



NEIGHBORHOOD HOUSING SERVICES OKLAHOMA

4301 N. Classen Boulevard, Oklahoma City, OK 73118
Phone 405-231-4663 Fax 405-231-5137
nhsokla.org

Submission of Application

The information obtained in the application will be used, along with verifications to determine an applicant's eligibility to receive program assistance.

Incomplete applications and applications missing required documents will not be accepted.

Applicants need to must contact NHSOKLA to schedule a face-to-face appointment. Application will only be accepted upon successful conclusion of the application interview (appointment).

Documents required for the application interview are as follows:

- Proof of Citizenship and / or Resident Alien Status (birth certificate/resident alien card)
- Driver's licenses and social security cards for all household members
- Federal income tax returns from last two years;
- W2's statements for each employed household member for the last two years;
- Two months most recent pay stubs for each employed household member;
- Verification of all other sources on income provided by the applicant (e.g., Social Security and Social Security Disability award letters, pension, etc.)
- If self-employed:
 - A year-to-date profit/loss statement;
 - Three years of personal and three years of business federal income tax returns including all pages, W2's and schedules; and
 - An estimate of projected income for the next 12 months
- A statement from financial institution documenting the 6-month average balance of checking account; or
 - Six months of most recent checking account statements;
- A copy of most recent savings account statement, including the interest rate (including Health Savings Accounts);
- A copy of the most recent statement from all other assets (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment;
- Lender pre-approval letter (a lender pre-qualification letter is not acceptable)
- If receiving any other form of down payment assistance (a personal gift, assistance from another program, etc.), submit a letter from the 3rd party offering the assistance describing the amount and type of assistance;
- If separated or divorced within the past three years, submit a copy of divorce decree and verification of the division of marital assets, court-ordered custody arrangements and child and/or alimony payments (this information is often documented in your separation agreement). If separated for divorced longer than



three years but still receive child and/or alimony payments you must submit these same documents;

- Documentation of Other Assistance Received (FEMA, SBA, NFIP, Insurance, Other), if applicable;
- Court order clearing any bankruptcies, if applicable.

**DOWN PAYMENT ASSISTANCE APPLICATION – PART
1: HOUSEHOLD INFORMATION**

Must be completed by the Applicant/Borrower

Requested Information	Applicant	Co-Applicant
Name (include Jr. or Sr. if applicable)		
Gender		
SSN or Taxpayer ID # (TIN)		
Date of Birth		
Married/Separated/Single/Divorced/Widowed/		
Daytime Phone with Area Code		
Alternate Phone with Area Code		
Email Address		
Optional Race/Ethnicity		
Current Address		

Household Members 18 and Older								
Name	Current Address	DOB	Age	SSN or TIN	Gender	Dependent Y/N	Currently Employed	Full Time Student?

Household Members 17 and Younger						
Name	Relationship to Applicant	DOB	Age	SSN	Gender	Dependent Y/N

Total number of people who will live in the household: _____

Are all household members US Citizens or Resident Aliens? _____ **Documentation is Required**

Applicant/Co-applicant Only		
Do you receive Child Support ?	Yes No Amount ?	Do you receive Alimony/Spousal support? Yes No Amount?
Are you currently in a Chapter 7 Bankruptcy that has not been discharged? Yes No		
Have you had a Chapter 7 Bankruptcy? Yes No If yes, when was it discharged?		
Are there any outstanding judgments against you?		
Have you been convicted of any felonies?		
If yes, what year was the conviction?		
Is any household member over the age of 18 a full time student ? Yes No if Yes, names of full time students		

DOWN PAYMENT ASSISTANCE APPLICATION – PART 2: INCOME, DEBT, AND ASSET INFORMATION

Employer	Applicant	Co-Applicant
Primary Employer		
Address (address of where to send verification of employment) Street**		
City State Zip		
Fax Number **		
Employer Phone with Area Code		
Date of Hire		
Position		
<i>Other Employer (if any)</i>		
Address (address of where to send verification of employment) Street**		
City State Zip		
Fax Number**		
Employer Phone with Area Code		
Date of Hire		
Position		

Contact your Human Resources for the appropriate mailing address or fax number. Many Employers require employment be verified through Third Party companies such as The Work Number. This verification requires information such as a PIN that Human Resources will need to provide to you. If there is a cost to verify employment or NHSOKLA is unable to verify employment via this process, consecutive paystubs covering the most recent three months will be required.

