

**GLOUCESTER COUNTY
DEPARTMENT OF PUBLIC WORKS
PLANNING DIVISION
HOUSING & COMMUNITY DEVELOPMENT
HOMEBUYERS PROGRAM**



Sponsored By

**The Gloucester County
Board of Chosen Freeholders**

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Freeholder Director**

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Freeholder Liaison**

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Freeholder**

**Daniel Christy
Freeholder**

**Frank Dimarco
Freeholder**

**Guiseppe (Joe) Chila
Freeholder**

**Jim Jefferson
Freeholder**

******* I M P O R T A N T *******

PLEASE READ THE FOLLOWING

DO NOT SIGN A CONTRACT OF SALE TO PURCHASE A PROPERTY UNTIL YOU CONTACT THE PROGRAM MANAGER AT THE DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT AT (856) 307-6650

You have the right to consult with an Attorney, at your expense, of your choosing to review any and all documents.

All settlement dates must be reviewed, before participating in program.

Complete the application and make copies of all documents.

Contact the Program Manager to schedule an appointment to SUBMIT the application.

DO NOT MAIL ANY INFORMATION

ANY QUESTIONS PLEASE CONTACT:

**Office of Housing and Community Development
(856)307-6650**

GLOUCESTER COUNTY
DEPARTMENT OF PUBLIC WORKS, PLANNING DIVISION
HOME Investment Partnership Program - Homebuyer Assistance Program

PROGRAM GOAL

The HOME Homebuyer Assistance program provides no-interest deferred loans up to \$10,000 for down-payment and closing cost assistance. The program is intended as a means of stabilizing property values and overall quality of life in targeted neighborhoods throughout the County. The major objective of the Homebuyer Assistance Program is to increase the supply of affordable housing for low-moderate income families.

BACKGROUND

The Gloucester County Community Development Block Program (CDBG) housing rehabilitation loan program has been in operation since 1984. When the HOME Investment Partnership Program was initiated in 1991, the County saw the opportunity to assist homeowners and thereby complement its rehabilitation activities with a homeownership component. This was the beginning of the Homebuyer Assistance Program in Gloucester County.

Because Gloucester County had already established working relationships with local lenders in the course of their Community Development Block Grant (CDBG) owner-occupied rehabilitation programs, building on those relationships to assist the homebuyer became a natural extension of those efforts. Down-payment and closing cost assistance can make homeownership a reality for many who otherwise might not be able to secure the means to homeownership.

By providing assistance with down payments and closing costs, Gloucester County can enable more low-income applicants qualify for a mortgage and:

- Increase the supply of affordable housing for families for an extended period of time;
- Stabilize property values and create a balance between rental and ownership stock in certain neighborhoods; and,
- Help renters who have steady incomes but cannot make the leap to ownership because they lack the needed lump sum to cover closing and down payments costs.

APPLICATION PROCEDURE

Applications are available through the Gloucester County Planning Division-Housing and Community Development.

Upon receipt of the application, applicants must contact the Program Manager to determine funding availability and review program requirements.

Once the applicant has completed the application, received all mortgage approvals, sale agreements, and other supportive documentation, the applicant will be required to contact the Program Manager for an in office appointment to submit all documents.

DO NOT MAIL THE APPLICATION OR ANY OTHER INFORMATION TO THE OFFICE. MAILED APPLICATIONS WILL NOT BE CONSIDERED FOR FUNDING.

Settlement dates must be made forty-five (45) days in advance to complete the funding process in a timely matter. All funding requests must be approved through a resolution process by the Gloucester County Board of Chosen Freeholders.

PROGRAM DESIGN

A certified household is not permitted to purchase a unit that would require more than 33 percent of the verified household income to pay principal, interest, taxes, homeowner and private mortgage insurance and condominium or homeowner association fees, as applicable. However, at the discretion of the Program Manager, this limit can be exceeded if the applicant:

- Obtains a firm mortgage loan commitment at the higher level from a licensed financial institution, under terms consistent with the requirements of the New Jersey Home Ownership Security Act of 2002, N.J.S.A. 46:10B-22 et seq.; and
- Submits a certification from a non-profit counselor approved by HUD or the New Jersey Department of Banking and Insurance that the household has received counseling on the advisability of the loan transaction.
- The County will review the applicant's housing debt, overall household debt, the appropriateness of the amount of assistance, recurring household expenses, assets available to acquire the housing, monthly expenses of the household, and financial resources available to the household to sustain homeownership prior to awarding assistance.
- Predatory lending – The County will review the applicant's proposed first mortgage to evaluate whether the applicant has the ability to repay the proposed mortgage and to sustain the mortgage over its full term.

