City Hall Room 005A, 30 Church Street Rochester, New York 14614-1290 www.cityofrochester.gov

#### HOME BUYER GRANT ASSISTANCE APPLICATION

Congratulations! By submitting this application and all required attachments to <a href="mailto:Homebuyer@cityofrochester.gov">Homebuyer@cityofrochester.gov</a>, you and/or your future household members are applying for assistance to purchase your first home in the City of Rochester.

Please note you may NOT put an offer in on a home until after you have been approved by the City of Rochester, or the house will <u>not be eligible</u> for grant assistance.

#### This application is for:

Program	Home Purchase Assistance Program (HPAP)	Employer Assisted Housing Initiative (EAHI)*	HOME Rochester
Amount of Closing Cost assistance	Up to \$3,000	Between \$2,000 - \$9,000 depending on employer	Up to \$6,000
House type	On private market	On private market	Rehabbed home through Greater Rochester Housing Partnership
Income Limit	120% MFI (see chart below)	None	Depends on house; max 120% MFI (see chart below)

<sup>\*</sup>Current EAHI partner employers: City of Rochester; Connected Communities, Eastman Kodak; Highland Hospital; Paetec Communications/Windstream; Rochester City School District; RIT, Rochester Management, Inc.; Stantec Consultant Services, Inc.; University of Rochester; UR Home Care (Visiting Nurse Service); Xerox)

Questions? Email homebuyer@cityofrochester.gov, or call us at 585-428-6888.

# Income Limits (No income limits for EAHI program participants, but all documents are still required)

Household Size	80% MFI	120% MFI
1	\$44,950	\$69,900
2	\$51,350	\$79,850
3	\$57,750	\$89,850
4	\$64,150	\$99,850
5	\$69,300	\$107,850

Phone: 585.428.6888 Fax: 585.428.6229 TTY: 585.428.6054 EEO/ADA Employer (August 2019)



Neighborhood and Business Development City Hall Room 005A, 30 Church Street Rochester, New York 14614-1290 www.cityofrochester.gov Bureau of Business and Housing Development

### **Application**

Ι, (	(we)		,
1.	acknowledge that the information identifies all of my/our housel that this information I/we provisubsidy(ies) for which I/we may also be used to estimate	nold income during the past vided will be used to determinally ay be eligible. The information	12 months. I/we understand ne program(s) and/or on and attached documentation
2.	authorize The City of Roche	ester Home Buyer Services	s to check my/our credit
	history by requesting a cre	dit report(s) which will the	n be used in determining
	eligibility for the down payı	nent and closing cost assi	stance.
3.	involved with the program(s)	without my/our prior approva ested from me/us. If verificat	her organizations beyond those al. Additional information and/or ion forms are needed I/we will nation
4.	certify the information I/we ha	<u>e</u>	
			/we have falsified information of
	provided misleading informat		
5.	understand if I/we fail to att	ach all information, Home	buyer Services will not begin
	review and may return inco	mplete application to me/u	<u>IS.</u>
Si	gnature	Print Name	Date
<del>/</del> C	a amiliaant\ Cimaatuus	Dwint Name	Dete
(C	o-applicant) Signature	Print Name	Date
Н	ow should we contact yo	ou?	
	Email Phor		
	11101	le Lettel	
D	o vou profor Spanish?		
יט	o you prefer Spanish? _		
_			
	o you want assistance ir	<u> </u>	
	uch as ASL, Karennic (M	<del></del>	
lf	yes, what language?		

## 1. Household Info

#### A. Info about YOU:

B. Is

First Name	Middle Initial	Last Name	
Home Address S	Street City	Zip	
Best phone number	to reach you		
Email Address			
Social Security Num	nber Date of	Birth Age	
All Current Employe	are & Nijmhar of vaare at aacl	n /if lace than 1 year indicate start my	chlo
All Current Employe	ers & Number of years at eacl	n (if less than 1 year, indicate start mo	o/da
	ers & Number of years at eacl		o/da <b>_</b>
			o/da <b>_</b> 
anyone else goil	ng to be on the loans/de	eed with you?	o/da <b>_</b> 
anyone else goir	ng to be on the loans/de  Middle Initial  et City	eed with you?	<b>_</b>
anyone else goir First Name Home Address Stre	ng to be on the loans/de  Middle Initial  et City	eed with you?	<b>_</b>

Name		Age			Relationship	
		2. Info Abo	ut Your I	inancia	I Situation	
hat is you	r income?		at roar r	manore		
•			vour hous	<b>ehold</b> du	ring the <b>past 12 month</b>	<b>s</b> . For '
		= :	=		ployment (even Uber/Ly	
		•			its, disability, child supp	
comp, welf	are assistanc	e, and alimony	∕. Really –	anything t	hat you get! Please sup	ply writ
documenta	tion for each					
Recipient	Type of Inc	come Gros	ss monthly	income	Will this continue nex	t year?
					<del></del>	
					<del></del>	
				<del></del>	<del></del>	
Do you, or	any member	of your housel	nold age 18	or older,	expect a raise, promot	ion or a
	= =			ıs within t	he upcoming 6 months.	
N	o or	Yes (please	explain)			
						<del></del>
		right now?	YesNc	1		
Do you ow	า a property r					
If yes, addr	ess:					
If yes, addr Have you e	ess:ever owned, c	or do you now o	own a prop	erty in the	City of Rochester?	_Yes
If yes, addr Have you e	ess:ever owned, c		own a prop	erty in the	•	_Yes
If yes, addr Have you e If yes, addr	ess:ever owned, c	or do you now o	own a prop	erty in the	•	_Yes
If yes, addr Have you e If yes, addr Are you no	ess:ever owned, c	br do you now o	own a prop	erty in the	•	_Yes
If yes, addr Have you e If yes, addr	ess:ever owned, c	or do you now o	own a prop	erty in the	•	_Yes

