

## Homebuyer Application Checklist Department of Neighborhood Development

**The Boston Home Center** 



1. Completed and signed Program Application 2. Copy of Homebuyer 101 Certificate 3. Copy of Purchase and Sale Agreement, or copy of Signed and Accepted Offer 4. Copy of Approval Letter from a Boston Home Center Participating Lender 5. A completed, signed W-9 form, available at: https://www.irs.gov/pub/irs-pdf/fw9.pdf 6. \_\_\_\_ A copy of last 3 years signed Federal Tax Returns with all Schedules for all household members 18 years of age or older 7. If self-employed, provide a year-to-date Profit and Loss Statement 8. Copy of the last 3 years W-2 forms for all household members 18 years and older 9. Last 3 months Statements from all Financial Institutions, including banks, 401ks, stocks, bonds, credit unions, etc., for all household members 18 years and older 10. \_\_\_\_ Last 30 days or most recent pay stubs for all household members 18 years and older 11. Proof of income from all other sources such as Social Security Award Letter, Unemployment Compensation, Pension, etc., for all household members 18 years and older 12. No Child Support Affidavit for any household member under the age of 18 years old

for whom the applicant or co-applicant is not receiving child support

13. \_\_\_\_Copy of School Transcripts for full-time students over 18 years of age, or, provide a No Income Affidavit for part-time students, or those who are unemployed.

Please mail the completed application to:

The Boston Home Center Attn: Homebuyer Unit 26 Court Street, 9th floor Boston, MA 02108





# Down Payment Assistance Application, p. 1 Department of Neighborhood Development The Boston Home Center



## I. Applicant Information

| Applicant:   |           |                   |            |              |             | SS#_      |                               |
|--------------|-----------|-------------------|------------|--------------|-------------|-----------|-------------------------------|
|              |           | MI                | Last       |              |             | Data      | of Dirth                      |
| Address:     | Street    | City              |            | State        | Zip         | Date      | of Birth:                     |
| Phone: (     | )         |                   | ( <u>)</u> |              |             | _ ()      |                               |
|              |           |                   |            |              |             | Cell      |                               |
|              |           |                   |            |              | <del></del> |           |                               |
| US Citizen?  | Y N       | Resident Alien?   | ' N        |              |             |           |                               |
| Co-Applic    | ant       |                   |            |              |             |           |                               |
| Applicant:   |           |                   |            |              |             | SS#       |                               |
| Applicant:   |           | MI                | Last       |              |             |           |                               |
| Address:     | Street    | City              |            | State        | Zip         | Date      | of Birth:                     |
| Phone: (     | )         |                   | ()         |              |             | ()        |                               |
|              |           |                   |            |              |             | Cell      |                               |
|              |           | Resident Alien? Y |            |              |             |           |                               |
| OS CILIZEIT! | Y IN      | Resident Allen: 1 | IN         |              |             |           |                               |
| II. Subject  | Prope     | rty               |            |              |             |           |                               |
| Please resp  | ond to    | the questions l   | oelow abou | t the proper | tv beina    | purchase  | ed.                           |
|              |           |                   |            |              |             |           |                               |
| Property A   | ddress:   |                   |            |              |             |           |                               |
| Neighborh    | ood:      |                   |            | Bostor       | n, MA Z     | Zip Code: |                               |
| Type of Pro  | perty. F  | Please check or   | ily one:   |              |             |           |                               |
|              |           |                   |            | O Thre       | ee-Family   | <b>,</b>  | <ul><li>Condominium</li></ul> |
|              |           |                   |            |              | o ranni     | ,         |                               |
| Date of Co   | nstructio | on of Property:   |            |              | _           |           |                               |
| Proposed (   | Closing [ | Date From:        |            |              |             |           |                               |
|              | Purcha    | ase & Sale Agre   | ement:     |              |             |           |                               |
|              |           | or                |            |              |             | ·         |                               |
|              | Signed    | & Accepted O      | ffer:      |              |             | _         |                               |
| Purchase P   | rice:     |                   |            |              |             |           |                               |
|              |           |                   |            |              |             |           |                               |
| viortgage L  | .ender: _ |                   |            |              |             |           |                               |





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#### **III. Household Income Information:**

| Number of persons who intend to | reside in the pro | perty:                        |                        |
|---------------------------------|-------------------|-------------------------------|------------------------|
| Please list them below:         |                   |                               |                        |
| Household Member Name           | Date of Birth     | Relationship<br>to Applicant  | Gross Annual<br>Income |
| 1                               |                   | _ Applicant                   | \$                     |
| 2                               |                   |                               | \$                     |
| 3                               |                   |                               | \$                     |
| 4                               | _                 |                               | \$                     |
| 5                               | _                 |                               | \$                     |
|                                 |                   | <b>Total Household Income</b> | \$                     |
|                                 |                   |                               |                        |

