



Town of Amherst
Homebuyer Assistance Loan Program

APPLICATION

Return to:

Town of Amherst
Planning Department
Community Development Program
5583 Main Street
Williamsville, NY 14221
(716) 631-7082

Name: _____ Address: _____

Date Application Received: _____ Date Application Approved: _____



**Town of Amherst
Homebuyer Assistance Loan Program**

ACKNOWLEDGEMENT

I have received and have read the Town of Amherst First-Time Homebuyers Program Guidelines and Fact Sheet and understand that:

- 1) In order to be eligible for assistance, my gross household income must be below the federal income guidelines for my household size. (Household includes everyone who will reside in the property to be purchased within one year of closing.)
- 2) In order to receive assistance, I must be approved for participation in the Program before signing a sales contract/purchase offer.
- 3) The house for which I request closing cost assistance must be:
 - ✓ A single-or two-family house, or condominium
 - ✓ -In Good Condition with No Health or Safety Issues and Requiring No Major Repairs,
 - ✓ **-Free of Lead Paint Hazards (such as chipped, cracked or peeling paint on all interior and exterior surfaces on houses constructed prior to 1978).**
 - ✓ I also understand that the house I select will be inspected by a Town Housing Inspector for compliance with Town Housing Standards, Federal Housing Quality Standards and Federal Guidelines for the Evaluation and Control of Lead-Based Paint.

Note: *If you select a house which needs major repairs or paint remediation, **repairs must be made prior to closing;** (minor repairs may be completed within 30 days of closing.)*

- 4) My mortgage lender must escrow property and school taxes, and hazard insurance payments.
- 5) First-Time Homebuyer is defined as someone who has not owned a house within the last three years. Exceptions are "Displaced Homemakers" and "Single-Parents". Refer to the Guidelines for a definition of these terms.
- 6) Assistance will be in the form of a 0%, deferred loan of \$5,000.00 for closing costs and/or down payment assistance, closing costs as listed on the HUD I Settlement Statement (excluding fees paid outside of closing), and for property and school tax adjustments, reimbursements and escrow funds.
- 7) **The loan is repaid upon sale of the property, transfer of title, mortgage refinancing or when additional secured debt, such as a home equity loan, is obtained. The loan is also due and payable if the homebuyer no longer maintains the home as his/her/their primary place of residence.**
- 8) I have received and have read the EPA booklet entitled "**Protect Your Family From Lead In Your Home**".

Signature of Applicant

Signature of Co-Applicant

Date Signed: _____

Assistance is provided regardless of race, color, religion, sex, national origin, disability, handicap, marital status, age or familial status.



**Town of Amherst
Homebuyer Assistance Loan Program**

APPLICATION

1. Applicant's Name: _____
First
Middle
Last
2. Social Security Number: _____
3. Co-Applicant's Name: _____
First
Middle
Last
4. Social Security Number: _____
5. Current Address: _____

6. Phone: (Home) _____
 (Office/Cell) _____
 (E-mail) _____

7. **Number of Persons in Household, Including Applicant, who will reside in property within one year of purchase** _____

Provide Name and Age of All Household Members:

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* **Note:** If foreign born, submit documentation of U.S. citizenship or legal alien status.

8. Female Head of Household? Yes No
9. Race: Caucasian African American Asian Multi-Racial
 Hispanic Native American
10. Are Any Members of the Household Disabled or Handicapped?
 Yes No
11. Years Resided at Current Address _____
12. Are Your Rental Payments Up to Date? * _____ *Please provide 6 months receipts or landlord verification.

**Town of Amherst
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13. **Employment Status** of Household Members:

- | | |
|---|---|
| <input type="checkbox"/> Working | <input type="checkbox"/> Receiving Social Security/SSI |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Receiving Pension |
| <input type="checkbox"/> Receiving Unemployment | <input type="checkbox"/> Receiving Workman's Compensation |
| <input type="checkbox"/> Receiving Welfare Benefits | <input type="checkbox"/> Receiving Child Support |

14. Employers' Names and Addresses:

FOR OFFICE USE ONLY
APPLICANT

Income _____

Household Size _____

% Median Income _____

Low/Mod Benefit _____

Eligible: Yes No

Town of Amherst
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INCOME

List current **gross** household income from all sources. Also indicate the household or family member receiving income or benefits (e.g., self, spouse, child, parent, other).

<u>Circle One</u>		<u>Type of Income</u>	<u>Current Amount Received</u>	<u>Recipient</u>
Yes	No	Wages, Salary	\$_____per_____	_____
Yes	No	Wages, Salary (Spouse)	\$_____per_____	_____
Yes	No	Social Security/SSI	\$_____per_____	_____
Yes	No	Social Security/SSI (Spouse)	\$_____per_____	_____
Yes	No	Welfare	\$_____per_____	_____
Yes	No	Unemployment Benefits	\$_____per_____	_____
Yes	No	Veterans Benefits	\$_____per_____	_____
Yes	No	Railroad Retirement	\$_____per_____	_____
Yes	No	Pension/Retirement - Other	\$_____per_____	_____
Yes	No	IRA Distribution	\$_____per_____	_____
Yes	No	Disability Payment	\$_____per_____	_____
Yes	No	Alimony Payment	\$_____per_____	_____
Yes	No	Child Support	\$_____per_____	_____
Yes	No	Worker's Compensation	\$_____per_____	_____
Yes	No	Interest/Dividends (Over \$100)	\$_____per_____	_____
Yes	No	Aid to Dependent Children	\$_____per_____	_____
Yes	No	Rental Income	\$_____per_____	_____
Yes	No	Income From Business	\$_____per_____	_____
Yes	No	Other	\$_____per_____	_____

Were You Required to File a Federal Income Tax Return Last Year? Yes No

If yes, attach a signed copy, including **ALL** attachments and schedules. Also, please submit complete copies of federal income tax returns for all other household members required to file such returns.

