



**FIRST TIME HOMEBUYER PROGRAM
APPLICATION FOR PURCHASE ASSISTANCE
2017-2018**

THE CITY OF PLANTATION

The Grass is always Greener

The primary purpose of the City of Plantation is to provide purchase assistance for low-to-moderate income household to purchase a property to occupy as their primary residence.

Please contact MBC to make an Appointment to bring in your application for review.

Applications cannot be mailed or dropped off.

You must return application in person by appointment to MBC.

PLEASE COMPLETE & RETURN ORIGINAL APPLICATION PACKET

Broward County Minority Builders Coalition (MBC)

Attention: Janice Hayes

665 SW 27th Avenue, Suite # 12, Fort Lauderdale, FL 33312

Phone (954) 792-1121 EXT 25 *Email: Janice.Hayes@minoritybuilders.org

Please Complete All Sections of Application or Write in Not Applicable (N/A)

Applicant's Name: _____

Co-Applicant's Name: _____

Address: _____ **Unit #** _____

City: _____ **State:** _____ **Zip** _____

Cell Phone: _____ **Home Phone:** _____ **Alt. Phone:** _____

Email Address: _____



FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE PROGRAM PROCESS

1. Read, understand, and sign program application disclosures. **All program disclosures must be signed and submitted with the program application. Applications without disclosures WILL NOT be accepted.**
2. Get pre-qualified/pre-approved for a mortgage by an approved lender.
3. Once you have a mortgage pre-approval **AND** a property under contract, schedule an appointment with Minority Builders Coalition, Inc. (MBC) by calling 954.792.1121 Ext 25, to submit your application. **You must have a pre-approval letter from an approved lender and have a property under contract to schedule an appointment.**
4. Your lender must email the pre-approval letter to Janice.Hayes@minoritybuilders.org
5. If you have a conflict of interest, please advise MBC prior to signing contract.
6. Your application will be processed for income eligibility based on the availability of funding.
7. If you qualify for the City's Purchase Assistance Program, you will receive a conditional notice of eligibility/ award reserving funds for you and giving you a deadline to close on the transaction.
8. Applicant must attend and satisfactorily complete a HUD-approved, 8-hour Homebuyer's Education Class.
9. Applicant will obtain mortgage commitment from your lender. Once you have accepted a mortgage commitment from a lender, you must make sure that MBC receives a copy of your closing statement at least **48 hours** prior to closing to enable our review of compliance with program rules as they apply to the use of your award. **The applicant is responsible for providing MBC with a full copy of the property inspection report. The lender is responsible for providing MBC with all other credit and loan documents pertaining to your transaction.**
10. Applicant must close on property and occupy as your primary residence.
11. If applicable, address minor repairs in home as indicated in inspection report.

Mortgage Pre-Qualification/ Pre-Approval Required

We will not be able to accept an application without a pre-qualification or pre-approval letter from an approved lender. Funds are available on a first-come, first-qualified basis and are not guaranteed to be available until you receive a final award. The lender will require you to complete a loan application to determine if you qualify for a mortgage and how much you are able to afford. The lender will then review your credit, income, and other standard loan information to make this determination. Approved lenders have agreed to provide mortgages to qualified borrowers at preferential rates and terms. Interest rates, loan amounts, and terms of any loan are subject to negotiation between lender and borrower. Throughout the process, the lender who pre-qualified you may request additional information from you to complete the loan application. **You must be determined both income eligible for the Program and be able to secure a loan to receive assistance from the City.**

Income Certification Process

A third party will verify all household income information. The verification is required to determine your eligibility for assistance under Purchase Assistance guidelines. If you qualify for assistance, your income will be certified, and you will receive an award letter which guarantee funds and will only be generated for households that secure a property. **Should your income change after you were determined income eligible and assistance has not been provided, your program eligibility will have to be recertified to determine if you are still eligible.**



**FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE
GENERAL APPLICATION INFORMATION**

Applicant's Information				
Full Name	Last	First	Middle	
Date of Birth	Age:	Marital Status (Circle One): Married Single Divorced Separated		
Social Security #				
Home Address				Apartment/Unit #
City, ST, Zip				
Mailing Address (If different from above)				
Phone	Home:	Cell:	Other:	
EMAIL:				
Are you a USA Citizen: (Select One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other				
If you answered yes, to Legal Permanent Resident, a copy of the Resident/Green Card must be provided				

