

**GLOUCESTER COUNTY  
DEPARTMENT OF PUBLIC WORKS  
PLANNING DIVISION  
HOUSING & COMMUNITY DEVELOPMENT  
FIRST TIME HOMEBUYER ASSISTANCE  
PROGRAM**



***Sponsored By***

**The Gloucester County  
Board of Chosen Freeholders**

**Robert M. Damminger  
Freeholder Director**

**Heather Simmons  
Freeholder Liaison**

**Frank DiMarco  
Deputy Freeholder Director**

**Lyman Barnes  
Freeholder**

**Daniel Christy  
Freeholder**

**Jim Jefferson  
Freeholder**

**James Lavender  
Freeholder**

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

**PLEASE READ THE FOLLOWING**

**All settlement dates must be reviewed before participating in program; do not sign a contract of sale to purchase a property until you contact the Division of Housing and Community Development at (856) 307-6650 to confirm funding availability and audit deadlines.**

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

***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.***

**DO NOT MAIL ANY INFORMATION**

**ANY QUESTIONS PLEASE CONTACT:**

**Office of Housing and Community Development  
1200 N. Delsea Drive  
Clayton, NJ 08312  
(856)307-6650**

**GLOUCESTER COUNTY**  
**DEPARTMENT OF PUBLIC WORKS, PLANNING DIVISION**

**HOME Investment Partnership Program – First Time Homebuyer Assistance Program**

**I. PROGRAM PURPOSE**

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

**II. PROGRAM ADMINISTRATION**

The Program is funded by federal grant funds awarded to the County of Gloucester by the U.S. Department of Housing and Urban Development (HUD) through the HOME Investment Partnership Program.

The Gloucester County Office of Housing and Community Development (HCD) under the Planning Division of the County will administer the Program and is responsible for executing all program activities in compliance with the adopted policies, procedures, and applicable HUD regulations and is responsible for general oversight of the program, which include policy oversight and community relations issues associated with the program. All policies contained herein become effective on the date of adoption by the Gloucester County Board of Chosen Freeholders and apply to all current and future applicants.

Program funds are issued to applicants who have been approved and are distributed to the Title Company managing the closing of the acquisition by a program representative. The total amount of the HOME funded assistance for acquisition is secured in the form of loan that is partially forgivable as well as a Deed Restriction to enforce affordability controls. The County will assume no higher than second position from primary lender's lien.

**III. PROGRAM MARKETING AND OUTREACH**

The County of Gloucester will continually apply and implement a program marketing plan consistent with the following objectives:

- publicize the program to interested and potentially qualified clients,
- affirmatively market the program to minorities, persons with disabilities or other protected groups, and
- meet all State of New Jersey Fair Housing Requirements.

To insure that those citizens for whom the program is designed are aware of the assistance that is available, the County shall provide a written brochure that summarizes the Program and the qualification criteria, periodic press releases to show the progress of the Program, interface with social service agencies that may be able to refer applicants and conduct periodic meetings with interested groups.

#### **IV. RESPONSIBILITIES OF THE OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT**

The County's Planning Division through the Office of Housing and Community Development (HCD) is responsible for administering and implementing the program pursuant to Title II of the Cranston-Gonzalez National Affordable Housing Act and at 24 CFR Part 92, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, As Amended (42 U.S.C. 2000d et seq.), Equal Opportunity in Housing (Executive Order 11063, as amended by Executive Order 12259), Age Discrimination Act of 1975, As Amended (42 U.S.C. 6101), and other applicable federal HUD requirements. The HCD is responsible for administering the program in a professional manner that ensures maximum effectiveness, and efficiency. The HCD is also responsible for the following with regard to individual homebuyer projects:

- a) application intake, eligibility review, verification of documentation, and loan approval determination,
- b) documenting project files in compliance with all applicable HUD regulations,
- c) advising the homeowner regarding code requirements and housing standards which may affect the eligibility of the unit for acquisition,
- d) distributing payment directly to the Title Company at settlement upon evidence of all eligibility criteria being met.

