



Homebuyer Down Payment Grant Program

Stage 1: Staff will contact lender for verifications, applicants must be pre-approved from a lender for a fixed rate mortgage.

Staff will determine income and asset eligibility by third party verification. Applicants who meet the federal income and asset eligibility will be mailed eligibility confirmation. **This is not a guarantee of funding.**

Stage 2: Applicant is required to:

- Secure a purchase agreement for a home in Davenport within 90 days of eligibility confirmation.
- Obtain a Home Inspection and Appraisal
- Provide documentation of Homebuyer Counseling from a HUD approved agency. A list of HUD approved agencies is available at www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm or call HUD's interactive voice system at 1-800-569-4287.

Staff will inform lender and applicant of down payment assistance approval and the amount of down payment grant.

Please Note: All properties must meet HUD's environmental property review and loan terms must meet HUD's affordability requirements. All properties must also pass a visual lead assessment.

Stage 3: Once approval has been sent to the lender and applicant:

Lender is required to complete a check request form.

Applicant will need to sign the program agreement prior to releasing the check.

At the Closing: The following documents will need to be returned to the City with- in 30 days of the closing.

- Final Closing Disclosure
- Signed Acquisition of Real Property Agreement
- Signed Visual Assessment Notice of Lead Paint Hazard Evaluation

The application process can take up to 30 days. Please review the program brochure for program requirements.

If approved for the Down Payment Grant, funding could cover up to 100% of reasonable closing costs, plus 50% of minimum required down payment or a maximum amount of \$10,000.

Please contact, Kara Ellenberg, Financial Specialist at 563-888-3422 with any questions.



COMMUNITY AND ECONOMIC DEVELOPMENT
Second Floor, City Hall · 226 W 4th Street · Davenport, Iowa 52801-1398
563-326-7765 · (TDD) 326-6145

Down Payment New Homebuyer Grant Project

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. DO NOT RETURN BY MAIL.

Incomplete applications will not be accepted and will delay the application process. When you have completed this application, bring it along with any required attachments to the Community Planning & Economic Development Department Office on the second floor of City Hall. If you need accommodations, please call 563-326-7765. Applications may take up to 6 weeks to process.

Contact Information

Applicant _____
Co-Applicant _____
Current Address _____
City, State, Zip _____
Phone # _____ Alternate # _____
E-mail Address: _____

Address of Purchase Property (INCLUDE ZIP) _____

Lender and Realtor Information:

(You must be pre-approved with a lender to submit an application)

- ◆ Name of Lender _____
Lender's Address _____
Lending Agent's Name _____
Agent's Phone # _____ Fax # _____ Agent's Email _____
Closing Date _____

I authorize the City of Davenport to communicate with the lender listed above regarding my loan and down payment grant application.

Applicant Signature _____ Date _____

- ◆ Realty Company _____ Real Estate Agent _____
Agent's Phone # _____ Fax # _____ Agent's Email _____

I have not owned a home, mobile home, or vacant lot in the past three years. _____
Initial

You will not be eligible for this program if you have owned a home, mobile home, or vacant lot in the past three years.

Mortgages in which a co-signer will not be residing in the property are not eligible.

I authorize the City of Davenport to communicate with the realty agency listed above regarding my loan and down payment grant application.

Applicant Signature _____ Date _____

Household Information

- ◆ Head of Household (first, middle, last name):

Did you recently, or do you now, call yourself by any other name? _____

If so, please provide name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

- I am a:
- US Citizen (provide social security card)
 - Permanent Resident Alien (provide supporting documentation)
 - Other (provide supporting documentation)

- ◆ Co-Applicant (first, middle, last name):

Did you recently, or do you now, call yourself by any other name? _____

If so, please provide name _____

Marital Status: (circle one) Single & never married / Married / Widowed / Divorced / Separated

- I am a:
- US Citizen (provide social security card)
 - Permanent Resident Alien (provide supporting documentation)
 - Other (provide supporting documentation)

Other Household Members – List all household members who reside with you regardless of relationship.

NAME	D.O.B	AGE	RELATIONSHIP TO HEAD OF HOUSEHOLD

Social Security numbers may be requested for children receiving child support.

DO YOU or YOUR SPOUSE OWN ANY OTHER PROPERTIES? _____YES _____ NO

Income Information

Is anyone in the household self-employed? ____ Yes ____ No

If yes, the self-employed person(s) must provide their official tax transcripts. These can be requested online at www.irs.gov and select Contact Your Local Office. To request an appointment you can call (844)545-5640.

