

**CITY OF  
GALVESTON  
GRANTS &  
HOUSING  
DEPARTMENT**



Homebuyer Assistance Program  
**APPLICATION**

WARNING: Title 18 U.S. Code §1001 states that a person is guilty of a FELONY for knowingly and willingly making a false or fraudulent statement to any Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

**Application**  
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# **THE APPLICATION PACKET and REQUIRED DOCUMENTS**

The following represents the order and necessary documents required to complete the application packet.

## **1. HAP FORMS F-1 through F-5**

These documents must be Originals, completed and signed by the buyer(s)

**F1 – HAP APPLICATION** - Original, completed and signed by the homebuyer(s)

**F2 – HAP AUTHORIZATION OF RELEASE OF INFORMATION** - Original, signed by the homebuyer(s)

**F3 – HAP HOUSEHOLD INCOME DISCLOSURE AND CERTIFICATION** – Original completed and signed.

**F4 – HAP PROGRAM INFORMATION AND COMPLIANCE DISCLOSURE** – Original completed and signed.

**F5 – HAP FUNDS REQUEST** – Original, completed (To be completed by the lender)

The following documents shall be **COPIES ONLY**. No original documents will be accepted.

- 2. Copy of Drivers License or State ID and Social Security Card for ALL members of the household**
- 3. City of Galveston Certificate of Attendance from Homebuyer Education Pre-Purchase class.**
- 4. Copy of the Pre-Qualification Letter from a Mortgage Lending Institution.**
- 5. Copy of the signed Mortgage Loan application.**
- 6. Copy of a Written Verification of Employment (if needed).** The City of Galveston's Verification of Employment or the Lender's verification form can be used if the same information is conveyed; date of confirmation within the last 30 days.

**7. Copy of three (3) consecutive months of the most recent pay stubs for all income person's 18 or older living in the home** and not considered a full-time student. If you are not employed we will need a current Wage Record from the WorkSource.

**8. Copy of Written Verification of Deposits for all accounts held by the applicant's household (if needed).** The city of Galveston's Verification of Deposits or the Lender's verification can be used if the same information is conveyed.

**9. Copy of Bank Statements – A copy of the most recent six (6) consecutive month's statements for EACH Account in the buyer(s) name including accounts established for children.**

**10. Copy of Filed Federal Income Tax Return – A copy of the most current year.** In the event that an Income Tax Return was not filed, a statement from the IRS, certifying that a return was not filed, will be required.

**11. Copy of ALL OTHER Sources of Income to the Household - ALL Other Sources of Income must be verified in writing by the income source.** OTHER sources of income include: Child Support, Section 8 Housing Assistance, Food Stamps, WIC, TANF, AFDC, Income from a Home Based Business, Representatives selling Goods or Services from a home based business, i.e. In Home Day Care Provider, Tupperware, Pampered Chef, Avon, etc.)

**Documents need to be placed in this specific order at the time of submission of the HAP Application Packet.**



**An Application Packet WILL NOT be accepted without ALL of the required documentation.**

*City of Galveston, HOME Program/HOME Investment Partnerships Program*  
**HOME BUYER ASSISTANCE PROGRAM**

**APPLICANT NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**PRE – APPROVAL APPLICATION PACKET CHECKLIST**

- F-1 – HAP Application - completed and signed by the homebuyer(s)
- F-2 – AUTHORIZATION/RELEASE OF INFORMATION – completed and notarized
- F-3 – HOUSEHOLD INCOME DISCLOSURE – completed and signed by the homebuyer(s) with
- F-4 – PROGRAM INFORMATION DISCLOSURE – completed and signed by the homebuyer(s)  
ALL supporting documents noted on form.
- Applicant(s) Identification – Driver’s License or State ID, Social Security Card for each member of household.
- Most recent pay stubs, three (3) months, copy.
- Bank Statements – Copies of six (6) most recent consecutive month’s statements for EACH Account in HAP buyer(s) name.
- Filed Income Tax Return – Copy of the most current year.  
△ Notarized letter from the IRS, certifying that a return was not filed
- Pre-Qualification Letter from a Mortgage Lending Institution.
- Additional Verification may be needed such as:
  - 1. Income (Social Security Benefit, Retirement, etc....)
  - 2. Verification of Employment, written verification from employer.
  - 3. Verification of Deposits, written verification from financial institution(s).