### IV. Household Assets Information: Cash, bank accounts, investment accounts, etc.

| Name of<br>Account Holder | Institution | Account<br>Number | Account<br>Balance |
|---------------------------|-------------|-------------------|--------------------|
|                           |             |                   |                    |
|                           |             |                   |                    |
|                           |             |                   |                    |
|                           |             |                   |                    |
|                           |             |                   |                    |
|                           |             |                   |                    |
|                           |             |                   |                    |
|                           |             |                   |                    |
| Total                     |             |                   |                    |





### **Down Payment Assistance Application, p. 3 Department of Neighborhood Development The Boston Home Center**



#### IV. Household Assets: Retirement & 401K Accounts

Is the Applicant a Female Head of Household?

Is the Applicant over 62 years of age?

| Name of Account<br>Holder                              | Institution           | Accou<br>Numb           | -          | Account<br>Balance  |
|--|-----------------------|-------------------------|------------|---------------------|
| Holdel   |                       | Name                    | (6)        | Dalatice            |
|  |                       |                         |            |                     |
|  |                       |                         |            |                     |
| Total  |                       |                         |            |                     |
| V. Other Required Final                                |                       | ance from the           | City of Bo | ston Department of  |
| Neighborhood Develo                                    |                       |                         | o.ty       |                     |
|  | O Yes                 | O No                    |            |                     |
| If Yes, please list the o                              |                       |                         |            | _                   |
| Property Address:                                      |                       |                         |            | , and               |
| VI. Affirmative Market                                 | ing Information       |                         |            |                     |
| Please complete the requirements. Your re              | •                     |                         | -          |                     |
| Race:  |                       |                         |            |                     |
| <ul><li>American Indian o</li></ul>                    | r Alaskan Native      | <ul><li>Asian</li></ul> | O Black    | or African Americai |
| <ul><li>O Native Hawaiian or</li><li>O Other</li></ul> | Other Pacific Islande | er O White              | ) Hispa    | anic or Latino      |
| Is the Applicant disak                                 | oled? Yes No          |                         |            |                     |



Yes

No

Yes

No



# Down Payment Assistance Application, p. 4 Department of Neighborhood Development The Boston Home Center



### VI. Affirmative Marketing Information, continued

| How did you hear about this program (check all that apply)?   |                   |   |                            |   |                  |  |  |
|---|-------------------|---|----------------------------|---|------------------|--|--|
| •   | Newspaper Ad      | O | Boston Home Center Website | 0 | Postcard at Home |  |  |
| O   | Web Ad            | 0 | Homebuyer 101 Class        | 0 | Friend           |  |  |
| O   | Other             | O | Financial Assistance Class |   |                  |  |  |
| VII. Sign and Date  I declare under penalty of perjury that the foregoing information is true, accurate, complete and correct in all respects. I understand that under the False Claims Act, 31U.S.C§§ 3279-3733, those who knowingly submit, or cause another person or entity, to submit false claims for payment of government funds, are liable for three times the government's damages plus civil penalties per each false claim. |                   |   |                            |   |                  |  |  |
| Applicar  | nt (print name)   |   | Applicant Signature        |   | Date             |  |  |
| Co-Appli  | cant (print name) |   | Co-Applicant Signature     |   | <br>Date         |  |  |



# Homebuyer Program Guidelines Department of Neighborhood Development The Boston Home Center

#### **DEFINITIONS**

**First-time Homebuyer**: Individual who has had no ownership in a principal residence during the 3-year period, ending on the date of purchase (closing date) of the property:

- Any individual whose ownership of a home was with a former spouse while married;
- Any individual who is a displaced homemaker, or single parent; and
- Any individual who has only owned a principal residence not permanently affixed to a
  permanent foundation, or a property that was not in compliance with State, local, or model
  building codes and cannot be brought into compliance for less than the cost of constructing
  a permanent structure.

Actual Principal Residence: The residence where the buyer normally eats and sleeps and maintains his, her or their personal and household effects; and is occupied, or intended to be occupied, by the buyer has his/her or their home and not intended as an investment property or a vacation home or used primarily in a trade or business. Buyer must reside in the property five (5) out of seven (7) days of the week, and should he/she or they be absent for vacation, business or any other reason, the absent days may total no more than sixty (60) days consecutively in any year except for a hospital stay.

