



CITY OF KETTERING
PLANNING & DEVELOPMENT DEPARTMENT

2015

Dear Home Buyer:

You indicated your interest in the City of Kettering First Time Homebuyer Program. Your application won't be complete until a sales contract is received. At that time, you will be working with our partner agency the Homeownership Center of Greater Dayton.

Attached you'll find required documentation for the program. The program income limits are below. Due to our federal funding source, we can only assist eligible homebuyers with income below the following levels:

| Number of Persons in household | Income Limits |
|--------------------------------|---------------|
| 1 | \$34,550 |
| 2 | \$39,500 |
| 3 | \$44,450 |
| 4 | \$49,350 |
| 5 | \$53,300 |
| 6 | \$57,250 |
| 7 | \$61,200 |

If you are still interested in this program, please call and schedule an appointment by calling 937-296-2441 ext.4022.

Sincerely,



Andria Perkins

Community Development Program Coordinator



CITY OF KETTERING

**Application for
Down Payment Assistance**

Borrower Information

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____ City: _____ Zip: _____

Home Phone: _____ Work or Cell Phone: _____

Marital Status: _____ Are you a U. S. Citizen? Yes or No _____

Number of Persons Living in Household: _____ email address: _____

Co-Borrower Co-Head of Household Information

Last Name: _____ First Name: _____

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Work or Cell Phone: _____

Marital Status: _____ Are you a U. S. Citizen? Yes or No _____

Property Information

Property Address: _____

City: _____ State: _____ Zip Code: _____

Lender Information

Lending Institution: _____

Loan Officer Name: _____

Phone Number: _____ Fax Number: _____

Real Estate Agent Information

Real Estate Agent Name: _____

Phone Number: _____ Fax Number: _____

Title Company: _____ Title Representative: _____

Phone Number: _____

Please list all current employment for everyone living in the household.

| Employer | Beginning Date | Whose Job? | #of Hours per Week | Gross Income (Before Taxes) |
|----------|----------------|------------|--------------------|---|
| | | | | \$_____per_____ (Week, every other week, twice a month, month) |
| | | | | \$_____per_____ (Week, every other week, twice a month, month) |
| | | | | \$_____per_____ (Week, every other week, twice a month, month) |
| | | | | \$_____per_____ (Week, every other week, twice a month, month) |

List all household members beside yourself. Be sure to list EVERYONE who lives with you (including children or other dependents), even if they do not receive any income.

| Name | Age | Relationship to You | Gross Income from Work (Before Taxes) |
|------|-----|---------------------|---------------------------------------|
| | | | \$_____per_____ |
| | | | \$_____per_____ |
| | | | \$_____per_____ |
| | | | \$_____per_____ |
| | | | \$_____per_____ |

Do you, or ANYONE in your household, receive any of the following? Check a box for each.

| Income Type | Yes | No | Who Receives It? | How Much? |
|-----------------------|-----|----|------------------|-----------------|
| Child Support/Alimony | | | | \$_____per_____ |
| Social Security | | | | \$_____per_____ |
| Unemployment | | | | \$_____per_____ |
| Worker's Comp | | | | \$_____per_____ |
| Veteran's Benefits | | | | \$_____per_____ |
| Pension | | | | \$_____per_____ |
| Other:_____ | | | | \$_____per_____ |

Bank and Investment Accounts

| Institution | Account Number | Balance |
|-------------|----------------|---------|
| | | |
| | | |
| | | |
| | | |

Please list other assets of your household:

| Asset description | Current Value |
|-------------------|---------------|
| Property: | |
| Trust: | |
| Other: | |
| | |

Monthly Debt Payments

| Creditor | Balance | Monthly Payment |
|----------|---------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Information for Government Monitoring Purposes

