



FREDERICK COUNTY HOMEBUYER ASSISTANCE PROGRAM

Application for Down Payment & Closing Cost Assistance

Applicant(s) _____
 Property Address _____

Amount Requested
 \$ _____
 (\$8,000 maximum)*

Applicant eligibility requirements:

- Applicants must currently live and/or work in Frederick County;
- First time homebuyers or not owned residential property in the last three years;
- Occupy the home as the primary residence;
- Total gross household income at or below 80% (capped) of the Washington MSA median income limit;
- Completion of the required hours of homebuyer education from a HUD approved Housing Counseling Agency;
- Be approved for a minimum 30 year fixed rate mortgage

Other Conditions:

- The loan will be secured by a lien on the property with repayment due upon: 1) the sale or transfer of title on the property; or 2) when the property is no longer the primary residence of the owner;
 - Applicant must obtain a **lead paint risk assessment inspection** (pre 1978 homes only), any lead found will need to be remediated; a home inspection and a one year home warranty are also required;
 - Co-signors are not permitted as all applicants are required to occupy the property;
 - Have a minimum of **\$500** of own funds to put towards the purchase of the home, which includes POC items;
- *Applicants whose gross household income is below 50% AMI may be eligible for \$10,000.

LENDER CHECKLIST FOR APPLICATION PACKAGE
 (ELECTRONIC PACKAGE SUBMITTED BY LENDER)

✓IF Done	REQUIREMENT	DOCUMENTATION	LENDER COMMENT
1 <input type="checkbox"/>	Homebuyer information	Homebuyer Assistance Application signed & dated	
2 <input type="checkbox"/>	Ratified sales contract	Ratified sales contract & addendums	
3 <input type="checkbox"/>	Income verification from all sources for all adult members of household 18 years and older	VOE and 2 months of pay statements for all adult income earners; 2 years tax returns for self-employed Asset account information- most recent bank statements; see page 4	
4 <input type="checkbox"/>	Fixed rate 30 year mortgage	1 st Mortgage Uniform Residential Loan Application- FNMA Forms 1003 & 1008	
5 <input type="checkbox"/>	Homebuyer Education certificate	HUD approved Counseling Agency certificate dated maximum one year before application	
6 <input type="checkbox"/>	Inspection & 1 Year Warranty	Proof of Inspection & Home Warranty confirmation	
7 <input type="checkbox"/>	Lead Paint Inspection	Pre 1978 homes require Lead Paint Risk Inspection	
8 <input type="checkbox"/>	Appraisal	Full report required	

Lender Name _____ Email _____ Phone _____

Mortgage Co. _____ Est. Closing Date _____

Local Title Co. _____ Contact _____ Phone _____

→ Notify Heather Sutton hsutton@frederickcountymd.gov, 301-600-6647, of changes to ANY information provided on this page, particularly the Closing Date or the Title Company. Allow 21 days for processing, approval and settlement of a complete application.

Section B. Applicant(s)

Leave no blank spaces. If something does not apply, write N/A.

Applicant/Co-Applicant – All buyers on the sales contract; anyone named a borrower on the primary mortgage application; or anyone to be named in the deed as owner is an applicant.

B1. Applicant Information *(please print)*

Applicant Name																	
	(FIRST)				(LAST)				(MIDDLE OR M.I.)								
Home Address																	
	(STREET)																
	(CITY, STATE, ZIP)																
Contacts																	
	(BEST PHONE NUMBER)						(ALTERNATE PHONE NUMBER)										
	(EMAIL)																
Soc Sec No.				-													
								Date of Birth (MM-DD-YYYY)			-						

B2. Co-Applicant Information *(please print)*

Co-Applicant Name																	
	(FIRST)				(LAST)				(MIDDLE OR M.I.)								
Home Address																	
	(STREET)																
	(CITY, STATE, ZIP)																
Contacts																	
	(BEST PHONE NUMBER)						(ALTERNATE PHONE NUMBER)										
	(EMAIL)																
Soc Sec No.				-													
								Date of Birth (MM-DD-YYYY)			-						

Section C. Household Members

Leave no blank spaces. If something does not apply, write N/A.

