



HOME BUYER SERVICES

Application and Home Buyer's Document Checklist for City Housing program eligibility. The Checklist will instruct you about application attachments.

With this application and the attachments, you and/or your future household members are applying for assistance to purchase your first home in the City of Rochester. **To be considered for any of the City grant programs, you may NOT put an offer in on a home until after you have been approved by the City of Rochester.**

Available program options:

Home Purchase Assistance Program (HPAP) - Up to \$3,000 in closing costs for homes offered on the private market. 120% Median Family Income limits in effect.

Employer Assisted Housing Initiative (EAHI) - funds of designated employers are matched with City funds for closing costs for home offered on the private market. NO income limits in effect. Combined grants range from \$2,000 to \$9,000 depending on employer and if a lender has also provided a match.

Home Rochester - Subsidy for homes rehabilitated through Greater Rochester Housing Partnership and up to \$6,000 in closing costs for purchase of one of these homes. 80% or 120% Median Family Income limits in effect (depending on address).

Neighborhood Builders - Subsidy for newly constructed properties through Greater Rochester Housing Partnership and up to \$6,000 in closing costs for purchase of newly constructed homes. 80% Median Family Income limits in effect.

Please complete the application and attach all of the documents as indicated on page 2. All required documents must be submitted for the application to be processed.

Please understand that you may NOT ask the City to photocopy the required documents which must be attached to your application. (Please keep your originals).

E-mail homebuyer@cityofrochester.gov or call 428-6888 if you have questions about the application as well as the qualifications for the housing programs listed above.

RETURN THE APPLICATION AND ALL OF THE REQUIRED DOCUMENTS TO:

In person/via mail: Homebuyer Services, CITY HALL Room 005A, 30 Church St., Rochester, NY 14614

Via email: HomeBuyer@cityofrochester.gov

Via fax: Fax (585) 428-6229

CITY OF ROCHESTER HOME BUYER REQUIRED DOCUMENT CHECKLIST

1. Last 12 weeks of consecutive complete pay stubs for all persons in the household over age 18. Provide full time and part time pay stubs for all jobs and indicate actual start date on application (can NOT use payroll roll ups – has to be actual paystubs which show GROSS & NET income); **If new to a position, include your appointment letter with start date and salary.**
2. Copies showing details of all other forms of income (e.g., unemployment, pension, SSI, disability, retirement, child support award statements & deposits, alimony – award statements & deposits, workman's compensation award & deposits, social security, SS-1099 forms);
3. Last 2 years (2016 and 2015) full tax returns **AND** last 2 years W-2 statements for all jobs for all persons in the household over the age of 18; *(If you cannot locate or did not file tax returns, contact the IRS office at 1-800-829-1040) to obtain TAX and WAGE TRANSCRIPTS. If you did not file, submit proof of non-filing from the IRS for the past 2 years);*
4. If you are self-employed: current year-to-date and prior year Profit and Loss statement for your business showing all income and expenses broken out by month; Please note if your business was not in operation all of the previous year.
5. Bank statements: Last 3 months for all accounts (checking & savings) for the household which show customer name, bank name, account number and all activity. If your printout is missing any of this information, please have your bank stamp the printout.
6. Copies of documents for any other grants or programs you have applied for (e.g., First Home Club Enrollment Terms and Conditions, etc.);
7. Photo ID and social security card for household members age 18 and OVER; and Birth certificate & social security card for household members UNDER age 18.
8. Letter of Eligibility from participating Employer (if you work for a participating Employer)
9. **Optional:** recent credit report (including list of all debts, not just the scores) from a financial institution or non-profit agency. *Reports through credit card companies or membership organizations like CreditKarma are not acceptable.*

Sign and date the application and include copies all of the above required documentation. Incomplete applications cannot be processed.

Keep your originals as the application and documents WILL NOT be returned.