Section B: Debt Information

Living Expenses	Applicant	CO-Applicant	Please Select
Current Monthly Rent or Mortgage Payment			Mortgage Rent
Creditor's Name	Monthly Payment or anticipated payments	Unpaid Balance	Currently Making Payments (Yes or No)

Section C: Assets

Report the following assets:

- Bank: Savings accounts, checking accounts, money market accounts.
- Property: Homes, equity in rental property, land, other capital investments.
- Monetary Investments: Current cash value of stocks, bonds, Treasury bills, certificates of deposit.
- Retirement: IRA, 401(k), Keogh account, pension. Include information even if a penalty is paid for early withdrawal.
- Life insurance: Cash value of life insurance policies available to the individual before death.
- Personal investment property: gems, jewelry, coin collections, antique cars, etc.
- Lump sum or one-time receipts: inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.
- Other: such as mortgages or deeds of trust held by an applicant, property, land and/or other assets owned by the applicant

Do Not Report: necessary personal property such as clothing, furniture, and vehicles.

1 – Bank Accounts (Documentation is required)

Type of Account	Name of Institution	Current Balance
Checking		
Checking		
Checking		
Saving		
Saving		
Money Market		
Money Market		
Other (Specify)		

2 – Other Assets (Documentation is required)

Type of Investment	Name of Institution	Current Value	Clarification Notes
Individual Stocks			
Bonds			
Mutual Funds			
Trust Funds			
Retirement Accounts (IRA, Keogh, 401K, 403B, PERA)			
Cash value of life insurance policy			
Gift Money for down payment-- <i>provide a copy of the gift letter</i>			
Estimated Proceeds from Sale of Home			
Value of Other Property (please specify)			
Other Asset (please specify)			
Other Asset (please specify)			

**DOWN PAYMENT ASSISTANCE APPLICATION – PART
3: CERTIFICATIONS**

The information given in this application will be kept in confidence and used only for DPA application purposes.

I/We have read and we understand the Down Payment Assistance Program guidelines (some of which are included in this application), and we fully agree to abide by the regulations put forth by the OFHA/OHFA/City of Oklahoma City/City of Moore regarding this DPA program, and those of the U.S. Department of Housing & Urban Development (HUD). I/We will not hold the OHFA/OHFA/City of Oklahoma City/City of Moore or any of their agents liable for any actions of the City staff and contractors. I/We also understand it is our responsibility to do any and all testing to insure the chosen home is safe. The City encourages applicants to undertake the following by professionals: home inspection, radon testing, health/safety testing (meth, mold, etc.) and any other standard tests as needed prior to purchasing the property.

Disclaimer

The undersigned and hereby acknowledge that any discussions with or any information given by a OHFA/OHFA/City of Oklahoma City/City of Moore employee or its designee regarding this application to the DPA Program prior to receipt of a formal commitment letter from the OHFA/OHFA/City of Oklahoma City/City of Moore or its designee committing a specific amount of funds to the project is only for program information and may not be considered a binding commitment on the part of the City to provide funds or technical assistance to the project.

I/We certify, under penalty of perjury, that the information given on this form is true, correct, and complete to the best my/our knowledge and belief, and I/we realize that false statements or misrepresentation by me/us may subject me/us to penalties under the law. I/We authorize the OHFA/OHFA/City of Oklahoma City/City of Moore to secure and verify all information contained herein and associated with this loan.

Signature of Applicant/Borrower & Date

Signature of Co-Applicant/Borrower & Date

**DOWN PAYMENT ASSISTANCE APPLICATION – PART
4: Realtor/Lender/Title Company Information
(complete the following information if available)**

Real Estate Agency:	Phone:
Realtor:	Phone:
Email:	
Mortgage Company:	Phone:
Loan Officer:	Phone:
Email:	
Loan Processor:	Phone:
Email:	
Title Company:	Phone:
Address:	
Escrow Officer/Closer:	Phone
Email:	

DOWN PAYMENT ASSISTANCE APPLICATION –

PART 5: Additional Information

I/we are applying for the following program:

- OHFA/City of Oklahoma City/City of Moore Down Payment Assistance
- OHFA Down Payment Assistance (Cleveland/Logan/Pottawatomie Counties)

Have you previously applied for assistance with NHSOKC? Yes No

Are you an employee, agent consultant, officer, elected or appointed official for NHSOKC OR related to a member of the governing of NHSOKC? Yes No

Are you aware of any Lead Based Paint or other hazardous material present in your property? Yes No

Have you been informed of the potential hazards of lead-based paint and lead just? Yes No

Do you understand the potential hazards of lead based pain and lead dust? Yes No

Have any of your children been tested for lead paint poisoning? Yes No

Click on the hyperlink to review the EPA [Protect your Family From Lead in Your Home](#)

AGREEMENT

Neighborhood Housing Services Oklahoma City, Inc. is an equal housing opportunity agency

In compliance with Federal and State Equal Housing Opportunity and Fair Housing Laws, qualified applicants for the program are considered without regard to race, color, religion, sex, national origin, age, marital status or medical condition or disability. We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program, which there are no barriers to obtaining housing because of race, color, sex, handicap, familial status, or national origin.