CO-APPLICANT				
Full Name	Last	First	Middle	
Date of Birth	Age:	Marital Status (Circle One): Married Single Divorced Separated		
Social Security #				
Home Address				Apartment/Unit #
City, ST, Zip				
Mailing Address (If different from above)				
Phone	Home:	Cell:	Other:	
EMAIL:				
Are you a USA Citizen: (Select One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Legal Permanent Resident <input type="checkbox"/> Other				
If you answered yes, to Legal Permanent Resident, a copy of the Resident/Green Card must be provided				

OTHER MEMBERS RESIDING IN THE HOUSEHOLD				
Name	Date of Birth	Age	Relationship to Applicant	Document Used For Verification
(1)				
(2)				
(3)				
(4)				
(5)				

If necessary, Please make Additional Copies of this Page for other household members



FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

APPLICANT EMPLOYMENT INFORMATION

Applicant's Name:	
Employer/Name of Company (Current or Last):	
Employer Address:	Position/Title:
City, State, Zip:	Pay Rate:
Supervisor's Name:	Pay Frequency:
Employer Phone #:	Annual Gross Salary:
Employer Fax #:	Annual Overtime, Tips, Bonus:
Employer Email:	Length of time Employed:

CO-APPLICANT EMPLOYMENT INFORMATION

Co-Applicant's Name:	
Employer/Name of Company (Current or Last):	
Employer Address:	Position/Title:
City, State, Zip:	Pay Rate:
Supervisor's Name:	Pay Frequency:
Employer Phone #:	Annual Gross Salary:
Employer Fax #:	Annual Overtime, Tips, Bonus:
Employer Email:	Length of time Employed:

OTHER HOUSEHOLD MEMBERS EMPLOYMENT INFORMATION

Household Member's Name:	
Employer/Name of Company (Current or Last):	
Employer Address:	Position/Title:
City, State, Zip:	Pay Rate:
Supervisor's Name:	Pay Frequency:
Employer Phone #:	Annual Gross Salary:
Employer Fax #:	Annual Overtime, Tips, Bonus:
Employer Email:	Length of time Employed:

OTHER HOUSEHOLD MEMBERS EMPLOYMENT INFORMATION

Household Member's Name:	
Employer/Name of Company (Current or Last):	
Employer Address:	Position/Title:
City, State, Zip:	Pay Rate:
Supervisor's Name:	Pay Frequency:
Employer Phone #:	Annual Gross Salary:
Employer Fax #:	Annual Overtime, Tips, Bonus:
Employer Email:	Length of time Employed:

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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

CHILD SUPPORT AFFIDAVIT

Child support payments that are received shall be included as income whether or not there is yet a court awarding payment

Child support Amounts awarded by the courts, but not received can be executed only when the Applicant certifies that payments are not being made and further documents to show proof that all reasonable legal actions to collect amounts due, including filing with appropriate courts or agencies responsible for enforcing payment, have been taken.

Please Check only One box below:

Not Applicable (Child support is not applicable to our household)

Yes, we have an order for Child support or we plan to file for child support.

If Yes, Please complete the following:

A. Do you received child support (Circle one): Yes No

Payment Amount: \$ Frequency:

Name of Source (Person paying Child Support): Name

of Custodian (Person receiving Child Support payments):

- (1) Name of Child:
(2) Name of Child:
(3) Name of Child:
(4) Name of Child:

B. Have you been awarded child support by court order (Circle one): Yes No

- a. Provide a copy of the entire documents
b. Enter Child support Award Amount: \$ and Frequency:
c. Is payment being received as awarded: (Circle one): Yes No
d. Indicate the manner by which payment is received (Check below):
Enforcement Agency: Name of Agency:
Court of Law: Court Name:
Direct from responsible party: Provide Notarized Letter from Payee
Other: Explain:

e. If payment is not being received of if amount received is less than the amount awarded provide details and documentation of collection efforts.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of your application for assistance.

