

**ANNISTON/CALHOUN COUNTY HOME CONSORTIUM
AFFORDABLE HOME PROGRAM**

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Application Checklist
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Applicant Name(s): _____

Property Address: _____

Contact Person: _____ Phone: _____

A complete application package must contain all the required information and documentation requested before the application will be considered.

_____ Application Check List **Pages 1 – 2**

_____ Affordable Homes Program Policies for information purposes only **Pages 3 – 8**

_____ Affordable Home Program Application form **Pages 9– 20**

_____ Copy of driver's license

_____ Copy of Social Security Card

_____ Affidavit of U.S. Citizenship **Page 32**

_____ The original signed Certification Affidavit **Pages 23 – 26**

_____ HOME Eligibility Release Form, fully executed **Page 27**

_____ ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Information Release Form signed by all persons over the age of 18 who will live in the home to be purchased. **Page 28**

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- _____ Written verification of employment for all working individuals in the household over the age of 18 who will live in the home to be purchased. **Page 29**
- _____ Copies of last 3 years Income Tax Returns (W2's are not sufficient)
- _____ Last 3 months consecutive paycheck stubs for all working members of the household, divorce decree, letters of entitlement, etc.
- _____ Last three months bank statements (assets) and calculation of value of assets if applicable.
- _____ Verification of Veteran Administration benefits. **Page 30**
- _____ Verification of Social Security benefits. **Page 31**
- _____ Verification of Assets on Deposit. **Page 32**
- _____ Verification of Pensions and Annuities. **Page 33**
- _____ Verification of Retirement Income. **Page 34**
- _____ Statement concerning Child Support Payments. **Page 35**
- _____ Completed worksheet used to calculate Part 5 Annual Income, (Section 8) for buyer household. **Pages 36-37**
- _____ A copy of the Homebuyers Training Certificate

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**Application for AFFORDABLE HOME ASSISTANCE
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Contact Person: _____ **Phone:** _____

Email address of contact person: _____

Date of Application: _____

1. APPLICANT(S) INFORMATION:

Borrower:	Co-Borrower:
Current Address:	Current Address:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
Email address:	Email address:
Social Security #:	Social Security #:

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2. Have you completed a Home Buyer Training Class? _____

Please attach the original Certificate of Completion and retain a copy for your records. **All files without this certificate will be considered incomplete and will not be processed by the ACCHC.**

3. This program is designated for **First Time Homebuyers**, which means that neither you nor the co-applicant has been a homeowner during the past three (3) years.

Have you or the co-applicant (if applicable) been a homeowner during the past three years? _____

The applicant or the co-applicant must not have owned (or have paid on a mortgage) within the past three (3) years. Some families that have owned a home within the past three years may qualify if they meet the established definition of a "single parent". (See page 7 #3)

4. **Address of Home to be purchased:**

(Street address, city & zip code)

5. **Purchase price of this house mutually agreed upon :**

\$ _____

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6. Household Composition

List the head of the household and all other members who will be living in the home. Give the relationship of each family member to the head of household. **Please list the name and ages of all members of your household (related or not), including above applicant(s).**

Members full name	Relationship	Date of birth	Age	Sex	Social Security Number
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Name of Head of Household (please print): _____

Total number of persons in Household: _____

Is this a Female Headed Household?: _____

Are there any handicapped persons in this Household?: _____

If the answer is yes, please list the names of handicapped persons below: _____

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Ethnic Background: Please circle the ethnic background group in the table shown below that most closely resembles your household.

White	Black/African American	Asian
American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander	American Indian/Alaskan Native & White
Asian & White	Black/African American & White	American Indian/Alaskan Native & Black/African American
Other Multi-racial	Asian-Pacific Islander	Hispanic

Is the Ethnicity of this household Hispanic or Latino? Yes ___ No ___

7. Income Information

List all income sources for all household members below. In the column labeled "Annual Amount" please show the **gross amount** for all wages, salaries and tips, other income such as child support, alimony, social security, TANF disability payments and any other sources of income that are described in the Section 8 income inclusions listed on pages 8 and 9 attached to the end of this application. Pages 10, 11 and 12 list income sources that do not have to be included and are listed as Section 8 Income Exclusions on these pages.

Household Members Full Name	Source of Income List all sources	Annual Amount	Payment Basis (weekly, monthly, etc)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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Please place an X within the box above that includes the income range which most closely corresponds to your anticipated total gross household income from all sources for the next 12 months based on the number of persons in your household. (Example: *A three person household with a total income of \$25,000 would be group 3-C.*)

Applicant Signature _____ **Date:** _____

Co-Applicant Signature _____ **Date:** _____

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. The penalty for fraud in this case is a \$10,000 fine, prosecution of a felony and repayment of any down payment assistance received.

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9. ASSET INFORMATION

List the type and source of any family assets. Assets are generally, savings and checking accounts, retirement funds that can be borrowed from or cashed-in, real estate, stocks and bonds. Provide both the current cash value and the estimated annual income from the asset.