Applicants must:

- ⇒ Be an eligible borrower,
- ⇒ File a completed homebuyer application,
- ⇒ Qualify for a first mortgage from an approved conventional lender,
- ⇒ Commit a minimum of **3%** of the purchase price out of their own funds toward the down payment,
- ⇒ Have no more than 20% of the purchase price in liquid assets. Liquid assets include but are not limited to savings accounts, checking accounts, stocks, bonds, and retirement accounts in accordance with IRS regulations. Any assets above the 20% limit must be applied toward the purchase price of the home,
- ⇒ Complete an approved eight (8) hour in person Homebuyer education course.

Submission of a Homebuyer Assistance application does not guarantee that there will be financial assistance available for an applicant nor does income eligibility automatically qualify an applicant.

ELIGIBLE BORROWERS

- ♦ The applicant household must qualify as low-income by meeting 80% or less of the median income adjusted for family size at the time of purchase. A household are all persons living in the home regardless of blood relation, marriage or other circumstance.

- ♦ Annual income Part 5 calculation is the gross amount of income of all adult household members that is anticipated to be received during the coming twelve (12) month period.
- ♦ Any low-moderate income household that has not owned a home in the past three (3) years (except with issues related to health, safety and welfare of a family as reviewed on a case-by-case basis, i.e., displaced homemakers and loss of primary residence due to natural disaster).
- ♦ The applicant must complete a minimum of a (8) eight hour HUD approved Home Buyer Education course

ELIGIBLE PROPERTIES

Eligible property types include any property that will serve as the purchaser's principal residence. ALL PROSPECTIVE PROPERTIES MUST BE LOCATED IN A MUNICIPALITY OF GLOUCESTER COUNTY. Eligible housing types include:

- Single-family (one unit) homes,
- Manufactured housing
- Condominium units in a single-family or multifamily building
- A two –four unit property;
 - Affordability requirements will vary dependent on the number of units acquired with the use of HOME funds – pre-approval must be acquired by the Program Manager and Director.
- Properties must have an initial purchase price that does not exceed 95% of the median purchase price for that type of eligible property in the jurisdiction as determined by the US Department of Housing and Urban Development (HUD).
- Property standards that are acquired using HOME funds must meet all local codes, standards, zoning, or other ordinances. Municipalities that have no local codes must ensure that projects meet one of three model codes:
 - Uniform Building Code, National Building Code, Standard Building Code
 - Council of American Building Officials Single Family Code
 - HUD's minimum property standards or Housing Quality Standards.
- Properties that are acquired using HOME funds will be inspected by Gloucester County prior to approval of the HOME assistance. If the housing does meet the above listed standards, it must be rehabilitated to meet the standards or it cannot be acquired using HOME funds.

UTILIZATION AS A PRINCIPAL RESIDENCE

Property purchased by the prospective homebuyer must be occupied as a principal residence. Renting a unit is not permitted. Deed restrictions are utilized to reflect this occupancy requirement.

AFFORDABILITY

The Homebuyers program provides a non-interest bearing loan for down payment and closing cost assistance. The loan is secured by a lien on the property that will remain for the duration of the applicant's ownership. Within the first five (5) years, the entire amount of the loan must be repaid to the county in the event of the homeowner's death, should the household sell, transfer, obtain a reverse mortgage or utilize any vehicle to obtain cash against the equity of the property or if the property is refinanced. There is an extended period of affordability where 1/5 of the affordability subsidy will be forgiven for the next 4 year period. Thereafter, the County will require 1/5 repayment should the owner transfer, sell, refinance obtain a reverse mortgage or utilize any vehicle to obtain cash against the equity of the property.

For extenuating circumstances, the County may waive this restriction as determined by the Program Director.