Applicant's Signature Print Name Date

Custodial Parent's Signature Print Name Date

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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

ANNUAL GROSS INCOME INFORMATION

SOURCE OF INCOME <i>(Please list Annual Income Amounts)</i>	APPLICANT	CO- APPLICANT	OTHER MEMBER 18 OR OLDER	OTHER MEMBER 18 OR OLDER	TOTAL
Employment	\$	\$	\$	\$	\$
Self-Employment/Business Net Income	\$	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$	\$
Social Security Benefits	\$	\$	\$	\$	\$
Supplemental SS Benefits	\$	\$	\$	\$	\$
Social Security Disability	\$	\$	\$	\$	\$
VA or Military Benefits	\$	\$	\$	\$	\$
Short/Long Term Disability	\$	\$	\$	\$	\$
Workman' Comp Benefits	\$	\$	\$	\$	\$
Pensions, IRA, 401K Benefits	\$	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$	\$
AFCDD/TAN/ESS Payments	\$	\$	\$	\$	\$
Rental Property Net Income	\$	\$	\$	\$	\$
Other (List):	\$	\$	\$	\$	\$
TOTAL HOUSEHOLD ANNUAL INCOME <i>(Add all Columns above to determine Annual Household Income for All)</i>				\$	

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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

ASSETS AND ASSET FROM INCOME

(For All Household Members, List All Bank Accounts-Checking & Savings, IRA's, Pension Plans, Life Insurance, etc.)

APPLICANT'S ASSET INFORMATION				
Name of Bank / Financial Institution	Type of Asset (Checking, Savings, 401K, etc.)	Asset Value Balance Amt.	Interest Rate %	Amt. Income from Asset
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL				\$

CO-APPLICANT'S ASSET INFORMATION				
Name of Bank / Financial Institution	Type of Asset (Checking, Savings, 401K, etc.)	Asset Value Balance Amt.	Interest Rate %	Amt. Income from Asset
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL				\$

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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

ASSETS AND ASSET FROM INCOME

(For All Household Members, List All Bank Accounts-Checking & Savings, IRA's, Pension Plans, Life Insurance, etc.)

OTHER HOUSEHOLD MEMBERS 18 YEARS AND OLDER ASSET INFORMATION				
Name of Other Household member:		_____		
Name of Bank / Financial Institution	Type of Asset (Checking, Savings, 401K, etc.)	Asset Value Balance Amt.	Interest Rate %	Amt. Income from Asset
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL				\$

OTHER HOUSEHOLD MEMBERS 18 YEARS AND OLDER ASSET INFORMATION				
Name of Other Household member:		_____		
Name of Bank / Financial Institution	Type of Asset (Checking, Savings, 401K, etc.)	Asset Value Balance Amt.	Interest Rate %	Amt. Income from Asset
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
TOTAL				\$

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**FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE
AUTHORIZATION FOR THE RELEASE OF INFORMATION**

Please do not use white out and do not scratch out

I/We the undersigned, hereby authorize the release without liability, information regarding my/our employment income, and/or assets to: The Broward County Minority Builders Coalition, Inc. (MBC) and the City of Coral Springs for the purposes of verifying information provided, as part of determining eligibility for assistance under the Home Repair program. I/We understand that only information necessary for determining eligibility can be requested.

Types of information to be verified:

I/We understand that previous or current information regarding me/us may be required. Verifications that may be requested are, but not limited to: personal identification; employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions disability or death benefits; unemployment, disability and/or worker's compensation; welfare assistance; net income from the operation of a business; and, alimony or child support payments, etc.

Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:

- Past/Present Employers
- Banks, Financial or Retirement Institutions
- State Unemployment Agency, Social Security Administration, VA
- Welfare Agency
- Alimony/Child/Other Support Providers and Other entities related to assets and income

Agreement to Conditions:

I/We agree that a photocopy of this authorization may be used for the purposes stated above. I/We understand that I/We have the right to review this file and correct any information found to be incorrect.

Applicant's Signature	Print Name	Date
CO-Applicant's Signature	Print Name	Date
Other Household Member Signature	Print Name	Date
Other Household Member Signature	Print Name	Date

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**FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE
CONFLICT OF INTEREST DISCLOSURE**

In accordance with 24 CFR 570.611, applicants can be denied participation in the First Time Homebuyer Purchase Assistance Program if a conflict of interest exists. A conflict of interest may exist if an applicant is an employee, agent, consultant, officer, elected official or appointed official of the recipient or sub recipients **and/or** the applicant currently or within the past twelve months:

- Exercises, or has exercised, any functions or responsibilities with respect to funds for this program;
- Participates, or has participated, in the decision making process related to funds for this program;
- Is, or was, in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if an applicant for assistance is related by family or has business ties to any employee, officer, elected official or appointed official, or agent of a unit of local government who exercises any functions or responsibilities with respect to the first Time Homebuyer Purchase Assistance Program. When a conflict of interest or perceived conflict of interest exists, the applicant must acknowledge the conflict.