Household Members Full Name	Type and source of Asset (e.g. bank accounts, investments, retirement fund)	Cash value of Asset	Annual income from Asset
1.			
2.			
3.			
4.			
5.			
6.			
7.			

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. The penalty for fraud in this case is a \$10,000 fine, prosecution of a felony and repayment of any assistance received.

BORROWER

DATE

CO-BORROWER

DATE

APPLICATION PREPARER'S SIGNATURE

DATE

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM APPROVAL/ REJECTION
DATE

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Attachments

**The items listed below must be included as income in the calculation
of total household income.**

SECTION 8 – INCOME INCLUSIONS

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness cannot be used as deductions in determining net income; however, an allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest, dividends and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness cannot be used as a deduction in determining net income. An allowance for number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from the net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except as provided in number 14 of Income Exclusions).
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in number 3 of Income Exclusions).
6. Welfare Assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:

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- The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; **plus**
 - The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph is the amount resulting from one application of the percentage.
7. Periodic and determinable allowances, such as alimony and child support payments and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
 8. All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).

End of included forms of income

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**The items listed below are not counted as income
in the calculation of total household income.**

SECTION 8 – INCOME EXCLUSIONS

1. Income from employment of children (including foster children) under the age of 18 years.
2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of a live-in aide (as defined in 24 CFR5.403)
6. The full amount of student financial assistance paid directly to the student or the educational institution.
7. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
8.
 - (a) Amounts received under training programs funded by HUD.
 - (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-sufficiency (PASS).
 - (c) Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program.
 - (d) Amounts received under a resident service stipend (as defined in 24 CFR 5.609I(8)(iv).

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- (e) Incremental earning and benefits resulting to any family member from participation in qualifying state or local employment training of a family member as resident management staff. Amount excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program.
9. Temporary, nonrecurring, or sporadic income (including gifts).
 10. Reparation payments paid by a foreign government pursuant to claims under the laws of that government by persons who were persecuted during the Nazi era.
 11. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
 12. Adoption assistance payments in excess of \$480 per adopted child.
 13. For public housing only, the earnings and benefits to any family member resulting from the participation in a program providing employment training and supportive services in accordance with the Family Support Act of 1988, Section 22 of the 1937 Act, (43 U.S.C. 14371), or any comparable federal, state or local law during the exclusion period.
 14. Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
 15. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
 16. Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
 17. Amounts specifically excluded by any other federal statute from consideration as income benefits under a category of assistance programs that includes assistance under any
 - ◆ The value of the allotment made under the Food Stamp Act of 1977.
 - ◆ Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions).
 - ◆ Payments received under the Alaskan Native Claims Settlement Act.
 - ◆ Payments received from the disposal of funds of the Grand River Bank of Ottawa Indians.
 - ◆ Payments from certain sub-marginal U.S. land held in trust for certain Indian tribes.

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- ◆ Payments, rebates or credits received under Federal Low-Income Home Energy Assistance Programs (includes any winter differentials given to the elderly).
- ◆ Payments received under the Main Indian Claims Settlement Act of 1980 (Pub. L.96-420, 9z Stat. 1785).
- ◆ The first \$2000 of per capita shares received from judgments awarded by the Indian Claims Commission or the Court of Claims or from funds the Secretary of Interior holds in trust for an Indian tribe.
- ◆ Amounts of scholarships funded under Title IV of the Higher Education act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs or veterans benefits.
- ◆ Payments received under Title V of the Older Americans Act (Green Thumb, Senior Aides, Older American Community Service Employment Program).
- ◆ Payments received after January 1, 1989 from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.).
- ◆ Earned income tax credit.
- ◆ The value of any child care provided or reimbursed under the Child Care and Development Block Grant Act of 1990.
- ◆ Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for native Americans and migrant and seasonal farm workers, Job Corps, veteran's employment programs, State job training programs and career intern programs).

End of Excluded forms of Income

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Certification

Buyer/Seller Certification of Purchase

Buyers/Sellers Acceptance and Authorization of Intent to Purchase

As witnessed by our signatures below, as the Buyer and Seller of the above identified property, do acknowledge and accept the conditions as set forth in this certification document. We attest to the accuracy of the statements provided. We agree that the sale price offer of \$_____ has been mutually agreed upon by seller and buyer, based on the unforced willingness of the Seller to sell and the unforced willingness of the Buyer to buy the subject property at the price so indicated.

Buyer

Date

Co-Buyer (if applicable)

Date

Seller

Date

**ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM
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Certification

AFFIDAVIT OF CITIZENSHIP

I, _____ do hereby certify and attest that I am a
citizen of the United States of America.

Date _____ Applicant _____

I, _____ do hereby certify and attest that I am a
citizen of the Unites States of American.