#### **V. ELIGIBILITY REQUIREMENTS**

Qualification of applicants is determined by HCD according to the following guidelines:

- a) 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.
  - Applicants have gross household annual incomes at or below the applicable low-income limits established by (HUD) for the jurisdiction of Gloucester County, New Jersey. The applicable low-income limits for determining program eligibility are published by HUD in the federal register and updated annually. The low income limit shall mean the cumulative gross annual income of all the persons who occupy the dwelling unit to be rehabilitated that does not exceed 80 percent of the area median income, adjusted for family size, as established by HUD. The occupant household's gross annual income (for the purpose of determining program eligibility) shall be calculated according to the HUD regulations identified in the Code of Federal Regulations.
  - 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. The calculation used to determine gross annual household income shall be consistent with HUD regulations and HUD's definition of income including the sources of income that are to be included or excluded from the calculation. Income of all household residents age 18 or over, unless they are a full-time student, will be included in the total annual gross household income determination.
  - Gross Annual Income, includes but is not limited to child support, Social Security, pensions, income from annuities, interest income on savings, etc. The annual income limits for the County increase based on the number of persons in the household. Family size will be determined by the number of occupants living in the dwelling to be rehabilitated on a regular basis. Household residents under the age of 18 qualify as dependents of the head of household according to the HUD regulations identified in 24 CFR, Part 813.102 and are eligible for a dependent deduction. If an applicant is a full time student, the applicant will be required to provide their parents' income information so that HCD can determine if the applicant has been claimed as a dependent on their parents Federal Income Tax return.
  - Verification or certification of income and assets will be required to determine program eligibility for all federally funded projects. The applicant and any other family member

must execute a release of information form authorizing any depository or private source of income, or any federal, state or local agency, to furnish or release to HCD such information as determined to be necessary.

- Certification of income and assets means the applicant certifies that all information provided is true and correct. HCD shall also require the family to submit documentation determined to be necessary if it is required for purposes of determining or auditing an applicant's eligibility to receive program assistance, for determining the applicant's or applicant's family members gross annual income. The use or disclosure of information obtained from an applicant or applicant's family member or from another source pursuant to this consent to release information form shall be limited to purposes directly connected with administration of the Program.
  - Assets shall include checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate and cash held by any household member. Value of an asset shall be computed by the greater of either the current market income from the asset or the imputed value of the asset using the current passbook rate as determined by HUD.
- b) 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).
  - c) Both husband and wife (significant other) must be enrolled in the loan program. (Although primary mortgage loan may be in one name only).
  - d) The applicant must complete a minimum of a (8) eight hour Home Buyer Education course attended through a HUD approved Counseling Agency
  - e) 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
  - f) Applicant must provide 3% of the purchase price from their own account
  - g) The applicant must have a minimum 640 FICO credit score
  - h) Must have a TWO MONTH RESERVE of the TOTAL MONTHLY MORTGAGE PAYMENT in the bank (includes principal, interest, taxes, insurance, HOA fees, if applicable.)
  - i) 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
  - j) Must be a US Citizen or a qualified alien

## **VI. PROPERTY REQUIREMENTS**

- a) Property must be located in Gloucester County
- b) Single-family (one unit) homes, Condominium, Townhouse, or Manufactured Home
- c) 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).
- d) 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.
- e) 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.

- f) Property must have a Permanent Certificate of Occupancy at time of closing.
- g) Applicant must occupy the household as the principal residence within 60 days after closing
- h) The property purchased must be utilized as the principal residence during the entire life of the loan. Renting a unit is not permitted. Deed restrictions are utilized to reflect this occupancy requirement.