Please read statement #1 and #2, check the statement that applies to you.

_____ 1. A conflict of interest does NOT exist as it relates to the First Time Homebuyer Purchase Assistance Program Application.

_____ 2. A conflict of interest **DOES EXIST** as it relates to the First Time Homebuyer Purchase Assistance Program Application.

If you placed a checkmark by statement #2, please explain the conflict of interest:

I/We have read and understand what a conflict of interest is as it pertains to the City's First Time Homebuyer Purchase Assistance Program Application.

Applicant's Signature	Print Name	Date
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CO-Applicant's Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

NOTICE OF COLLECTING SOCIAL SECURITY NUMBER FOR GOVERNMENT PURPOSE

The city collects your social security number for a number of different purposes. The Florida Public Records Law (specifically, Section 119.071(5), Florida Statutes) requires the city to give you this written statement explaining the purpose and authority for collecting your social security number.

Your social security number is being collected for the purposes of verifying income certifying you for the city’s housing assistance program, which requires third-party verification assets, employment, and income. In addition, this information may be collected to verify unemployment benefits, social security/disability benefits, and other related information necessary to determine income and assets and your eligibility for the Program that is funded by local, federal, and/or state program dollars.

Authorization to Collect Social Security Number

- 24 CFR 5.609, referred to as “Part 5 Annual Income”- Code of Federal Regulations
- 24 CFR 92.203 Income Determinations for HOME Program- Code of Federal Regulations
- U.S. HUD Technical Guide for Determining Income and Allowances for the HOME Program (Third Edition (HUD-1780-CPD, January 2005)
- State Housing Initiatives Partnership program- SHIP Program Manual (Revised July 2008)
- City of Plantation Housing Program Policies and Procedures

Your social security number will not be used for any other intended purpose other than verifying your eligibility for the city’s Program.

I/We have read and understand this information.

Applicant's Signature	Print Name	Date
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CO-Applicant's Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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**FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE
PROGRAM DISCLOSURE**

The **City of Plantation** is pleased to provide purchase assistance for low-to-moderate income households to purchase a property to *occupy as their primary residence*. Funding is available on a first-come, first-qualified basis, until all available funds are expired. Assistance is provided in the form of a 0% interest deferred second loan that reverts to a grant if all program conditions are met. Please read all terms and conditions carefully on the following pages. You must be (1) determined income eligible for the purchase assistance program and (2) be able to secure a loan to receive assistance from the City. If you qualify for the City’s Purchase Assistance Program, you will receive notice of eligibility/ award. Due to time constraints, the City will reserve funds for a limited time (30 days), once the household submits an executed contract for purchase. Applicants can obtain an application before they find a property. However, only applications accompanied by a purchase contract will be accepted and funds reserved.

The **City of Plantation**, in conjunction with Minority Builders Coalition, Inc. will administer this program. Should you have any questions pertaining to this application, please contact:

**MINORITY BUILDERS COALITION, INC.
ATTN: JANICE HAYES
665 SW 27TH AVENUE, SUITE 12
FORT LAUDERDALE, FL 33312
PHONE 954.792.1121 EXT 25**

Minority Builders Coalition, Inc. and the **City of Plantation** are not operating in any capacity relating to a mortgage or real estate transaction. You agree to hold harmless Minority Builders Coalition, Inc. and the **City of Plantation**, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability that may arise due to you applying for any grant or mortgage, or your purchase of any real estate.

Applicants should always seek competent, professional legal advice when engaging in any real estate related transaction.

Applicant's Signature	Print Name	Date
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CO-Applicant's Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

PUBLIC RECORDS DISCLOSURE AND ACKNOWLEDGEMENT

Information provided by the applicant may be subject to Chapter 119, Florida Statutes, regarding Open Records. Information provided by you that is not protected by Florida Statutes can be requested by an individual for their review and/or use. This is without regard as to whether or not you qualify for funding under the program(s) for which you are applying.