The following information is requested by the federal government in order to monitor compliance with federal statutes that prohibit discrimination in housing. **You are not required to furnish this information, but are encouraged to do so. The law provides that a lender or servicer may not discriminate either on the basis of this information, or on whether you choose to furnish it.** If you furnish the information, please provide both ethnicity and race. For race you may check more than one designation. If you do not furnish ethnicity, race or sex, the lender or servicer is required to note the information on the basis of visual observation or surname if you have made this request in person. **If you do not wish to furnish the information, please check the box below.**

| |
|---|
| BORROWER: |
| <input type="radio"/> I do not wish to furnish this information |
| Ethnicity: |
| <input type="radio"/> Hispanic or Latino |
| <input type="radio"/> Not Hispanic or Latino |
| Race: |
| <input type="radio"/> American Indian or Alaska Native |
| <input type="radio"/> Asian |
| <input type="radio"/> Black or African American |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> White |
| Sex: |
| <input type="radio"/> Female |
| <input type="radio"/> Male |

| |
|---|
| CO-BORROWER: |
| <input type="radio"/> I do not wish to furnish this information |
| Ethnicity: |
| <input type="radio"/> Hispanic or Latino |
| <input type="radio"/> Not Hispanic or Latino |
| Race: |
| <input type="radio"/> American Indian or Alaska Native |
| <input type="radio"/> Asian |
| <input type="radio"/> Black or African American |
| <input type="radio"/> Native Hawaiian or Other Pacific Islander |
| <input type="radio"/> White |
| Sex: |
| <input type="radio"/> Female |
| <input type="radio"/> Male |

Certification and signature(s)

I (we) hereby certify that all the foregoing information is true and complete to the best of my (our) knowledge, and hereby give my (our) permission to the City of Kettering and the HomeOwnership Center of Greater Dayton (HOCGD) to conduct further investigation, as deemed necessary to determine eligibility. Furthermore, I (we) agree to abide by the eligibility and program requirements set forth in connection with any opportunities that may be offered to me (us) by the City of Kettering pursuant to this application. I (we) understand that false, inaccurate, or incomplete information in the foregoing application shall be considered cause for me to be disqualified from participation in the City of Kettering Down Payment Assistance Program, and I (we) must immediately notify the HomeOwnership Center of any change in my (our) income or household size prior to closing for re-verification.

I also understand that if there are delays beyond six months, then updated income information will be required.

I (we) understand that we are applying for financial assistance which will be secured by a mortgage(s) or deed of trust on the property described herein and represent that the property will not be used for any illegal or restricted purpose. The City of Kettering mortgage requires 5 years of continuous occupancy by the program participant as their primary residency in order for the mortgage to be forgiven. More information regarding the mortgage terms can be found throughout the policies and procedures as well as in the mortgage and note documents.

The applicant(s) understand that submittal of an application is not a guarantee of funding. I (we) hereby consent to and authorize the City of Kettering, after the giving of reasonable notice, to enter the improved property for the sole purpose of determining that the Minimum Property Maintenance Standards have been met. Approval is based on: income eligibility, property eligibility and first lender financing.

The Undersigned hereby submit this application for City of Kettering Down Payment Assistance program.

Signature of Loan Applicant

Date

Signature of Loan Co-Applicant

Date



Documentation Required for Down Payment Assistance from Applicant

- Completed Application signed by all property owners to be listed on the deed
- Photo identification of the loan applicants (driver's license)
- Certification of Completion for HUD approved Home Buyer Course (8 hours)
- Written verification of all household income (income from all occupants, both borrower and non-borrowers)
 - Most recent 60 day pay stubs listing year to date earnings
 - Last year's income return (1040 with W-2)
 - Social Security Award letter(s), if applicable
 - Proof of Child Support or Alimony, if applicable
 - Proof of other income
- 6 months of bank/asset statements (all pages, all accounts)
- Signed Form 4506
- Other documentation as required for special circumstances
- Explanation of non-wage deposits

Documentation Required for Down Payment Assistance from Applicant's Lender and Title/Closing Agent

- Copy of the Lender's Loan Commitment Letter or Pre-Approval Letter
- Copy of the Borrower's Good Faith Estimate (HUD-GFE)
- Copy of the Borrower's 1003 or Loan Workout sheet showing the total PITI
- Preliminary HUD at least one week prior to closing
- Final HUD prior to release of funds
- Copy of the deed (after closing)

Documentation Required for Down Payment Assistance from Applicant's Real Estate Agent

- Executed Contract to Purchase Real Estate with City of Kettering inspection contingency
- Completed and signed City of Kettering Notice to Purchaser and Seller

Other Documentation Required for Down Payment Assistance

- City Inspection Report and Approval for Occupancy
- Lead Buyer form
- Lead Seller form (if not in sales contract)



PRIVACY POLICY AND PRACTICES OF
The HomeOwnership Center of Greater Dayton

The HomeOwnership Center of Greater Dayton is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns that you bring us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the ***Waiver and Authorization to Release Information***. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets and income;
- Information about your transactions with us, our affiliates, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures (other than disclosures permitted by law).
2. If you choose to “opt out,” we will not be able to answer questions from your creditors or other third parties. If at any time, you wish to “opt out” or change your decision with regard to your “opt out,” you may do so by submitting your request in writing to: HomeOwnership Center of Greater Dayton, Privacy Policy, 205 East First Street, Dayton, OH 45402.