Is anyone in the household receiving SSI/SSDI?

___ Provide annual income statement

Is anyone in the household receiving no income?

___ Complete zero income form

EMPLOYMENT

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) week 2 weeks month year

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) week 2 weeks month year

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) week 2 weeks month year

Household Member _____

Name of Employer _____

Employer Address _____

Employer's Phone # _____ Fax # _____ How long have you worked there? _____

Amount of Income: \$ _____ per (circle one) week 2 weeks month year

◆ **Other Sources of Household Income:** Report all additional income of all persons in the household who are 18 or older. Report all income, earned and unearned. Other income includes: Social Security, SSI, FIP, Pension, **Child Support, Alimony**, Interest, Investment income, rent or royalty payments, self-employment, etc.

Savings and Assets: (List savings and checking accounts; stocks, bonds, savings certificates, money market funds; equity in real property, capital investments; trusts that are available to the household; IRA, Keogh, and similar retirement savings accounts; company retirement/pension funds that can be withdrawn without retiring or terminating employment; inheritances, capital gains, lottery winnings, insurance settlements; personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.; cash value of life insurance policies.)

Assets for all household members 18 and older must be listed here. Use additional sheets as necessary. **If a household member has no assets, complete the No Financial Account Self-Affidavit** (included with application). If a household member has an account at Wells Fargo, ask for a Wells Fargo Account form.

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Household Member _____

Bank Name _____

City/State/Zip _____

Fax # _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Household Member _____

Bank Name _____

City/State/Zip _____

Fax # _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Household Member _____

Bank Name _____

City/State/Zip _____

Fax # _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Household Member _____

Bank Name _____

City/State/Zip _____

Fax # _____

Asset Type	
<input type="checkbox"/> checking	<input type="checkbox"/> savings
<input type="checkbox"/> IRA	<input type="checkbox"/> 401K
<input type="checkbox"/> bonds	<input type="checkbox"/> stocks
<input type="checkbox"/> CDs	<input type="checkbox"/> other

Household Member _____

Bank Name _____

City/State/Zip _____

Fax # _____

I/we hereby certify that all the information given on the application and Addendum is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Head of Household

Date

Co-Applicant

Date



Federal fair housing law and local civil rights ordinances bars discrimination in the sale, rental, or financing of dwellings based on race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, ancestry, sexual orientation, gender identity or disability. It also requires reasonable modification of dwellings and reasonable accommodation in policies for persons with disabilities.

Equal Credit Opportunity Act

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, sexual orientation, or disability; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this Mortgage Company is the Federal Trade Commission, Pennsylvania and 6th Street N.W., Washington, D.C. 20580.

As applicable to Federal Funding,

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, creed, religion, sex, marital status, familial status (presence of children under 18 years of age or pregnant women), age, national origin, sexual orientation, or disability; because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this Mortgage Company is the Federal Trade Commission, Pennsylvania and 6th Street N.W., Washington, D.C. 20580.

We are required to disclose to you that this program qualifies as a Special Purpose Credit Program under 12 CFR 1002.8 of the Equal Credit Opportunity Act for the benefit of low to moderate income persons. Pursuant to 12 CFR 1002.8 (c) information on alimony, child support, and separate maintenance payments may be requested and considered.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

(Applicant) (Date)

(Applicant) (Date)

(Applicant) (Date)

(Applicant) (Date)

HUD PROGRAM
ELIGIBILITY RELEASE FORM

Purpose: Your signature on this HUD Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the Housing Rehabilitation programs administered by the City of Davenport.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HUD Program and the amount of assistance necessary using federal funds. This information will be used to establish level of benefit on the federal program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefits.

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-T, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Authorization: I authorize the above-named HUD Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Housing Rehabilitation Program.

I acknowledge that:

- 1) A photocopy of this form is as valid as the original.
- 2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- 3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- 4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household – Signature, Printed Name, and Date: X	Other Adult Household Member – Signature, Printed Name and Date X
Other Adult Household Member – Signature, Printed Name and Date X	Other Adult Household Member – Signature, Printed Name and Date X

Community Planning and Economic Development · 226 West Fourth Street · Davenport, Iowa 52801
 Telephone 563-326-7765 · TDD: 563-326-6145
www.cityofdavenportiowa.com

Student Status Self Affidavit

List all members of the household who are either:

- currently enrolled in college, vocational, technical or other post-high school formal training; OR
- will be enrolled within the next 12 months in college, vocational, technical or other post-high school formal training.