- List **ALL** people who will live in the home, even if not related, **starting with the applicant(s).**
- Student 18-and-older:** For a post high school student attending school fulltime, provide an official school transcript. If not a student or part-time student, provide income information, in Section D1.
- Newborn:** For a newborn child not listed on the most recent Federal tax return, provide a copy of the child's birth certificate or hospital verification.

	Name (first and last) Please print	Age	If over 18 in school fulltime? Circle Yes or No
1.			Applicant
2.			Co-Applicant (if applicable)
3.			Yes/No
4.			Yes/No
5.			Yes/No
6.			Yes/No
7.			Yes/No

Section D. Income Information

Leave no blank spaces. If something does not apply, write N/A.

Household Income *Please answer each question.* **Report all sources of income for all those who will be occupying the home.**

D1. EMPLOYMENT Provide two months of paycheck statements. All job related income verified by contacting the employer. Provide employer contact information below.

Name of Household Member	Monthly Gross Pay/Income	Name, Address & Phone Number of Employer

OTHER INCOME	Circle Yes or No
Do you or any household member(s) receive cash, tips or bonuses ? (If yes, provide documentation.)	Yes/No
Are you or any household member(s) self-employed ? (If yes, provide 2 years of fully signed tax returns with all schedules and a current profit and loss statement.)	Yes/No
Do you or any household member(s) receive military reserve pay ? (If yes, provide documentation.)	Yes/No

D2. PENSION / SSI / OTHER INCOME / ASSET INCOME Provide either the award letter or two months of benefit statements or income receipts from any assets. **List below.**

	Circle Yes or No
Do you or any household member(s) receive pension, retirement benefits, workman's compensation, annuity or any other benefits or pensions ?	Yes/No
Do you or any household member(s) receive unemployment benefits or disability benefits ?	Yes/No
Do you or any household member(s) receive Social Security/ SSI benefits ?	Yes/No
Do you or any household member(s) receive income from an asset , such as savings interest, dividends?	Yes/No
Do you or any household member(s) receive income from rental property, or any other source not listed above?	Yes/No

Name of Household Member	Monthly Benefit/Asset Income	Name, Address & Phone Number of Agency/Office/Asset

For additional information, attach a separate page with the above information.

D3. CHILD SUPPORT/ALIMONY If you are a single parent, **complete this for each child.** If you do not receive alimony or child support, write N/A. For any payment listed, provide the award letter.

Household Member Receiving Payment	Type of Payment Child Support or Alimony	Monthly Amount

Section E. Assets/Bank Accounts

Leave no blank spaces. If something does not apply, write N/A.

Assets are bank or other accounts that can be converted to cash. Provide information for all members of the household who will occupy the housing unit. **List all accounts below.**

E1. BANK ACCOUNT INFORMATION Attach copy of two months of most recent statements			Circle Yes or No
Do you or any household member(s) have a savings or checking account ?			Yes/No
Do you or any household member(s) have stocks, mutual funds, bonds or certificates of deposit (CD) ?			Yes/No
Do you or any household member(s) have a money market fund or trust fund ?			Yes/No
Do you or any household member(s) have a retirement, 401K, 457; federal thrift savings plan (TSP), IRA or Keogh account ?			Yes/No
Do you or any household member(s) have ANY other asset not listed above? If yes, list below.			Yes/No
Name of Household Member on Account	Bank Name	Account Number	Current Value
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
E2. PROPERTY Attach copy of ownership- property tax statement, legal document, vehicle registration, or for disposition of property, completed contract. If yes, list below			Circle Yes or No
Do you or any household member(s) own or have an interest in commercial or residential real estate or mobile home ?			Yes/No
Do you or any household member(s) own or have an interest in a time-share ?			Yes/No
Have you or any household member(s) sold any real estate in the last two years?			Yes/No
Do you or any household member(s) have a recreational vehicle (RV, ATV, boat, other) registered to him/her?			Yes/No
Name of Household Member/Registered Owner	Type of Asset	Value (cash or market value)	
		\$	
		\$	
		\$	

For additional information, copy this page and attach with the above information.