Release of your information to third parties

1. So long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
3. Within the organization, we restrict access to nonpublic information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

The Privacy Policy and Practices of the HomeOwnership Center of Greater Dayton were provided to me

on _____
Date Signature



Waiver and Authorization to Release Information

The Client recognizes that in order for the HomeOwnership Center of Greater Dayton (HOCGD) to provide its services, the referral source for the client, as well as other persons, firms, or organizations may request HOCGD to furnish certain information concerning the client's financial condition.

The client expressly authorizes HOCGD to 1) exchange information concerning the status of the client with the referral source and project partners; 2) obtain and review information relevant to the client's case from the referral source and project partners as HOCGD deems necessary; 3) obtain and review the client's credit report(s) from TransUnion, Equifax, and/or Experian; 4) disclose financial information for the purposes of research related to the HomeOwnership Center's mission.

Project partners include but are not limited to: lenders, down payment assistance providers, realtors, title companies, home inspectors, CityWide Development, Miami Valley Fair Housing Center, City of Kettering, and funders such as the U.S. Dept. of HUD, Ohio Housing Finance Agency and NeighborWorks® America. HOCGD agrees that all information in the client's file will otherwise be kept confidential.

The client understands that if referred to other services of the organization or other agencies as appropriate that may be able to assist with particular concerns that have been identified, there is no obligation to use any of the services offered. The client also understands that HOCGD provides loans in certain circumstances, and offers information and education on numerous products and programs. HOCGD is funded by or has contractual relationships with NeighborWorks America, Ohio Housing Finance Agency, local banks and credit unions, the City of Kettering, the U.S. Dept. of HUD and others. The client further understands that the guidance received from HOCGD in no way represents an obligation to choose any of these loan products or housing programs.

The client agrees to hold HOCGD, their employees, officers and agents harmless from any claim, suit, action or demand in connection with any services rendered by HOCGD to the client. The client recognizes that HOCGD has no obligation for the loan approval/denial process, or actions to terminate foreclosure proceedings.

The client also authorizes HOCGD to exchange information with:

Client Printed Name

Signature

Last 4 digits of social security number

Date

Address _____

Street

City

State

Zip Code

Lender & Loan Number _____

HOCGD Staff

Client Printed Name

Signature

Last 4 digits of social security number

Date

NOTICE TO PURCHASER AND SELLER

CITY OF KETTERING DOWN PAYMENT ASSISTANCE PROGRAM STATEMENT OF UNDERSTANDING

This form must be transmitted from purchaser to seller prior to the loan closing/transfer of title.
A signed copy must be provided to the HomeOwnership Center of Greater Dayton prior to closing.

Property Address:

1. It is acknowledged that gap financial assistance was requested from the City of Kettering. Even though the City of Kettering is involved, they will not be listed on the property deed, as an owner of record. Furthermore, the purchase of this property was not accomplished with any form of Eminent Domain.

2. The down payment assistance program is available for properties that are either (1) vacant, (2) owner-occupied, or (3) being purchased by residing tenant. It is hereby confirmed that no tenants have been relocated because of this purchase.

3. The property will be inspected by the City of Kettering for identification of any immediate health and safety problems as well as any additional code violations. A report will be prepared identifying these problems or code violations requiring repair. Funding of the assistance will not be granted until repairs are made and a follow-up inspection report reflects no findings.

By signing this Statement of Understanding, purchaser and seller acknowledge the facts are true.

Purchaser

Seller

Purchaser

Seller

Date

Date

Witness

Witness

Date

Date

Request for Copy of Tax Return

OMB No. 1545-0429

► Request may be rejected if the form is incomplete or illegible.