Having been advised of this fact prior to making application for assistance or supplying any information, I/We agree to hold harmless and indemnify Minority Builders Coalition, Inc., the **City of Plantation**, any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to compliance with the provisions of Chapter 119, Florida Statutes.

I/We agree that neither Minority Builders Coalition, Inc. nor the **City of Plantation** have any duty or obligation to assert any defense, exception, or exemption to prevent any or all information given to Minority Builders Coalition, Inc. or the **City of Plantation** in connection with this application, or obtained by them in connection with this application, from being disclosed pursuant to a public records law request.

Furthermore, by signing below, I/We agree that neither Minority Builders Coalition, Inc., nor the **City of Plantation** have any obligation or duty to provide me/us with notice that a public records law request has been made.

I/We agree to hold harmless Minority Builders Coalition, Inc., the **City of Plantation**, or any governmental agency, its officers, employees, stockholders, agents, successors and assigns from any and all liability and costs that may arise due to my/our applying for any grant or mortgage or my/our purchase of any real estate, or any matter arising out of any housing rehabilitation project funded by the **City of Plantation**.

Applicant's Signature	Print Name	Date
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CO-Applicant's Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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Other Household Member Signature	Print Name	Date
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**FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE
PROGRAM TERMS AND CONDITIONS**

I/We, the undersigned, agree and accept the conditions as listed below as a part of participating in the program.

- **Borrower Income Limitations:** Up to 120% of the area median income (AMI) based on family size
- **Minimum Contribution from Borrower's Own Funds:** 1% (one percent)
- **First Mortgage Maximum LTV (Loan to Value):** 99% (ninety-nine percent)
- **Maximum Combined LTV (Loan to Value):** 105% (one hundred five percent)
- **Second Mortgage Purpose:** Closing costs plus down payment
- **Maximum Amount of Assistance:**
 - Very Low: 50% AMI or Lower – Up to \$50,000
 - Low Income: 51% AMI to 80% AMI-Up to \$40,000
 - Moderate Income: 81% AMI to 120% AMI- Up to \$30,000

Second Mortgage Interest Rate: 0%

Second Mortgage Repayment Terms:

Fifteen year, 0% interest, deferred payment loan secured by a mortgage and note. The loan is forgivable in its entirety at the end of fifteen (15) years from the date of the closing, provided the title remains under the ownership of the original purchaser. There will be no yearly write-down of the loan. Full repayment of the loan is due if the home is sold, title is transferred or conveyed, or the home ceases to be the primary residence of the applicant during the fifteen (15) year occupancy period of the property. Applicants will be allowed to refinance subject to the terms and conditions of the City's Subordination Policy, which does not permit cash out to the homeowner. If an applicant receives assistance towards the purchase of his/her home from both the City of Plantation and Broward County, a percentage of the total amount of the property's appreciation will be recaptured by Broward County as stipulated in the County's LHAP.

Property Eligibility: Single-family detached, condominium and townhouse units, and villas, including units in Planned Unit Developments, located in the City of Plantation.

NOTE: Pre-Construction single family detached, condominium, and townhouse units, including units in Planned Unit Developments, are not covered as part of the First Time Homebuyer Purchase Assistance Program. **Purchase Price for homes may not exceed \$317,647** (or current 90% cap of the median area purchase price in the MSA, as established by the U.S. Treasury Department).

Grant assistance checks are issued by the City, MBC is not responsible for issuance of checks. Perspective homebuyers must have their title company coordinate the closing with MBC.

Applicant's Signature	Print Name	Date
CO-Applicant's Signature	Print Name	Date
Other Household Member Signature	Print Name	Date
Other Household Member Signature	Print Name	Date

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FIRST TIME HOMEBUYER PROGRAM PURCHASE ASSISTANCE

STATEMENT OF HOUSEHOLD SIZE

This is to certify that the total of # _____ person(s) will be residing in the property that I/We intend to purchase.

_____ Applicant's Signature	_____ Print Name	_____ Date
_____ CO-Applicant's Signature	_____ Print Name	_____ Date
_____ Other Household Member Signature	_____ Print Name	_____ Date
_____ Other Household Member Signature	_____ Print Name	_____ Date

ORIGINAL