2017 Income Limits (No income limits for EAH program participants)

Household Size	80% Median Family Income	120% Median Family Income
1	\$38,450	\$57,600
2	\$43,950	\$65,850
3	\$49,450	\$74,100
4	\$54,900	\$82,300
5	\$59,300	\$88,900
6	\$63,700	\$95,500

Home Buyer Services Application

1) Applicant

First Name	Middle Initial	Last Name
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Home Address	Street	City	Zip
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Home Phone	Cell Phone	Work Phone
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Social Security Number	Date of Birth	Age
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All Current Employers & Number of years at each (if less than 1 year, indicate start mo/day/yr)

Employer Address

Your E-mail Address

2) Co- Applicant (someone who WILL BE on the loans/deed with you)

First Name	Middle Initial	Last Name
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Home Address	Street	City	Zip
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Home Phone	Cell Phone	Work Phone Number
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Social Security Number	Date of Birth	Age
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All Current Employers & Number of years at each (if less than 1 year, indicate start mo/day/yr)

Email Address

(c) Names and ages of all dependent children who will live in the household

Name	Age	Social Sec. #
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(d) Names, ages and relationship of all others who will live in the household **but WILL NOT be on the deed/loans.**

Name	Age	Relationship	Amount per month contributed
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Income

List all sources of income for you and your household during the past 12 months. For "Type of Income", include full and part time employment, unemployment benefits, pensions, Social Security benefits, disability, child support, worker's comp, welfare assistance, and alimony. Please supply written documentation for each.

Recipient	Source of Income	Gross monthly income	Frequency (e.g., Monthly, Bi-Weekly, Weekly)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you, the co-applicant or any member of your household age 18 or older, expect a raise, promotion or any other change in your employment or income status within the upcoming 6 months. _____No or _____Yes (please explain)

If you do expect a raise or promotion, your employer will have to provide verification.

Are you now or will you be receiving income from rent?

_____ NO _____ YES Now, _____ YES after I move If YES:\$_____ total per month

Do you live in public housing Yes____ No____.

Do you receive Sec. 8 Housing Support Yes____ No____

Will you receive housing support after you close on a new home, Yes____ No____, Type_____

Long Term Debts

List all debts (car, student loans, credit accounts, etc)

WHO PAYS	TYPE OF DEBT	PAYMENT \$/MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cash Assets

Current checking, savings, credit union accounts

Checking or savings	ACCOUNT NUMBER (last 4 digits)	CURRENT BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much is or will be available for a down payment? _____

When will it be available? _____

Credit History

Check all that apply to your current situation.

_____ Monthly bill payments are current and made in a timely manner.

_____ Some monthly bill payments have been late.

_____ Bankruptcy has been filed. If yes _____ Chapter 7 _____ Chapter 13

_____ There are outstanding Judgment Liens _____ Wages are garnished

Applicant must attach copies of documents which become part of this application.

Is there anything else we should know about your situation? If yes, please provide a short statement with your application.

If you need assistance in Spanish/Sign Language or another language, please state which language here: _____

I, (we) _____,

As Applicant (s) acknowledge that the information provided accurately describes my (our) household and identifies all of my (our) household income during the past 12 months. I (we) understand that this information I (we) provided will be used to determine program (s) and/or subsidy (ies) for which I (we) may be eligible. The information and attached documentation may also be used to estimate mortgage lending eligibility. I (we) authorize The City of Rochester Home Buyer Services to check my (our) credit history (ies) by requesting a credit report (s) which will then be used in determining eligibility for the grant assistance. I (we) understand that this information will not be shared with other organizations beyond those involved with the program (s) without my (our) prior approval. Additional information and/or documentation may be requested from me (us). If verification forms are needed I (we) will sign the necessary forms authorizing release of the information. The information I (we) have provided is complete, accurate and true. It will be grounds for denial of my (our) application if it is found that I (we) have falsified information of provided misleading information.

Signature	Print Name	Date
Signature	Print Name	Date

IF I FAIL TO ATTACH ALL INFORMATION, HOME BUYER SERVICES WILL NOT BEGIN REVIEW, HOMEBUYER SERVICES HAS THE RIGHT TO RETURN INCOMPLETE APPLICATION TO ME.

Please tell us how you prefer to be contacted when we have completed our review or if we have questions.

_____ Email _____ Phone _____ Letter

INFORMATION FOR FEDERAL REPORTING

The information requested below is for HUD reporting. The information is requested in order to monitor compliance with equal opportunity credit and fair housing practices. Please check which applies.

Applicant	Co-App	Race	Hispanic origin Yes/No
_____	_____	White	_____
_____	_____	Black or African American	_____
_____	_____	American Indian or Alaska Native	_____
_____	_____	Native Hawaiian or Other Pacific Islander	_____
_____	_____	American Indian or Alaska Native and White	_____
_____	_____	Black or African American and White	_____
_____	_____	American Indian or Alaska Native and Black or African American	_____
_____	_____	Other, Multi Racial	_____

Household type

_____ Single _____ Elderly _____ Single Parent _____ Two Parent
_____ Other (please specify) _____