**APPLICATION PACKET WILL NOT BE ACCEPTED WITHOUT ALL OF THE REQUIRED DOCUMENTATION.**

APPLICATION COMPLETE AND ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

City of Galveston, HOME Program/HOME Investment Partnerships Program  
**HOMEBUYER ASSISTANCE PROGRAM**

**APPLICANT NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

## **UNDERWRITING REQUIREMENTS CHECKLIST**

***NOTE:*** *The following information must be submitted and applicant must meet the HUD underwriting requirements **before** the closing can be scheduled. Please refer to **page 6** of the **Homebuyer Assistance Program Guidelines**.*

- F-5 – GAP FINANCING Request – completed and signed by the lender, indicating the seller’s name, property address, amount and purpose of GAP Funds requested. (To be completed by the lender)**
- Mortgage Loan Application, copy**
- Purchase Contract including Third Party Financing Condition Addendum**
- Underwriting Findings and Underwriting Analysis Report**
- Credit Report**

**Upon meeting the Underwriting Requirements, the following document must be submitted:**

- Certificate of Attendance from Pre-Purchase class & copy of receipt**

**\*\*\*Additional information** may be requested by City staff to complete the underwriting requirement eligibility process.

APPLICATION COMPLETE AND ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

**CITY OF GALVESTON  
GRANTS & HOUSING  
DEPARTMENT  
HAP APPLICATION**

STAFF USE ONLY			
12m/anticipated income	% AMI	0-30	30-50
\$		50-60	60-80

Applicant Names(s):	
Current Address:	
City, State, Zip:	
Home Phone:	Alternate Phone:

List the Head of Household and **all other persons** who will be living in the new housing unit. Indicate the relationship of each family member to the Head of Household.

Household Member Name	Relationship	Date of Birth	Age	Sex	Social Security Number

**HEAD OF HOUSEHOLD (Check one) – This information is required** – it is being collected to ensure compliance with the Fair Housing and Equal Opportunity regulations.

Race of Head of Household:

- White
- Asian
- Native Hawaiian/Other Pacific Islander
- Black/African American and White
- American Indian/Alaska Native and Black/African American
- Black/African American
- American Indian/Alaska Native
- Asian and White
- American Indian/Alaska Native and White
- Other Multi Racial

**Ethnicity of Head of Household:**

- Hispanic
- Non-Hispanic

**Are You Receiving Any Other Assistance?**

- Public Housing
- Section 8

**INCOME VERIFICATION**

What is the total **gross income** of all household members? \$ \_\_\_\_\_

Includes: wages, salaries and tips, alimony, child support, Social Security, AFDC, other benefits, other income

Household Member Name	Source of Income	Gross Annual Amount	Payment Basis (weekly, bi-weekly, monthly, etc.)

**ASSET INFORMATION**

Do you own real estate property? \_\_\_ Yes \_\_\_ No

If Yes, what is the current market value? \_\_\_\_\_

List below the types and sources of any household assets. Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income from Asset

**APPLICATION CERTIFICATION**

**I/We understand that the above information is being collected to determine if I/we are eligible to receive Homebuyer Assistance. I/we hereby certify that all the information herein is true and correct. I/we authorize the City of Galveston Grants & Housing Department to verify all information provided on this application.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Head of Household

\_\_\_\_\_  
Date

## AUTHORIZATION OF RELEASE FOR INFORMATION

<b>Name</b> PRINT FULL LEGAL NAME	<b>Social Security Number</b>	<b>Signature</b> Sign ONLY in presence of a notary

I/WE HEREBY AUTHORIZE PERSONS, ORGANIZATIONS, OR EMPLOYERS, FEDERAL, STATE OR LOCAL AGENCIES, GOVERNMENTAL ENTITIES, UTILITY COMPANIES OR ESTABLISHMENTS TO FURNISH INFORMATION ABOUT MY/OUR HOUSEHOLD TO A REPRESENTATIVE OF **THE CITY OF GALVESTON HOME INVESTMENT PARTNERSHIPS PROGRAM** OF GALVESTON, TEXAS IN CONJUNCTION WITH THE **CITY OF GALVESTON, TEXAS HOME HOMEBUYER ASSISTANCE PROGRAM ANNUAL VERIFICATION OF PRIMARY RESIDENCY.**

I HEREBY GRANT PERMISSION OF THE RELEASE OF INFORMATION THAT MAY BE RELEVANT TO MY/OUR OCCUPANCY OF THE **HOME PROGRAM ASSISTED UNIT.**

I/WE UNDERSTAND THAT THIS RELEASE OF INFORMATION IS VALID UNTIL IT IS REVOKED IN WRITING.