All information given on this application will be kept in COMPLETE CONFIDENCE and will be used only for reporting general statistics to the Department of Housing and Urban Development (HUD).

- 1) I/We _____, the undersigned understand that my/our application is on a first-come first-serve basis, and that approval for my/our application will depend on the ability to meet program thresholds and requirements for ownership and occupancy.
2) I/We have also read and understand the Homebuyer Assistance Program Guidelines and this application and I/We agree to abide by the guidelines of Neighborhood Housing Services Oklahoma City, Inc. Homebuyer Assistance Program.
3) I/We have received the Homebuyer Assistance Handbook which includes NHSOKC's Privacy and Opt out Policy, Conflict of Interest Statement, Counseling Disclosure Fair Housing/Non Discrimination Policy.
4) I/We have read the EPA Protect Your Family From Lead in the home pamphlet.
5) I/We understand that housing must be acquired within 120 days from the date of this agreement, I/We also agree and understand this program is based on availability of funds and my/our application may not be funded even though we have met all program thresholds and requirements for ownership and occupancy.
6) I/We certify that I/We have answered all questions on the application truthfully and to the best of my/our knowledge. Neighborhood Housing Services Oklahoma City, Inc. is authorized to make such investigations of the information contained in this application as necessary.
7) I authorize Neighborhood Housing Services Oklahoma City, Inc. (NHSOKC) to release this and other documents contained in this application packet to HUD, State of Oklahoma Participating Jurisdictions and other funding sources for grant writing purposes to fund this application and the Owner Occupied Housing Programs.
8) I/We also authorize all parties involved in the transaction (realtors, lender, title companies, employers, financial institutions), to release our confidential information to NHSOKC for the purpose on completing grant assistance application and funding.
9) I/We further affirm that I/We are aware that, if such a grant assistance or deferred loan is approved by NHSOKC, I/We will work with the Agency's staff to comply with all of the policies and procedures as outlined by NHSOKC Homebuyer Assistance Program; and that;
10) I/We will willingly secure the loan note in the amount necessary with duly executed Mortgage documents.
11) I/We understand that any false or misleading information given in this application may result in immediate termination from the program. Penalty of false or fraudulent statements: Title 18, Section 1001, provides: "Whoever in any matter within any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."
12) I/We intend to occupy the purchased property at my/our primary residence.
13) I/We also understand that all Grant assistance / deferred loans are due upon the sale or transfer of the title and/or if the real property ceases to be occupied by owner(s) as primary residence

Applicant's signature

Date

Co-Applicant's signature

Date

DISCLAIMER

The undersigned hereby acknowledge(s) that any discussions with or any information given by an NHSOKC employee regarding this application for the NHSOKC Homebuyer Assistance Program, prior to receipt of a formal commitment letter from NHSOKC committing a specific amount of funds to the project, is only for program information and may not be considered a binding commitment on the part of the Agency to provide funds or technical assistance to the project.

The undersigned also acknowledges that any costs incurred prior to receipt of a formal commitment letter from the NHSOKC committing a specific amount of funds to the project is at the risk and expense of the applicant.

Applicant's signature _____
Date

Co-Applicant's signature _____
Date

<p>For NHSOKC Official Use Only:</p> <p>Received: _____</p> <p>Date: _____</p> <p>Assigned to: _____</p> <p>Action taken:</p> <p>_____ Approved _____ provisionally Approved _____ Rejected</p>
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AUTHORIZATION

I authorize Neighborhood Housing Services of Oklahoma City, Inc. to:

- (a) Pull my credit report to review my credit file for housing assistance in connection with my/our application for Housing Assistance Program.
- (b) I/We authorize Neighborhood Housing Services of Oklahoma City to obtain and investigate such information as it may be required to verify the information contained herein in connection with my/our application for Housing Assistance Program.
- (c) Obtain any needed documentation from my lender, realtor and title in order to process the Application for Homebuyer Assistance.

Applicant _____
Date

Co-Applicant _____
Date

HOMEBUYER ASSISTANCE PROGRAM DISCLOSURE and ACKNOWLEDGMENT

As (an) applicant(s) for the HOMEBUYER ASSISTANCE PROGRAM, I/We hereby acknowledge that NEIGHBORHOOD HOUSING SERVICES OKLAHOMA CITY, INC. disclosed the following information to me/us:

Pursuant to the most current requirements from the OHFA/City of Oklahoma City/City of Moore, funds provided through the HOMEBUYER ASSISTANCE PROGRAM for the purpose of assisting with down payment and closing costs related to the purchase of residential property; such assistance shall be a real estate loan in the form of a five-year to thirty-year second lien mortgage filed of record against said residential property, depending on the affordability period for given assistance.