SUBORDINATION

Upon verification of program income eligibility standards, the County may consider the postponement of a Mortgage for the refinancing of a first mortgage at a lower interest rate and no additional cash out (See "AFFORDABILITY" section above). An exception may be made for refinancing to cover medical costs or necessary home improvements. Verification such as work estimates and medical documentation will be required.

Prior to subordination, a copy of the new mortgage application will be required to verify that the income level of the homeowner has not increased to such a level that they no longer meet the eligibility requirements of the original loan. All requests will be reviewed and approved by both the Program Manager and the Director prior to subordination.

The County is **NOT** obligated to subordinate any mortgages. The County at its option may deny to subordinate.

Fair Housing Laws

Policy against discrimination

Fair Housing Act

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

Title VI of the Civil Rights Act of 1964

Title VI prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance.

Section 504 of the Rehabilitation Act of 1973

Section 504 prohibits discrimination based on disability in any program or activity receiving federal financial assistance.

Section 109 of Title I of the Housing and Community Development Act of 1974

Section 109 prohibits discrimination on the basis of race, color, national origin, sex or religion in programs and activities receiving financial assistance from HUD's Community Development and Block Grant Program.

Title II of the Americans with Disabilities Act of 1990

Title II prohibits discrimination based on disability in programs, services, and activities provided or made available by public entities. HUD enforces Title II when it relates to state and local public housing, housing assistance and housing referrals.

Age Discrimination Act of 1975

The Age Discrimination Act prohibits discrimination on the basis of age in programs or activities receiving federal financial assistance.

**GLOUCESTER COUNTY HOMEBUYER'S PROGRAM
INTAKE APPLICATION**

Dear Applicant:

The information on this form is needed to determine if your household is eligible to participate under a Gloucester County Affordable Housing Program. Please complete this entire form and leave *no blanks*. If there are any questions that you do not understand, please contact the Program Administrator.

| I. THIS SECTION TO BE COMPLETED BY APPLICANT | |
|---------------------------------------------------------------------------|----------------------------------------------------------|
| A. CONTACT INFORMATION | |
| Applicant Name: | |
| Co-Applicant Name: | |
| Street Address: (as shown on driver's license or government ID) | Apt #: |
| City/State/Zip: | County: |
| Current Address: (if different from above) | Apt #: |
| City/State/Zip: | County: |
| Email Address: | Home Phone: () Mobile Phone: () |
| Emergency Contact Name: | Phone: () |

| B. PREVIOUS RESIDENCY INFORMATION | |
|------------------------------------------|------------------------------------|
| Previous Address/City/State: | Cost per Month: |
| Reason For Leaving: | Occupied For: ___Yrs ___Mos |
| Contact/Landlord Name: | Phone: |
| | |

C. HOUSEHOLD COMPOSITION – List the Head of Household and all other persons who comprise the household

| Full Name (exactly as on driver's license or other govt. document) | Relationship to Head of HH | Date of Birth | Gender | Student Status F/T=Full Time P/T=Part Time | Social Security No./ Alien Registration No. | Receiving income |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| 1 | Head of Household | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other Adult | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> N/A | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

D. HOUSEHOLD COMPOSITION INFORMATION

Were any of the household members a full-time student within the last calendar year?
 NO YES, who? _____

Are any of the household members listed above foster children?
 NO YES, who? _____

Are any of the household members listed above a live-in attendant?
 NO YES, who? _____

Are any household members temporarily absent from the home? NO YES, who? _____

Indicate reason for temporary absence: _____

Do you anticipate any other members will join your household within the next 12 months? NO YES

If yes, explain: _____

* The information below must be completed. It is reported to the U.S. Department of Housing and Urban Development. Federal law prohibits housing discrimination based on your race, color, national origin, religion, sex, family status, handicap, or disability.