Wages of children under 18, and full-time students may be excluded.

**Town of Amherst
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SECTION I: COMPLETE THIS SECTION IF YOU ARE NOT RECEIVING COURT ORDERED SUPPORT

I, _____ have been awarded support in the amount of \$ _____ (weekly)
(parent or guardian)
(but **DO NOT** receive support for _____

(child or children's name)

I have included a copy of the court order and past due amounts from Erie County Child Support.

Signature Date

SECTION II: COMPLETE THIS SECTION IF NO SUPPORT IS RECEIVED

I, _____ **DO NOT** receive any support and there is no court order for
(parent or guardian)

(child or children's names)

Signature Date

SECTION III: COMPLETE THIS SECTION IF YOU ARE RECEIVING SUPPORT THROUGH PRIVATE ARRANGEMENT

I, _____ receive the amount of \$ _____ (*monthly / weekly*)
(parent or guardian)
toward the support of _____
(child or children's name)

There is no court order, but I have included at least 2 copies of the checks or money orders.

Signature Date

**Town of Amherst
Homebuyer Assistance Loan Program**

HOMEBUYER ASSISTANCE LOAN PROGRAM CHECKLIST

Please be sure to enclose the following items, as applicable, with your application. **Failure to do so will delay the review of your application.** Place a checkmark next to each item that you have enclosed along with your application:

- _____ Copy of First-Time Homebuyer Workshop Certificate
- _____ Copy of two (2) most recent pay stubs for all working household members.
- _____ Complete, signed copy of federal income tax returns from **two** most recent years, including all attachments, for all household members.
- _____ Copy of W-2 statements for **two** previous years for all household members.
- _____ Copy of statements showing interest and dividend earnings for the previous year for all household members.
- _____ Copy of child support award or divorce decree stating amount of support received.
- _____ Rental receipts for past 6 months or landlord verification.
- _____ Documentation of U.S. citizenship or legal alien status (if foreign born).

Please place check marks next to the annual statements or benefit reports you enclosed that show benefits received during the past 6 months for all household members for the following types of income:

- | | | |
|-----------------------------|---------------------------------|-----------------------------|
| _____ Social Security | _____ Welfare/Public Assistance | _____ Child Support/Alimony |
| _____ Railroad Retirement | _____ SSI | _____ Veteran's Benefits |
| _____ Unemployment Benefits | _____ Pension/Retirement | _____ Rental Income |
| _____ Worker's Compensation | _____ Disability Benefits | _____ IRA |

Please note that your eligibility for the first-time homebuyer program is based on your gross annual household income which includes income for all household members from all sources, including income which is nontaxable.

Please contact the Planning Department's Community Development Staff at 631-7082 between the hours of 9:00 a.m. and 5:00 p.m., Monday thru Friday, if you have any questions.

**Town of Amherst
Homebuyer Assistance Loan Program**

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and contains no willful misrepresentations. I have received and have read a written description of the Town's Homebuyer Assistance Program. I agree to cooperate with the Town in complying with all specified procedures.

I understand that the Town of Amherst requires two weeks notice before closing to process the check and I am responsible for informing the Town of Amherst when I have a closing date scheduled.

I understand that any contract for purchasing a home financed in part by this program will be between the seller and myself. I also understand that any home considered for this program is subject to inspection and approval by the Town's Community Development staff **and** funds made available through the program are contingent upon the eligibility of the property under HUD guidelines. I also understand that the Town of Amherst will not be responsible or liable for any breach of contract, property defects and accidents or damage which may arise from my relationship with any seller, and that the Town does not guarantee or warranty the condition of any home purchased with assistance through this program.

I understand that a lien will be placed against my property for the total amount of Home funds used for closing costs associated with the purchase of the approved property for an affordability period of the life of the mortgage. This will become payable when I either transfer the ownership, cease to occupy the home as my principal residence or refinance the property at any time during the affordability period.

Homebuyer Assistance will not be provided in conjunction with any mortgage product having an interest rate greater than 3% above the current conventional fixed, 30 yr rate as advertised in the Home Finder Saturday Edition.

I understand that any willful misstatement of material fact contained herein will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date

First-Time Homebuyer Loan Funds are available to income-eligible applicants without regard to race, creed, color, national origin, sex, age, disability, familial status, handicapped or marital status.

PLEASE RETURN ALL APPLICATION MATERIALS AND ALL REQUIRED DOCUMENTS TO:

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Williamsville, NY 14221**