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, **Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Return or Account Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution. If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 **Tax return requested.** Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►

Note. If the copies must be certified for court or administrative proceedings, check here ☐

7 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 **Fee.** There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.

a Cost for each return \$ 50.00

b Number of returns requested on line 7

c Total cost. Multiply line 8a by line 8b \$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note.** For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

Phone number of taxpayer on line 1a or 2a

Sign
Here

Signature (see instructions)

Date

Title (if line 1a above is a corporation, partnership, estate, or trust)

Spouse's signature

Date

REQUEST FOR VERIFICATION OF EMPLOYMENT

To Employer:
Address:

Date:

Request: I have applied for financial assistance from the City of Kettering for Down Payment Assistance or Housing Rehabilitation Assistance. My signature authorizes you to complete the information requested below and submit it directly to the City of Kettering at the address below.

Type or printed applicant name

Signature of applicant

~~~~~  
To Whom it May Concern:

This is to certify that \_\_\_\_\_ (Name of Employee) is working as  
\_\_\_\_\_ (Position) since \_\_\_\_\_ (Date of Employment).

- He/she is a PERMANENT EMPLOYEE / TEMPORARY EMPLOYEE (circle one).
- The employee is paid WEEKLY / Bi-WEEKLY / TWICE a MONTH / MONTHLY (circle).
- He/she works \_\_\_\_\_ hours per pay period and is paid for \_\_\_\_\_ pay periods each year.
- The present gross salary is \_\_\_\_\_ per hour and \_\_\_\_\_ per pay period.
- The average monthly earnings for overtime: \_\_\_\_\_.
- All or a portion the compensation in the form of tips, bonus or commission? Yes or No.

If yes, please explain: \_\_\_\_\_.

- The probability for continued employment and other remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Authorized Signature:** State & Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of assistance.

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type employer name signed above

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number



PLEASE RETURN THE FORM TO:

By mail: City of Kettering, Department of Planning &  
Development 3600 Shroyer Road, Kettering, OH 45429

By FAX: 937-296-3240

QUESTIONS? Phone 937-296-2441 ext. 4022



## HOUSING REHABILITATION PROGRAM

# LEAD-BASED PAINT PRE-RENOVATION FORM

## LEAD IS DANGEROUS IF NOT MANAGED PROPERLY

### SUMMARY

The City of Kettering uses federal U.S. Department of Housing and Urban Development (HUD) funding to finance the Housing Rehabilitation Program. When government money is involved, housing built prior to 1978 must be inspected to determine if there are any lead-based paint hazards. Some exemptions may apply. Known lead-based paint hazards must be remediated as a part of the program.

### LEAD-BASED PAINT IN HOUSING

Approximately three-quarters of the nation's housing stock built before 1978 contains some lead-based paint. When properly maintained and managed, this paint poses little risk. However, millions of children have blood lead levels above safe limits, mostly due to exposure of lead-based paint hazards. Therefore HUD requires that all home sellers and landlords disclose known lead-based paint and lead-based paint hazards before the sale or lease of housing built before 1978. HUD also requires that participants in government housing rehabilitation programs have their homes inspected, in most cases, for lead-based paint hazards, and that corrective actions be implemented to reduce or remove those hazards.

### EFFECTS OF LEAD POISONING

Lead poisoning can cause permanent damage to the brain and other organs and may cause reduced intelligence and behavioral problems. Lead can also cause abnormal fetal development in pregnant women. Children are at the highest risk of being poisoned, often because they ingest lead dust. Lead-contaminated dust is invisible to the naked eye and cannot be removed with a broom sweep.

### REHABILITATION ASSISTANCE

Recognizing that families have a right to know about lead based paint and potential lead hazards in their homes, housing rehabilitation program clients shall be given a copy of the pamphlet titled *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*. An EPA certified lead-based paint inspector may be contracted to test painted surfaces in a specific area, or throughout the property. If lead hazards are identified, safe work practices must be implemented and deteriorated paint must be repaired. The lead-based paint inspector will also complete a post-improvement inspection. A copy of the testing and clearance reports will be provided to the homeowner. There are many federal and state regulations concerning testing and remediating lead-based paint hazards. Program staff will help participants understand and prepare for implementation of the regulations.

If you want more information of these requirements, call the National Lead Information Clearinghouse at 1-800-424-LEAD or TDD (800) 526-5456 for hearing impaired, or Internet site <http://www.epa.gov/lead/>.

### OCCUPANT CONFIRMATION

I have received a copy of the lead hazard information pamphlet "*Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*" informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Printed Name of Owner-occupant

\_\_\_\_\_  
Signature of Owner-occupant

\_\_\_\_\_  
Signature Date