#### **VII. PRIMARY LOAN REQUIREMENTS**

- a) The primary mortgage loan must be a fixed rate – FHA, USDA, VA or Conventional mortgage loan (Adjustable rates/Interest Only loans, balloon payments are prohibited)
- b) The primary mortgage term must be 30 years (360 months)
- c) The primary loan “housing ratio” (front-end ratio) cannot exceed 30% - Your mortgage payment/ monthly housing payment (principal, interest, taxes and insurance) **cannot** take up more than 30 percent of your income before taxes. The “debt-to-income” ratio (back-end ratio) is a ratio that indicates what portion of a person's monthly income goes toward paying debts and cannot exceed 42%.
- d) Maximum program closing cost and down payment assistance is \$10,000 to be first applied to closing cost with any remaining funds to be applied to down payment assistance.

#### **VIII. UNDERWRITING**

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.

#### **IX. AFFORDABILITY PERIOD**

The First Time Homebuyer Assistance Program provides a non-interest bearing deferred payment 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. The County exercises its right to enforce an extended period of affordability beyond the HUD five year affordability period. The lien will be in full force permanently as a “forever” lien secured by a Deed Restriction to the property.

The present restriction on affordability is as follows:

The amount of the loan shall be paid in full during the initial 5 year affordability period, from the date of the recorded lien, should the property no longer remain the homeowner’s principal residence, or the homeowner sell, transfer, refinance, obtain a reverse mortgage or utilize any vehicle to obtain cash against the equity of the property. The amount of the loan shall be partially forgiven 20% of the principal annually for each completed year following the initial 5 year affordability period until year 9 when 20% of the principal will remain as a “forever lien” on the property. Should the property no longer be the principal residence, change ownership through sale or transfer or refinance or utilize any vehicle to obtain cash against the equity of the property during that period of time, the applicant will reimburse the County, from the sale's proceeds for that prorated portion of the loan that has not yet been forgiven, at zero percent interest. During the term of the forgivable loan, the homeowner agrees to notify the County, in writing, within ten (10) calendar days of a change in the ownership or foreclosure of the property. Should the property change ownership through inheritance, the heirs will be responsible for clearing the lien by making reimbursement to the County of the prorated portion, at zero percent interest, over the remainder of the affordability period. Such reimbursement procedures shall be administered at the direction of HCD Director or his/her designee.

#### **X. 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. An exception may be made for refinancing to cover medical costs or necessary emergency 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 by the Program Director and approved by the County Administrator or designee prior to subordination.

## XI. APPLICATION PROCESS

- Applications are available through the Gloucester County Public Works Department, Planning Division – Office of Housing and Community Development, County website, Gloucester County Clerk’s Office in Woodbury and at the County Store in Deptford Mall.
- **Upon receipt of the application, applicants must contact the Program Manager to determine funding availability. Funds are available on a first come first serve basis.**
- 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 FAX OR E-MAIL DOCUMENTS.**
- A completed application will include (but is not limited to):
  - Final 1003 loan documentation (all pages including disclosures)
  - Loan commitment/approval
  - Credit report (as issued by Primary lender)
  - Loan estimate (formerly known as the Good Faith Estimate)
  - Executed sales agreement (all pages including disclosures)
  - Home inspection report
  - Certification of 8 hours of homebuyer/budget counseling – HUD approved agencies can be found at: (<http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> )
  - All income documentation (earned (paystubs going back 4 months) and unearned (income from investments; child support, alimony, etc) for all members of the household
  - Statements of all accounts (banking, IRA, Stocks, etc) for all adult members of the household (all pages for the last 6 months)
  - Federal Income Tax Return (previous 2 years)
  - Copies of W-2’s (or 1099’s) (for previous 2 years)
  - Copies of SS cards and DL
  - Birth certificates of any minor children of the household
  - Employee Verification Form for all working members of the household
  - Verification of deposit (made at execution of sales agreement) and verification of funds for required down payment of 3% of purchase price
  - Documentation of gift funds received (exact amount)
  - Appraisal
- Settlement dates must be made at least 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.