# B. What are your long term debts?

List all debts (car,	student loans, credit accounts, etc	:.)
WHO PAYS	TYPE OF DEBT	PAYMENT \$/MONTH
	ey saved (Cash Assets)?	
Current checking,	savings, credit union accounts	
Bank name	CURRENT BALANCE	
How much is or w	ill be available for a down payment	?
When will it be ava	ailable?	
D. How is your credit  Check all that apply to		
Monthly bill	payments are current and made in	a timely manner.
Some month	nly bill payments have been late.	
Bankruptcy	nas been filed. If yes Cha	pter 7 Chapter 13
There are ou	utstanding Judgment Liens	_ Wages are garnished
	credit monitoring service (Credit K	

#### 3. Other Information

#### A. 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	Со-Арр	Race Hispanic Y	origin es/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	
	-	gle Parent Two Parent	

B. Tell us about you - is there anything we should know about your situation? If yes, please provide a short statement with your application.



Bureau of Business and **Housing Development** 

#### **Authorization for Release of Information**

/we & (if applicable)
authorize The City of Rochester Homebuyer Services program and its representatives to speak with
(name and relationship to Borrower/CoBorrowe samples: a significant other who isn't an applicant, a parent, a non-profit advocate. If you don't have anyone els nvolved, please leave the line blank, but still sign and return the form.)
and to provide this person documentation on my/our behalf regarding my loan and/or application. I also authorize these parties to discuss my loan and/or application with representatives of the City of Rocheste Homebuyer Services program.
The City of Rochester agrees to maintain the confidentiality of borrower(s) information; however, I also authorize the City of Rochester and/or lender and/or servicer handling my loan and/or application to submit my personal information to the entities funding this program or their agents for the exclusive purposes of program evaluation and monitoring.
further authorize the City of Rochester and/or lender and/or servicer handling my loan and/or application of access my credit report file(s) for debt and expense verification.
This authorization will not be valid unless signed below by all borrowers and co-borrowers and will onle emain valid until revoked in writing by any borrower or co-borrower.
Applicant Name:
Applicant (signed) Date
(if applicable) Co-Applicant Name:
Co-Applicant (signed) Date

#### REQUIRED DOCUMENT CHECKLIST

☐ Completed and signed application

Please give us **COPIES ONLY**. You will need your originals for your mortgage application or other programs. We cannot return your documents.

# Want that house fast? Incomplete info slows you down – make sure you check every box!

Dawa	
Perso	nal Identification
	Social security card for everyone in household
	Photo ID for household members age 18 and OVER
	Birth certificate for households members UNDER age 18
Incom	ne
	Last 2 months' (8 weeks') consecutive pay stubs for all household members 18 or over
	Copies of all other forms of income for everyone living in the household
	Is anyone self-employed? Current year-to-date and prior year Profit and Loss statement is required.
Supp	orting docs
	Last 2 years' full tax returns AND W-2 statements for all jobs or income for all household members 18 or over (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);
	Bank statements: Last 3 months for all accounts
Other	
	Letter of Eligibility from participating Employer if eligible (EAHI Program but NOT City of Rochester)
	Copies of documents for any other grants or programs you have applied for
	(Optional) Recent tri-merge credit report from lender or non-profit. The City of Rochester reserves the right to determine if the credit report is acceptable. If not, Homebuyer Services will run its own report.
	(Optional but recommended) Information about your specific situation
	Suppo

#### Homebuyer Services Process - KEEP THIS FOR YOURSELF

- 1. Applicant: Complete and submit application with all required documentation
  - a. If application is not complete, Homebuyer Services cannot accept application.
  - b. City will review; currently a 3 week turnaround
- 2. Applicant: If eligible, meet for appointment with Program Manager to review grant agreement and receive approval (currently within 1-2 weeks after review)
  - a. Will be referred for pre-purchase education if not already completed
- 3. Applicant: Submit purchase offer denoting grant condition and other required documents (checklist provided on grant documents)
  - a. City will order HQS Inspection; depending on response time of seller/seller's realtor, typically within 2 weeks
  - b. City will request voucher and contract agreement (if all prior documentation is current and in file)
    - Applicant will come in to sign/notarize agreements or may ask to have them mailed/emailed to themselves directly
  - c. If property is a multi-family, applicant will also need to take Operating Rental Property course
  - d. Applicant will apply for mortgage with preferred lender (concurrent with HQS inspection)
    - i. If Applicant is going through EAHI program, they may be required to work with an employer-approved lender
- 4. Applicant: Submit Mortgage commitment and Closing Cost Estimate documents denoting grant condition
- 5. Applicant: City will request final grant approval and funds (usually 3 weeks) if all previous requirements are met and HQS inspection has passed.
- 6. Once funds are available, City Law Department will contact Applicant's attorney. Applicant's and Seller's attorneys will schedule closing as well as any final lender requirements.

Note: typical timeline between Purchase Offer <u>received by Homebuyer Services</u> and a closing date is 8 weeks.

Please contact 428-6888 or <a href="mailto:HomeBuyer@cityofrochester.gov">HomeBuyer@cityofrochester.gov</a> with any questions.