Name	Age	Institution	Status (Circle)
1 _____			<u>Full Time/Part Time</u>
2 _____			<u>Full Time/Part Time</u>
3 _____			<u>Full Time/Part Time</u>
4 _____			<u>Full Time/Part Time</u>

For each individual attending college, vocational, technical, or other post-high school formal training, please complete the information below:

Household Member 1 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 2 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 3 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

Household Member 4 (Name): _____

This person is under 24 years of age.

This person is not a military veteran.

This person is unmarried.

This person had no dependent children.

This person has no disabilities.

This person is claimed as a dependent of another person of household.

If no one in the household is enrolled in (nor will become enrolled in) these types of programs during the next 12 months, please check "No" below and sign and date the form.

By checking this box, I certify that no member of this household is a full or part time student at any post-high school college, technical, vocational, or other formal training program, and no member of this household will be enrolled in such a program during the next 12 months.

I/we hereby certify that all information given is true and correct to the best of my/our knowledge. I/we understand that incomplete or false applications may be rejected.

Signature of Applicant

Date

Signature of Co-Applicant

Date

ZERO INCOME VERIFICATION

APPLICANT NAME: _____ SSN: _____

ADDRESS: _____

I, _____, HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- 1. Wages from any type of employment (including commission and fees).
- 2. Income from the operation of a business. (Self-employment -Avon, Mary Kay, etc.)
- 3. Rental income from real or personal property.
- 4. Interest or dividends from assets.
- 5. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits.
- 6. Unemployment
- 7. Public Assistance: Family Investment Program (FIP),
General Assistance (GA),
Supplemental Assistance (MSA), etc.
- 8. Alimony or Child Support
- 9. Educational grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books.
- 10. Regular monthly cash contributions from an outside source.

And, that I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve months.

PRINT NAME

SOCIAL SECURITY#

SIGNATURE

DATE

PHONE NUMB

WARNING:

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



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No Financial Account Self Affidavit

I, _____, do not have any type of checking, savings, IRA, real estate, bonds, stocks, CDs or other types of accounts at any financial institutions.

Signature _____ Date _____

DOWN PAYMENT ASSISTANCE PROGRAM

APPLICATION CHECKLIST

Complete this checklist before turning in your application. Incomplete applications will not be accepted.

___ COMPLETED APPLICATION – Fill in phone numbers, fax numbers, and account numbers where needed.

___ SIGNED APPLICATION – Must be signed by the applicant and spouse / co-applicant

___ SIGNED HUD PROGRAM ELIGIBILITY FORM - Must be signed by all household members 18 years of age & over

___ SIGNED EQUAL CREDIT OPPORTUNITY ACT - Must be signed by all household members 18 years of age & over

___ SOCIAL SECURITY CARDS/PROOF OF LEGAL US RESIDENCY – Bring in the original Social Security Card and/or immigration documentation for all household members 18 years of age and over to be photocopied.

___ PHOTO ID – Bring a Photo ID/Driver's License for all household members of 18 years of age and over to be copied.

___ STUDENT STATUS – Complete the student status form for all household members 18 year of age and over. If no students in the household, check appropriate box, sign, and return.

DOCUMENTATION OF INCOME – ONLY CHECK ONES THAT APPLY TO YOUR HOUSEHOLD

___ SOCIAL SECURITY OR SSI STATEMENT OF ANNUAL INCOME- Provide the Statement of Annual Income for any member of the household that receives Social Security, SSI or Disability payment.

___ FIP – Provide the Annual Notice of Decision for any household member receiving FIP.

___ SELF-EMPLOYED PROOF OF INCOME – Sign the IRS form 4506-T (available at our office) so we may request a transcript of your tax returns. (Do not bring in your tax returns, we cannot accept them.)

___ ZERO INCOME – Complete the Zero Income Form for all members of the household 18 years of age and over who do not receive any income. (included with this application, but only complete if this applies to a household member)

___ NO BANK ACCOUNT – Complete the No Financial Account Self Affidavit form for each member of the household 18 years of age and over who does not have any of the assets listed. (included with this application, but only complete if this applies to a household member)

___ CHILD SUPPORT – Please include the CA number for each child on page 3 (please see “Other sources of income.”)

If you have questions regarding your application or any of the supporting documentation, please call (563)326-7765