Household: One or more persons occupying a housing unit.

Annual Income: Represents the amount of money a person earns in one year from all sources before taxes.

Household Annual Income: The combined income of all persons who intend to live in the dwelling. Income sources include, but are not limited to:

- The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- Interest, dividends, and other net income of any kind from real or personal property;
- The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts;
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- Welfare assistance payments;
- Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
- All regular pay, special pay and allowances of a member of the Armed Forces.

Assets: Assets include all bank or financial accounts, whether in cash, equity in real estate, investment funds, or any other item of value. The only exception is government-approved retirement funds and college savings plans. If a retirement plan or college savings plan is to be liquidated to support the home purchase, only then will it be added to the asset calculation.











### Downpayment and Closing Cost Assistance Terms and Conditions



#### Department of Neighborhood Development The Boston Home Center

#### **Terms and Conditions**

Note, the use of the singular "I" or "my" below, shall include the plural in the case of more than one homebuyer.

- 1. The responsibility of the attorney for the mortgagee is to protect the interest of the mortgagee.
- 2. Mortgagors may, at their own expense, engage an attorney of their selection to represent their interests in the transaction.

I, \_\_\_\_\_\_\_, do hereby apply for Financial Assistance under the downpayment and closing costs assistance program from The Boston Home Center. I hereby certify and warrant as follows.

- The Household Income Information includes all persons who intend to reside in the dwelling, which I will occupy. I have included their age(s), relationship to me, their source(s) of income, and current annualized gross income form all sources (both taxable and non-taxable income), including but not limited to: earnings, overtime, IRA distributions, part-time employment, bonuses, dividends, interest, annuities, pensions, Veterans Administration (VA) Compensation, gross rental or lease income, commissions, deferred income, welfare payments, social security benefits, disability payments, alimony, support payments, public assistance, sick pay, unemployment compensation, and income received from trusts, businesses activities, and investments.
- I understand that, prior to receiving Financial Assistance, I will be required to sign a Promissory Note and Mortgage for the full amount of the assistance received.
- I shall occupy the home I am purchasing as my primary residence within sixty (60) days of the date
  of closing unless otherwise agreed upon by the City of Boston Department of Neighborhood
  Development (DND) and shall continually occupy the home thereafter.
- I also believe in good faith that I am moving into a vacant unit and my occupancy will not displace tenants or the previous owner. I understand that at least one unit must be vacant when I move in. I will not raise the rents of tenants in an effort to cause them to move from the property within my first year of ownership.
- I certify I will live in this property as my primary residence for the term of this loan.
- I have not owned a property for the past three (3) years.
- I acknowledge the condominium conversions are not allowed during the mortgage term.
- I understand that the loan shall be due and payable upon:
  - a. The sale or transfer by of any ownership interest whatsoever in the property or refinancing of the property.
  - b. If I cease to maintain the property as my principal residence.
  - c. If I violate any of the terms of the promissory note or mortgage.





### Downpayment and Closing Cost Assistance Terms and Conditions, p. 2



# Department of Neighborhood Development The Boston Home Center

#### **Affirmations**

- I have never been convicted of arson or tenant harassment, or been found in violation of Fair Housing laws.
- I am not presently a defendant in an arson case, nor am I a defendant in a Fair Housing matter.
- I am not presently a defendant in mediation with the Boston Fair Housing Commission or the Massachusetts Commission Against Discrimination.
- I have no outstanding real estate tax obligations to the City of Boston.
- I certify that neither I, nor any member of the household immediate family member, is currently or has been within the past twelve (12) months, an employee, agent, consultant, officer, or elected or appointed official of the City of Boston Department of Neighborhood Development. For purposes of this disclosure, "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.
- I am aware that the information contained herein is subject to verification by DND or its agents.
   I hereby give permission to my lending institution to release confidential materials relevant to my mortgage loans to DND or its respective agents, for the purpose of verifying information contained in this application. This application may be reproduced and that copy shall be as effective as this original consent.
- I declare under penalties of perjury that the foregoing information is true, accurate, complete to the best of my beliefs. I hereby authorize the City of Boston to independently verify the information provided here and also to investigate my records of credit. I certify that I have read the Terms and Conditions of this Program Disclosure and I agree to the Terms and Conditions.

| Applicant (print name)    | Applicant Signature    | Date |
|---------------------------|------------------------|------|
| Co-Applicant (print name) | Co-Applicant Signature | Date |