Race/Ethnicity:

____ White ____ Amer. Indian
____ Black ____ Alaskan Nat.
____ Hispanic ____ Asian & Pacific Islander
American Indian/Alaskan Native & White ____
Asian & White ____
Black/African American & White ____
American Indian/Alaskan Native & Black/African American ____

Marital Status:

Single ____ Separated ____
Married ____ Divorced ____
Female Head of Household ____

| E. ANNUAL INCOME (List ALL income of adults and children in your household, except for the earned income from employment by persons under the age of 18) | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|------------------------------|---------------------------|--------------|
| Identify income from any of the following sources, including periodic payments: | Head of Household | Co-Head/ Spouse | Other Adult Member(s) | Child or Dependent | Total |
| Salary <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Commissions/Fees <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Salary from 2nd job <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Temporary Income <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Income from Military <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Interest/Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Business Net Income <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Pension <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Retirement Funds <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Familial Support <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Workers' Compensation <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Alimony <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Child Support (Circle Type) <input type="checkbox"/> Yes <input type="checkbox"/> No Anticipated, Voluntary, Court Ordered (regardless if pd) | | | | | |
| AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Educational Scholarship/Grant <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Other: Explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Total: | | | | | |

F. CURRENT EMPLOYMENT CONTACT INFORMATION

| | | | | | |
|-------------------------------------|-----------------|------------|-----------|------------|----------------------------|
| Household Member's Name | | Occupation | | Work Phone | |
| Name and Street Address of Employer | | | City | | State |
| | | | | | Zip Code |
| Date Hired | Hourly | Weekly | bi-weekly | twice a | # of hours worked per week |
| | month | | | | |
| | Salary \$ _____ | Monthly | Yearly | | |
| | Other _____ | | | | Work Fax |

| | | | | | |
|-------------------------------------|-----------------|------------|-----------|-------------|----------------------------|
| Household Member's Name | | Occupation | | Work Phone | |
| Name and Street Address of Employer | | | City | | State |
| | | | | | Zip Code |
| Date Hired | Hourly | Weekly | bi-weekly | twice a | # of hours worked per week |
| | Salary \$ _____ | a month | Monthly | Yearly | |
| | | | | Other _____ | Work Fax |

| | | | | | |
|-------------------------------------|-----------------|------------|-----------|-------------|----------------------------|
| Household Member's Name | | Occupation | | Work Phone | |
| Name and Street Address of Employer | | | City | | State |
| | | | | | Zip Code |
| Date Hired | Hourly | Weekly | bi-weekly | twice a | # of hours worked per week |
| | Salary \$ _____ | a month | Monthly | Yearly | |
| | | | | Other _____ | Work Fax |

| | | | | | |
|-------------------------------------|-----------------|------------|-----------|-------------|----------------------------|
| Household Member's Name | | Occupation | | Work Phone | |
| Name and Street Address of Employer | | | City | | State |
| | | | | | Zip Code |
| Date Hired | Hourly | Weekly | bi-weekly | twice a | # of hours worked per week |
| | Salary \$ _____ | a month | Monthly | Yearly | |
| | | | | Other _____ | Work Fax |

G. HOUSEHOLD ASSETS (Identify if anyone has any of the following types of assets, including dependents under the age of 18)

| Identify All Asset Sources | Cash Value | Asset Income (Interest/Dividends) | Name of Financial Institution | Account Number |
|-------------------------------------------------------------------------------------------|------------|-----------------------------------|-------------------------------|----------------|
| Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Additional Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Additional Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Stocks, Bonds, Mutual Funds* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| IRA/Keogh Account(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Retirement/Pension Fund(s)* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Trust Fund(s) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Whole Life Insurance Cash Value* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Real Estate/Land* <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Other: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

H. HOUSEHOLD ASSET INFORMATION

1. Has anyone in the household given away anything of value within the last two years? *(if a home was released due to foreclosure, bankruptcy or divorce, answer no)* NO YES If yes, who?

Provide explanation (including the type of asset, estimated value of asset, amount disposed for, and date of disposal):

2. Has anyone in the household owned a home in the last two years?

NO YES If yes, who? _____

Do they currently own it? NO YES If No, when was it disposed of? _____

If Yes, Is it being rented? NO YES

Is it sitting vacant? NO YES

Is it in the process of being sold? NO YES

I. HOUSING ASSISTANCE – List any assistance provided to or received by any member of the household

| Source | Yes | No | Amount | Date Received | Reason |
|-----------------------------------------------|-----|----|--------|---------------|--------|
| FEMA (Federal Emergency Management Agency) | | | | | |
| SBA (Small Business Administration) | | | | | |
| Section 8 (Housing and Urban Development) | | | | | |
| TBRA (Tenant Based Rental Assistance) | | | | | |
| Insurance (Homeowner) | | | | | |
| Other Explain: _____ | | | | | |