**THE STATE OF TEXAS     §**  
**COUNTY OF GALVESTON §**

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THIS \_\_\_\_\_ DAY OF

\_\_\_\_\_/\_\_\_\_\_  
BY:


SEAL \_\_\_\_\_  
NOTARY PUBLIC IN and for TEXAS

<b>Applicant</b>		<b>Social Security Number</b>	
<b>Co-Applicant</b>		<b>Social Security Number</b>	
<b>Current Address</b>		<b>Apt. or Lot #</b>	
		<b>City</b>	
		<b>TX</b>	<b>Zip Code</b>
<b>Telephone</b>		<b>Alternate Telephone</b>	

## HOUSEHOLD INCOME DISCLOSURE AND CERTIFICATION

**Enter the gross monthly amount for each household member who receives income**

<b>TYPE INCOME</b>	<b>APPLICANT</b>	<b>CO-APPLICANT</b>	<b>OTHER HOUSEHOLD MEMBER</b>	<b>OTHER HOUSEHOLD MEMBER</b>	<b>OTHER HOUSEHOLD MEMBER</b>
EMPLOYMENT					
UNEMPLOYMENT					
SOCIAL SECURITY or SSI or DISABILITY					
RETIREMENT/ PENSION/ SURVIVOR or DEATH BENEFITS					
CHILD SUPPORT / ALIMONY					
DIVIDENDS / ANNUITIES / MUTUAL FUNDS / INSURANCE POLICIES					
IRA / 401K / STOCKS / BONDS					
TAXABLE INTEREST					
TANF					
WIC MONTHLY AMOUNT					
FOOD STAMP MONTHLY AMOUNT					
OTHER CASH, MONETARY INCOME OR ASSETS HELD					
<b>TOTAL MONTHLY INCOME</b>					

**WARNING:** Title 18 U.S. Code §1001 states that a person is guilty of a FELONY for knowingly and willingly making a false or fraudulent statement to a Department or Agency of the United States. State law may also provide penalties for false or fraudulent statements.

I certify that the information contained in this application is true and accurate to the best of my knowledge AND THAT Falsification of any documents, application or information provided will led to my termination or participation with in the City of Galveston HOME Program and could result in a Felony Offense. I also certify that I have disclosed ALL income received by persons in my household.

<b>Applicant Signature</b>		<b>Date</b>		STAFF USE ONLY
<b>Co-Applicant Signature</b>		<b>Date</b>		STAFF USE ONLY

## PROGRAM INFORMATION DISCLOSURE AND COMPLIANCE AGREEMENT

Applicant(s) Initials		I hereby certify that I have received the Program Information, and HOME Program Housing Guidelines for the City of Galveston Homebuyer Assistance Program	Staff Initials
Applicant	Co-Applicant		
		I have read and understand the required affordability period and my commitment to occupy (live in) the house as my primary residence for a minimum of five (5) calendar years from the date of purchase.	
		I fully understand that obtaining pre-approval from the City of Galveston Grants & Housing Department does not guarantee I will receive a mortgage from an outside lending agency.	
		I have read and understand the requirement to participate in the HOME Program Annual Monitoring and Compliance Evaluation, which will confirm that I am occupying the home. The annual verification may include written verification and or a physical inspection of the property for not less than five (5) calendar years from the date of purchase.	
		I fully understand and will comply with the requirement to repay the HOME funds in the event that I no longer occupy the home as my primary residency, which includes Rental/Leasing and/or Sale of the home purchased with Federal funding.	
		I fully understand that I am required to sign a Deed of Trust and Promissory Note, which will place a lien against the property, assisted with HOME Program funds.	
		<b>LEAD BASED PAINT HAZARDS DISCLOSURE</b>	
		I do hereby acknowledge that I have received the pamphlet, "Protect Your Family from Lead in Your Home" from the City of Galveston Homebuyer Assistance Program and that I have read and understand the potential hazards of lead-based paint.	

**I understand that I have the right to seek legal counsel regarding clarification of the above statements before affixing my signature below confirming my agreement to the program requirements stated above.**

**I fully understand each of the above statements and my commitment to the City of Galveston Home Investment Partnerships (HOME) Program Homebuyer Assistance Program.**

<b>Applicant Signature</b>	<b>Date</b>	
<b>Co-Applicant Signature</b>	<b>Date</b>	

# **LENDER PACKET**

**(To be completed by the Lender)**

# HAP FUNDS REQUEST (2 Pages)

Applicant Names(s):	
Current Address:	
City, State, Zip:	
Home Phone:	Alternate Phone:

## Real Estate Agent Information

<b>Real Estate Agent Name</b>		<b>Office Telephone</b>	
<b>Real Estate Office Name</b>		<b>Fax Number</b>	
		<b>Cell Phone</b>	