# 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.

<b>A. CONTACT INFORMATION</b>	
<b>Applicant Name:</b>	
<b>Co-Applicant Name:</b>	
<b>Street Address:</b> (as shown on driver's license or government ID)	<b>Apt #:</b>
<b>City/State/Zip:</b>	<b>County:</b>
<b>Current Address:</b> (if different from above)	<b>Apt #:</b>
<b>City/State/Zip:</b>	<b>County:</b>
<b>Email Address:</b>	<b>Home Phone: (    )</b> <b>Mobile Phone: (    )</b>
<b>Emergency Contact Name:</b>	<b>Phone: (    )</b>

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

<b>C. PURCHASE PROPERTY INFORMATION</b>		
<b>Address of Property being purchased:</b>		
<b>Taxing Municipality:</b>	<b>Block:</b>	<b>Lot:</b>
<b>Year built:</b>	<b># of Bedrooms</b>	<b>Purchase Price: \$</b>
<b>Anticipated Settlement Date: / /</b>		

**D. HOUSEHOLD COMPOSITION**

FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD • CO-HEAD • SPOUSE • DEPENDENT • OTHER ADULT	DATE OF BIRTH	GENDER M/F	STUDENT STATUS • F/T=FULL-TIME • P/T=PART-TIME • N/A=NOT APPLICABLE	SOCIAL SECURITY NO. /ALIEN REGISTRATION NO.	RECEIVING INCOME Y/N
	HEAD OF HOUSEHOLD					

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

**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 2 <sup>nd</sup> 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					
<b>Total:</b>					

**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 month Salary \$ _____ Monthly Yearly Other _____	# of hours worked per week		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 month Salary \$ _____ Monthly Yearly Other _____	# of hours worked per week		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 month Salary \$ _____ Monthly Yearly Other _____	# of hours worked per week		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 month Salary \$ _____ Monthly Yearly Other _____	# of hours worked per week		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 <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Additional Checking Account(s) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Savings Account <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Additional Savings Account(s) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Credit Union Account(s) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Stocks, Bonds, Mutual Funds* <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Real Estate or Home <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
IRA/Keogh Account(s)* <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Retirement/Pension Fund(s)* <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Trust Fund(s) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Mortgage Note Held <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Whole Life Insurance Cash Value* <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>				
Real Estate/Land* <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>				
Other: _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/></span> 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: _____					

**J. CONFLICT OF INTEREST INFORMATION**

1. Are you or anyone in the household related to a government official or employee of the County of Gloucester?  
NO YES  
If YES, identify who, organization and role? \_\_\_\_\_

**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 Printed Name	Signature	Date
_____	_____	_____
Co-Applicant 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.**

- Final 1003 loan documentation (all pages including disclosures)/Loan commitment/approval
- Credit report (as issued by Primary lender)
- Loan estimate (formerly known as the Good Faith Estimate)
- Executed sales agreement (all pages including disclosures)
- Home inspection report and Appraisal
- Certification of 8 hours of homebuyer/budget counseling – HUD approved agencies can be found at: (<http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm> )
- All income documentation (earned (paystubs going back 4 months) and unearned (income from investments; child support, alimony, etc) for all members of the household
- Statements of all accounts (banking, IRA, Stocks, etc) for all adult members of the household (all pages for the last 6 months)
- Federal Income Tax Return (previous 2 years) / Copies of W-2's (or 1099's) (for previous 2 years)
- Copies of SS cards and DL / Birth certificates of any minor children of the household
- Employee Verification Form for all working members of the household
- Verification of deposit (made at execution of sales agreement) and verification of funds for required down payment of 3% of purchase price /Documentation of gift funds received (exact amount)

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.



**VERIFICATION OF EMPLOYMENT  
FIRST TIME HOMEBUYER ASSISTANCE PROGRAM  
TO: PERSONNEL OFFICER**

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!**

Employer Name: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Applicant 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