FREDERICK COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

CERTIFICATION AND AUTHORIZATION TO VERIFY/RELEASE INFORMATION

I certify that the information provided on this application and supporting documents are true and complete to the best of my knowledge. I am aware that any misrepresentation will result in the forfeiture of my right to participate in the Frederick County Homebuyer Assistance Program, and I may be subject to additional penalties and legal action.

I authorize the Frederick County Department of Housing and Community Development to verify information on this application and obtain supporting documents to verify eligibility for the Frederick County Homebuyer Assistance Program. Entities authorized to release information include, but are not limited to, employers; mortgage companies; banks; and offices administering social security, retirement funds, unemployment and child support.

I retain the right to review information in my file.

A photocopy of this form is valid and the original kept on file.

Signature of Applicant/Borrower

Date

Print Name

Signature of Co-Applicant/Borrower

Date

Print Name

Signatures of other household members reporting income. *Copy and add additional page, if needed.*

Signature

Print Name

Date

Signature

Print Name

Date

Signature

Print Name

Date

Frederick County Department of Housing and Community Development

401 Sagner Avenue • Frederick, Maryland 21701

301-600-6647 • FAX 301-600-3585 • TTY Use Maryland Relay

www.frederickcountymd.gov/housing

Frederick County Department of Housing is required to obtain the following information from the Head of the Household for statistical purposes only to determine whether the benefits of this program are being made to available to all persons on a non-discriminatory basis.

To be completed by the Head of the Household only:

What is your gender? Male _____ Female _____

Are you a person with a disability? Yes _____ No _____

Are you a person age 62 or older? Yes _____ No _____

Are you a female head of household? Yes _____ No _____

Are you a Military Veteran? Yes _____ No _____

What is your Race? Do you identify yourself as: (select one or more)

_____ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ Black or African American: A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ White

_____ American Indian or Alaska Native & White

_____ Asian & White

_____ Black or African American & White

_____ American Indian or Alaska Native & Black or African American

_____ More than one race selected (not listed above)

What is your Ethnicity? Do you identify yourself as (select only one):

_____ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

_____ Not Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Conflict of Interest Disclosure
Financial Assistance

All applicants for direct financial assistance through the Maryland Community Development Block Grant Program must disclose any potential conflict of interest related to participation in the program. A conflict of interest may occur if an application is related to or has a business relationship with an employee, officer or elected official of Frederick County. If it is determined there is a conflict of interest or potential conflict of interest, _____ may not be approved for assistance. The County can request for the State of Maryland CDBG Program to review and make a determination which could result in a waiver allowing for approval.

1. Are you now or have you ever been an employee, agent, consultant, officer, elected official or appointed official of Frederick County? Yes No

If yes, please identify: _____

2. Are you related (including through marriage or domestic partnership) to an employee, agent, consultant, officer, elected or appointed official of Frederick County?

Yes No If yes, please identify: _____

3. Do you have a business or professional relationship with anyone identified under Question #1? Yes No

If yes, please identify: _____

I/We certify that the above information is true and correct. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

Signed: _____

Date: _____

Name: _____ (Print)

Signed: _____

Date: _____

Name: _____ (Print)

9/2017

For Grantee Use Only:

CDBG Grant Number:	Date Received:
<input type="checkbox"/> Conflict of Interest does not exist	<input type="checkbox"/> Conflict of Interest exists
Date Sent to State:	<input type="checkbox"/> Waiver Granted <input type="checkbox"/> Waiver Denied