Such loan shall be due and payable five to thirty years from date that said second lien mortgage is executed at closing, but will be forgiven to the following extent, as applicable:

A proration of the original principal balance of the Loan for each month the Loan is outstanding. Such monthly reduction shall take effect in arrears on the same day of the month the Loan was originally made.

Unless the obligations under said mortgage loan is not assumed by a person or persons approved by the mortgage holder, the loan secured by the mortgage will be accelerated at the then principal balance if I/We sell the residence within the affordability period of said mortgage closing date or if the residence does not continue to be my/our principal residence during such affordability period.

OHFA/CITY OF OKLAHOMA CITY/CITY OF MOORE is not required to subordinate our position to a Lending Institution for the purposes of obtaining junior liens. Requests for subordination are reviewed on an individual basis. OHFA/CITY OF OKLAHOMA CITY/CITY OF MOORE reserves the right to deny requests for subordination, if the lending institution does not provide requested documentation or if the new lien is not in the best financial interest of the borrower. If subordination is determined to be in the best interest of the client, we will subordinate one (1) time only.

NOTE: Junior Liens obtained for the sole purpose of repairs or renovation are to be paid out of escrow. If borrowers are to receive cash back at closing OHFA/CITY OF OKLAHOMA CITY/CITY OF MOORE may not subordinate and it may be required that the lien be paid in full.

I/We hereby acknowledge receipt of a copy of the foregoing DISCLOSURE and ACKNOWLEDGMENT and that I/We have read and understand the matters set forth therein.

Signature: _____

Date: _____

Signature: _____

Date: _____

GENERAL RELEASE FORM

I/WE _____ *hereby authorize the Neighborhood*

Housing Services Oklahoma City, Inc. or its designated agents to obtain and receive all records and information pertaining to eligibility for the Homebuyer Assistance 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 Neighborhood Housing Services Oklahoma City, Inc., the right to request all information that we can or could obtain from any persons, company, or firms 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 Neighborhood Housing Services Oklahoma City, Inc., for the purposes of the program.

Signature:

Signature:

Address: _____

Duplication of Benefits – Moore

Affidavit of No Assistance Received

I/We _____ certify that I/We received no assistance nor made any claims for assistance for the tornados or flooding which occurred between May 18th and June 2nd, 2013 in Moore, Oklahoma.

Specifically, I/We received no funding from:

Federal Emergency Management Agency (FEMA)

National Flood Insurance Program (NFIP)

Small Business Administration (SBA) Loans

Private insurance proceeds

Private donations or gifts of cash and/or other resources (at market value)

State, local, and/or other grants

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter, within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies . . . or makes any false, fictitious, or fraudulent statement or representation, or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I/We have read and understand the foregoing statement.

Date: _____

Applicant(s): _____

Affidavit of Assistance Received

I/We _____ certify that I/We received assistance or made claims for assistance for the tornados or flooding which occurred between May 18th and June 2nd, 2013 in Moore, Oklahoma.

Specifically, I/We received funding from:

- Federal Emergency Management Agency (FEMA)
- National Flood Insurance Program (NFIP)
- Small Business Administration (SBA) Loans
- Private insurance proceeds
- Private donations or gifts of cash and/or other resources (at market value)
- State, local, and/or other grants

For any box checked provide a copy of the award letter.

If an award letter was not issued, please contact the agency or group from which the assistance was received and request an award letter.

The award letter must state the amount and purpose of the funds in one of the following categories:

- **Repairs to a house you owned at the time of event**
- **Support for rent, utilities or other assistance directly related to emergency housing**
- **General support for clothing, furniture or other forms of personal property**
- **If the award was an award for services and/or materials to repair the house you owned, the award letter should provide the market value of the materials and services.**

You may be contacted by the City of Moore for further information once your application has been processed by NHSOKLA

I/We agree to notify the City of Moore within five (5) business days of any additional or new payments, loans, grants, or awards by HUD, FEMA, the Small Business Administration, the State, or any other entity I/We have not specifically disclosed in this application. Further, I/We understand and acknowledge the City's right and

responsibility to enforce this requirement by recapturing all or a portion of the CDBG-DR award if the funds I/We receive are determined to be a duplication of the CDBG-DR benefit I/We are applying for with this application.

I/We have read and understand the foregoing statement.

Date: _____

Applicant(s): _____
