO YES

I. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household

Source	Amount	Date Received	Reason
FEMA <input type="checkbox"/> Yes <input type="checkbox"/> No (Federal Emergency Management Agency)			
SBA <input type="checkbox"/> Yes <input type="checkbox"/> No (Small Business Administration)			
Section 8 <input type="checkbox"/> Yes <input type="checkbox"/> No (Housing and Urban Development)			
TBRA <input type="checkbox"/> Yes <input type="checkbox"/> No (Tenant Based Rental Assistance)			
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (Homeowner)			
Other <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

J. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner? NO YES
 If YES, identify who, organization and role? _____
 Is this a current role? NO YES If NO, identify date role ceased? _____
2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner (either through familial or business ties)? NO YES
 If YES, identify who, organization and role? _____
 Is this a current role? NO YES If NO, identify date role ceased? _____

K. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under an Affordable Housing Program through the Texas Department of Housing and Community Affairs.

RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program**

INTAKE APPLICATION ADDENDUM
(Homebuyer Assistance)

Contract Administrator:	Contract Number:
Applicant:	

The following documents must be provided to each household applying for assistance through the HOME Investment Partnerships (HOME) Program for Homebuyer Assistance (HBA) in order to inform them regarding HOME Program requirements. Some, but not all, of these documents will require completion and signature(s) by the Applicant. The Applicant must initial each item below, thereby verifying that he/she has received and understands each HBA document:

- (Applicant's Initials)* **Certification of Principal Residence (Form 14.33)** In order to be eligible for HBA assistance, the Applicant must certify the assisted property he/she acquires will serve as his/her principal residence throughout the property's applicable affordability period. **The *Certification of Principal Residence (Form 14.33)* must be completed and signed and returned to Contract Administrator.**
- (Applicant's Initials)* **Certification of First-Time Homebuyer (if applicable) (Form 14.34)** Some types of HBA assistance may be provided only to first-time homebuyers. If applicable, Applicant understands that in order to be eligible for the HBA assistance he/she must certify he/she is a first-time homebuyer (as defined by 24 CFR 92). **If Applicant is a first-time homebuyer, the *Certification of First-Time Homebuyer (Form 14.34)* must be completed and signed and returned to Contract Administrator.**
- (Applicant's Initials)* **Verification of Disability (if applicable) (Form 14.27)** If an individual in the Applicant's household claims disability status, the Applicant must provide certification and third-party verification that the individual is a Person with Disabilities as defined by 10 TAC 53.2. The Applicant is *not* required to disclose or provide specific details or information regarding any medical condition or diagnosis. **The *Verification of Disability (Form 14.27)*, if applicable, must be completed, signed, and returned to the Contract Administrator.**
- (Applicant's Initials)* **Lead-Based Paint Pamphlet "Protect Your Family from Lead in Your Home" (Form 12.03)** Many houses and apartments constructed prior to 1978 have paint that may contain high levels of lead. Lead from paint, chips, or dust can pose serious health issues. Federal law requires that HOME participants be notified of potential lead-based paint hazards.
- (Applicant's Initials)* **Receipt of Lead-Based Paint Notification (Form 12.01)** The Applicant must sign this notification acknowledging he/she has received the "Protect Your Family from Lead in Your Home" pamphlet. **The *Receipt of Lead-Based Paint Notification (Form 12.01)* must be completed, signed, and returned to the Contract Administrator only by Applicant households claiming disability status.**
- (Applicant's Initials)* **Seller's Disclosure of Information on Lead-Based Paint (Form 12.02)** The Seller must provide the Applicant with information regarding Seller's knowledge of any lead-based paint in the property being acquired. **The *Seller's Disclosure of Information on Lead-Based Paint (Form 12.01)* must be completed by the Seller and provided to Applicant prior to loan closing.**

CERTIFICATION BY CONTRACT ADMINISTRATOR

Contract Administrator hereby certifies that the above-referenced HBA Program forms and information were provided and explained to the Applicant, and that the Applicant was fully informed regarding requirements for participating in the HBA Program.

Contract Administrator Signature		Date
Printed Name	Title	

**ACKNOWLEDGEMENT BY ALL APPLICANT HOUSEHOLD MEMBERS
AGE 18 OR OLDER**

Applicant hereby acknowledges that he/she has received the above-referenced HBA Program forms and information and that he/she has been fully informed regarding requirements for participating in the HBA Program.

Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date
Applicant Signature	Date

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
RELEASE AND CONSENT FORM**

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Southeast Texas HFC	TDHCA Number: 1001435
Contact Name: Margie Koenning	Contact Title: Program Manager
Address: 11111 South Sam Houston Pkwy East; Houston, TX 77089	Phone: 281-484-4663 ext. 104
Email Address: mkoenning@sethfc.com	Fax: 281-484-1971

II. THIS SECTION TO BE COMPLETED BY APPLICANT															
Applicant/Resident Name: _____															
<p>I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our application for participation in a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program. I/we authorize release of information without liability to the administrator/owner/management listed above, and/or the Texas Department of Housing and Community Affairs and/or the Department's service provider.</p> <p>INFORMATION COVERED</p> <p>I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in a TDHCA Affordable Housing Program.</p> <p>GROUPS OR INDIVIDUALS THAT MAY BE ASKED</p> <p>The groups or individuals that may be asked to release the above information include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Past and Present Employers</td> <td style="width: 33%;">Welfare Agencies</td> <td style="width: 33%;">Veterans Administrations</td> </tr> <tr> <td>Support and Alimony Providers</td> <td>State Unemployment Agencies</td> <td>Retirement Systems</td> </tr> <tr> <td>Educational Institutions</td> <td>Social Security Administration</td> <td>Medical and Child Care Providers</td> </tr> <tr> <td>Bank and other Financial Institutions</td> <td>Utility Providers</td> <td>Previous Landlords</td> </tr> <tr> <td>Public Housing Agencies</td> <td>Appraisal Districts</td> <td>Insurance Carrier</td> </tr> </table>	Past and Present Employers	Welfare Agencies	Veterans Administrations	Support and Alimony Providers	State Unemployment Agencies	Retirement Systems	Educational Institutions	Social Security Administration	Medical and Child Care Providers	Bank and other Financial Institutions	Utility Providers	Previous Landlords	Public Housing Agencies	Appraisal Districts	Insurance Carrier
Past and Present Employers	Welfare Agencies	Veterans Administrations													
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Public Housing Agencies	Appraisal Districts	Insurance Carrier													

III. APPLICANT CERTIFICATION		
<p>I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.</p>		
_____ Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Co-Applicant/Resident Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date
_____ Adult Member Printed Name	_____ Signature	_____ Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program



Certification of Principal Residence
Homebuyer Assistance
American Dream Downpayment Initiative

Contract Administrator: Southeast Texas HFC

Contract Number: 1001435

Homebuyer Name(s):

Homebuyer Address:

Homebuyer's Certification of Occupancy

I/We, _____, hereby certify that I/we will occupy the above-referenced address and it will be my/our principal residence throughout the required affordability period. I/We understand that my/our acceptance of down payment and/or closing cost assistance through the HOME program will result in the attachment of a lien in favor of Texas Department of Housing and Community Affairs (TDHCA) on the above-referenced address. I/We further certify that all information and copies provided to Contract Administrator are true and correct. I/We understand that any discrepancies or mis-statements may result in my/our disqualification from the HOME Program.

Signature of Homebuyer

Date

Signature of Homebuyer

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.

Administrator's Verification

I hereby certify that I have examined all documentation provided by the above-referenced applicant and he/she is eligible to participate in the HOME Program.

Signature of Contract Administrator's Authorized Representative

Date

TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
HOME Investment Partnerships Program



Certification of First-Time Homebuyer Status

Contract Administrator: Southeast Texas Housing Finance Corporation

Contract Number: 1001435

Homeowner(s):

Property Address:

City:

Homeowner's Certification of First-Time Homebuyer Status

I/We, _____, hereby certify that I/we meet the definition of a first-time homebuyer as defined below. I/We further certify that the verification document(s) attached (one or more) hereto are valid proof of my/our first-time homebuyer status, and that all copies provided are true and correct. I/We understand that any discrepancies or misstatements may result in my/our disqualification from the HOME Program. (Check all that apply.)

Definition of First-Time Homebuyer

A first-time homebuyer is an individual and his or her spouse who have not owned a home during the three-year period prior to purchase of a home with assistance under the HOME program. The term first-time homebuyer also includes an individual who is a displaced homemaker or single parent (see definitions below) who, even if while a homemaker or while married, owned a home with his or her spouse or resided in a home owned by his or her spouse.

A displaced homemaker is an individual who:

1. Is an adult; and
2. Has not worked full-time full-year in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family; and
3. Is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.

A single parent is an individual who:

1. Is unmarried or legally separated from a spouse; and
2. Has one or more minor children for whom the individual has custody or joint custody, or is pregnant.

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.

Signature of Homebuyer

Date

Signature of Homebuyer

Date

Verification by Contract Administrator

I have examined documentation provided by the homeowner(s) and have verified that the above-referenced information is true and correct to the best of my knowledge.

Signature of Contract Administrator's Authorized Representative

Date

HOME PROGRAM AGREEMENT

VALUE OF THE PROPERTY

The Sales Price of the Home under Contract is \$_____, and must be acquired within 6 months.