## Mortgage Lender Information

<b>Mortgage Loan Officer Name</b>		<b>Loan Processor Name</b>	
<b>Mortgage Company</b>		<b>Telephone</b>	
		<b>Fax Number</b>	

**# 1 Purchase Price Buy Down \$**  
*Amount needed to buy down price*

**# 2 Interest Rate Buy Down \$**  
*Amount needed to buy down interest rate*

**#3 DOWN PAYMENT \$**  
*Enter Amount needed for Down Payment*

**#4 CLOSING COSTS \$**

**#5 TOTAL HAP FUNDS REQUESTED \$**

The total amount calculated on line #5 cannot exceed the Maximum Allocation for the Applicant(s).

**WRITTEN EXPLANATION OF FUNDS NEEDED:**

If funds are requested in line #1 and #2 above, Lender is to provide a written statement of the need for these funds.

**EXPLANATION Line #1:**

**EXPLANATION Line #2:**

**Lender/Loan Officer Signature**

STAFF USE ONLY



## **FACT SHEET FAIR HOUSING, IT'S YOUR RIGHT!!!!!!**

### **Introduction:**

Every American has a right to fair housing. The right to live where they choose, to raise a family, to own a home in dignity and without fear of discrimination is a fundamental right guaranteed to everyone.

### **1968 Fair Housing Law:**

In Title VIII of the Civil Rights Act of 1968 (the Federal Fair Housing Law), Congress declared a national policy of providing fair housing throughout the United States. This law makes discrimination based on race, color, religion, sex, national origin, familial status, or handicap illegal in connection with the sale or rental of most housing and any vacant land offered for residential construction or use.

### **If You Think Your Rights Have Been Violated:**

HUD is ready to help with any problem of housing discrimination. If you think your rights have been violated, you may write HUD a letter or telephone the HUD Hotline. You have one year after the alleged violation to file a complaint with HUD, but you should file it as soon as possible.

### **Where to Write:**

Send a letter to:      Office of Fair Housing and Equal Opportunity  
                                 U.S. Department of Housing and Urban Development  
                                 801 North Cherry, 27<sup>th</sup> Floor  
                                 Fort Worth, Texas 76102

### **Where to Call:**

Call:                      The HUD Hotline number at 1-888-560-8913, the Regional Enforcement Office for Texas in Fort Worth, Texas or the City of Galveston Grants & Housing Department at (409) 797-3820.

This information is being sponsored by the City of Galveston Grants & Housing Department.

## VERIFICATION OF: Assets on Deposit

<p style="text-align: center;"><b>CITY OF GALVESTON GRANTS &amp; HOUSING DEPARTMENT 2508 BALL STREET GALVESTON, TX 77550 FAX #: (409) 291-4553</b></p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
<b>Retirement Savings (IRA, Keogh, 401(k))</b>	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
<b>Money Market Funds</b>	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
<p><b>RELEASE: I hereby authorize the release of the requested information.</b></p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>_____</p> <p>Company Name</p> <p>_____</p> <p>Signature of Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>				
<p><b>WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.</b></p>					

## Verification of Employment

**CITY OF GALVESTON  
GRANTS & HOUSING DEPARTMENT  
2508 BALL STREET  
GALVESTON, TX 77550  
FAX #: (409) 291-4553**

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Employed since: \_\_\_\_\_ Occupation: \_\_\_\_\_

Salary: \_\_\_\_\_

Effective date of last increase: \_\_\_\_\_

Base pay rate:

\$\_\_\_\_\_/Hour; or \$\_\_\_\_\_/Week; or \$\_\_\_\_\_/Month

Average hours/week at base pay rate: \_\_\_\_\_ Hours

No. weeks \_\_\_\_\_, or No. weeks \_\_\_\_\_ worked/Year

Overtime pay rate: \$\_\_\_\_\_/Hour

Expected average number of hours overtime worked per week during next 12 months \_\_\_\_\_

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: \_\_\_\_\_ \$\_\_\_\_\_ per \_\_\_\_\_

Is pay received for vacation? • Yes • No

If Yes, no. of days per year \_\_\_\_\_

Total base pay earnings for past 12 mos. \$\_\_\_\_\_

Total overtime earnings for past 12 mos. \$\_\_\_\_\_

Probability and expected date of any pay increase:

Does the employee have access to a retirement account? • Yes • No

If Yes, what amount can they get access to:

\$\_\_\_\_\_

**RELEASE: I hereby authorize the release of the requested information.**

\_\_\_\_\_  
(Signature of Applicant)

Date: \_\_\_\_\_

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Representative

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

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