**VERIFICATION OF EMPLOYMENT
HOMEBUYER DOWN PAYMENT ASSISTANCE PROGRAM
TO: PERSONNEL OFFICER**

Employer Name: _____

ADDRESS _____

CITY, STATE, ZIP _____

This is to advise you that I have applied for participation in the Gloucester County First Time Homebuyer Downpayment Assistance Program. You are hereby authorized to provide the information requested below in order to establish my eligibility for participation in this program.

EMPLOYEE NAME _____

ADDRESS: _____

SOCIAL SECURITY NUMBER _____ ID NUMBER _____

APPLICANT'S SIGNATURE _____

DATE

NOTE: THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER ONLY!

Job Title _____ Length of Employment _____ Years/Months

Gross Earnings: \$ _____ Weekly \$ _____ Bi-Weekly

 \$ _____ Monthly \$ _____ Hourly

Other: Consistent Overtime, Bonus, Tips, etc. \$ _____

Year-To-Date Earnings \$ _____

Signature and Title of Person Completing This Form

Date

PLEASE RETURN TO: Christina Velazquez, Senior Program Analyst

Gloucester County Planning Division – Housing and Community Development
1200 N. Delsea Drive, Clayton, NJ 08312

J. CONFLICT OF INTEREST INFORMATION

1. Is anyone in the household currently serving (or served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner?
NO YES

If YES, identify who, organization and role?

Is this a current role? NO YES If NO, identify date role ceased?

2. Is anyone in the household related to anyone currently serving (or who has served within the last 12 months) as an employee, agent, consultant, officer, or elected or appointed official of TDHCA, the Administrator, or the Development Owner (either through familial or business ties)? NO YES
If YES, identify who, organization and role?

Is this a current role? NO YES If NO, identify date role ceased? _____

Name of Realtor: _____ Realtor Telephone #: _____

Address of Property being purchased:

Address City Zip Code

Taxing Municipality _____

Block: _____ Lot: _____ Year house was built: _____

Number of Bedrooms: _____ Purchase Price: _____

Anticipated Settlement date: _____

Lenders Name: _____

Contact Person: _____ Telephone No. _____

Approved Mortgage Amount: \$ _____

K. APPLICANT CERTIFICATION - Please be aware that this information is being used to determine if your household appears eligible to participate under the Gloucester County First Time Homebuyer's Program

RELEASE: My/Our signature here or on the attached "Release and Consent Form" authorizes the release and/or verification of my/our employment information.

Applicant/Resident Printed Name

Signature

Date

Co-Applicant/Resident Printed Name

Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency in the United States as to any matter within its jurisdiction.

Please make copies and attach the following documentation. We reserve the rights to verify all information provided to us.

- () All sources of income from household members over the age of 18 years:
 - Pay stubs (last 4 months)
 - Social Security(last 4 months)
 - Child Support(last 4 months)
 - Pensions(last 4 months)
 - Bank Statements/Checking and Savings (4 most recent)
 - Tax Return for last required filing or previous year, whichever is most recent
- () Birth Certificates for all household members under the age of 18 years
- () Bank Loan Application
- () Good Faith Estimate
- () Contract of Sale
- () Credit Report
- () Employee Verification
- () Verification of Deposit
- () Certificate of Occupancy
- () Appraisal
- () Certificate of Completion from approved homebuyer education course

OFFICE USE ONLY

INCOME: L30 _____ L50 _____ L80 _____

The County of Gloucester complies with all state and federal rules and regulations and does not discriminate on the basis of race, religion, color, national or ethnic origin, sexual orientation, age, marital status or disability in admission to, access to, or operations of its programs, services, or activities. In addition, Gloucester County encourages the participation of people with disabilities in its programs and activities and offers special services to all County residents 60 years of age and older. Inquiries regarding compliance may be directed to the Office of Education and Disability Services at 856-681-6128/New Jersey Relay Service 711 or the EEO office at 856-384-6903.