PRINCIPAL RESIDENCE

The property must be the applicants Principal Residence and located in _____ County.

TYPE OF ASSISTANCE AND AMOUNT

The type of assistance being provided to the applicant is a ____-year deferred payment loan to be used for down payment and eligible closing costs; to be evidenced by a promissory note to be signed and delivered at closing by Applicant, and secured by second lien deed of trust against the Property from Applicant to a trustee for the State (both in the form required by State). The amount of the assistance is \$_____.

TERMS AND CONDITIONS

1. Applicant agrees that, as an express condition precedent to State's willingness to forgive repayment of the Loan on the ____ anniversary date of the Note, Applicant must occupy the Property on a substantially continuous, full-time, full-year uninterrupted basis as its principal residence throughout the ____-year term of the Loan commencing on the date of the Note.
2. Applicant acknowledges and agrees that, as a further condition precedent to State's willingness to forgive repayment of the Loan at ____% per year and in full on the ____ anniversary date of the Note, Applicant must maintain the Property and keep in good repair and condition throughout the ____-year term of the Loan commencing on the date of the Note, and SETH may periodically inspect the property.
3. Applicant agrees that, in the event that Applicant rents, leases or sells the Property during the term of the Loan the Applicant shall:
 - b. Notify the State by certified mail, return receipt requested, or hand deliver against a signed receipt written notice of the proposed sale and a copy of the sales contract to the State and SETH, in either case at least fourteen (14) days before the proposed closing date; and
 - c. Reimburse the State at closing or at time applicant no longer occupies property as principal residence, the amount due under the promissory note.
4. Applicant understands and agrees that, except where otherwise required or permitted by the State in connection with a transfer on death, divorce, legal separation, or legal incapacity, the promissory note may not be assumed, assigned, or otherwise transferred in any way. Subject to the requirements of applicable law, the State may sell, assign, and transfer its ownership of the Loan and all of State's rights there under with or without notice to or consent from Applicant.
5. Applicant and its representative shall inspect the property prior to closing and by closing on property SETH shall take that as acknowledgement of accepting property in its current condition and that all required repairs were made.

Executed this _____ day of _____ 20____.

Applicant

Co-Applicant

Administrator, Margie Koenning

**TEXAS DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS
CERTIFICATION OF ZERO INCOME**

A "Certification of Zero Income" should be completed by adult household members only (if appropriate). If there are any sources of income listed that you (the applicant) need clarification on, please contact the Contract Administrator, Owner or Management Office Personnel.

I. THIS SECTION TO BE COMPLETED BY ADMINISTRATOR/OWNER/MANAGEMENT	
Administrator/Owner/Management Name: Southeast Texas HFC	TDHCA Number: 1001435
Contact Name: Margie Koenning	Contact Title: Program Manager
Address: 11111 South Sam Houston Pkwy East; Houston, TX 77089	Phone: 281-484-4663 ext. 104
Email Address: mkoenning@sethfc.com	Fax: 281-484-1971

II. THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT
<p>I _____, hereby certify that:</p> <p>A. I do not individually receive income from any of the following sources:</p> <ul style="list-style-type: none"> • Wages from employment (including commissions, tips, bonuses, fees, etc.); • Income from operation of a business; • Rental income from real or personal property; • Interest or dividends from assets; • Social Security payments; • Supplemental Security Income payments; • Payments from annuities, insurance policies, retirement funds, pensions, or death benefits; • Unemployment or disability payments; • Public assistance payments (other than food stamps); • Periodic allowances from alimony or child support; • Gifts received from persons not comprising the household; • Sales from self-employed resources (Avon, Mary Kay, Pampered Chef, Shaklee, etc.); • Any other source not named above; AND <p>B. I currently do not have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; AND</p> <p>C. I will be using the following sources of funds to pay for rent, utilities, and/or other necessities: _____</p> <p>_____</p> <p>_____</p>

III. APPLICANT CERTIFICATION						
<p>Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under a Texas Department of Housing and Community Affairs (TDHCA) Affordable Housing Program</p>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none; text-align: center;">Household/Resident Printed Name</td> <td style="border: none; text-align: center;">Signature</td> <td style="border: none; text-align: center;">Date</td> </tr> </table>	_____	_____	_____	Household/Resident Printed Name	Signature	Date
_____	_____	_____				
Household/Resident Printed Name	Signature	Date				

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Form **4506-T**

Request for Transcript of Tax Return

(Rev. January 2008)

Department of the Treasury
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

Tip: Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution: DO NOT SIGN this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____ _____ / _____ / _____

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

Sign Here	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a ()
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