Date _____ Applicant _____

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM AFFODABLE HOME PROGRAM

Certification

Certification Affidavit

I hereby submit the information contained in the attached Residential Loan Application forms, tax returns and other furnished documents to be considered for the ANNISTON/CALHOUN COUNTY HOME Consortium's Affordable Home Assistance Program. Under penalty of law, I certify the home being purchased is located at:

Physical Address of Single Family Dwelling Unit

I, the undersigned, have applied for assistance under the ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Affordable Home Assistance Program required for the purchase of a single family home located at the address show above. I further understand and accept the terms and conditions of the loan to be as follows:

- ◆ The house I am purchasing is not a duplex, town house, condominium or manufactured home.
- ◆ The house I am purchasing is located within the designated ACCHC area.
- ◆ I have not owned a home in the last 3 years.
- ◆ The house I am purchasing will be my primary place of residence.
- ◆ The following is a list of all persons who will occupy the home after closing:

	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			
6.			
7.			

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM AFFODABLE HOME PROGRAM

Certification Affidavit

If the property is sold, lease transferred to another party, converted to non-residential use, default of the first mortgage, ceased to be occupied by the homebuyers whose signatures are on this document, or destruction of the property due to fire or unknown reasons occurs, the amount due to the ACCHC will be the full amount extended to the homebuyer. In the event of the death of the original owner(s) the ACCHC has the right to negotiate with any and all legal heirs.

The ACCHC will employ a variety of methods, (receipt of a certified letter at this address, request for a copy of utility bills and/or proof of homeowner insurance) annually on the anniversary of occupancy to continue to document occupancy of those persons whose signatures are shown. Failure of the homeowners to provide the information requested by the ACCHC or to cooperate with the ACCHC in this process could trigger repayment of the balance of the loan.

The loan will be evidenced by a promissory note and secured by a mortgage lien, to be executed at closing and recorded against the home. No application fees will be charged to obtain this loan and repayments are required as long as the original home buyers continue to occupy the home as their principal residence.

It is expressly understood that, as a condition of receipt of the loan, the buyer(s) will occupy the home as their primary residence on a full time permanent basis. Failure to do so will result in repayment to the ACCHC the assistance provided.

Eligibility for a ACCHC loan is based on the gross annual income of all adult family members of the homebuyer, as defined by the ACCHC program requirements. Buyer's eligibility for assistance from the ACCHC is subject to final review and approval of a completed application with the ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Affordable Homes Program application package by the ACCHC for compliance with all requirements of the Program.

The ACCHC will not consider a loan application for processing until or unless all borrowers have completed the Homebuyer Training classes conducted by Consumer Credit Counseling Services..

The borrower will be required to carry hazard and, if applicable, flood insurance for the term of the ACCHC loan, (30 years), sufficient to cover all outstanding liens and naming the ACCHC as a loss-payee in primary coverage pursuant to the terms of the first mortgage. Evidence of insurance must be provided at closing and annually thereafter.

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM AFFODABLE HOME PROGRAM

Certification Affidavit

A **complete** Affordable Home application package, including all required information, documentation and inspection reports must be received by the ACCHC. The ACCHC reserves 15 working days to review complete applications, (incomplete application packages may take considerably longer). The ACCHC will complete its review and notified the applicants of the approval or rejection of the request for assistance. If the application is rejected, a letter will be sent to the applicant(s) with specific reasons for rejection. If any of the required information is not contained in the file, it will be considered incomplete and placed in suspense until the necessary information is provided.

It is essential that the buyer and all other parties to this transaction be aware of all requirements for receipt of Affordable Home Assistance which is recorded as a loan from the ACCHC to the borrower. Your signature will serve as confirmation that you are aware of these requirements. You are encouraged to share this disclosure with your FAMILY.

The undersigned agrees to release whatever information the ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Attorney determines to be publicly available under the Alabama Open Records Act. The undersigned agrees to allow ANNISTON/CALHOUN COUNTY HOME CONSORTIUM and/or its designee, financial institutions, and other appropriate institutions to share information contained in this or their file for the purpose of Affordable Home Assistance eligibility and related business. I understand that any discrepancy or omission later found may disqualify me. If such a discrepancy or omission is discovered after closing, I understand that any financial assistance provided by ANNISTON/CALHOUN COUNTY HOME CONSORTIUM may become due and payable.

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. The penalty for fraud in this case is a \$10,000 fine, prosecution of a felony and repayment of any Affordable Home Assistance received.

Applicant

Date

Co-Applicant (if applicable)

Date

**ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM
AFFODABLE HOME PROGRAM**

Certification Affidavit

NOTARY

**STATE OF ALABAMA
COUNTY OF CALHOUN**

I, _____, a Notary Public in and for said State
and CALHOUN COUNTY, hereby certify that
_____ and

_____ are signed to
the foregoing conveyance and who are known to me, acknowledged before me on this day,
that being informed of the contents of the conveyance, executed the same voluntarily on the
day same bears date.

Given under by hand and seal this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission expires: _____

ANNISTON/CALHOUN COUNTY HOME CONSORTIUM AFFODABLE HOME PROGRAM

Eligibility Release Form

Purpose: Your signature on the HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organizations to obtain information from a third party relative to your eligibility and continue participation in the AFFORDABLE HOME ASSISTANCE Program.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used establish level of benefit on the HOME Program; to protect the accuracy of the information furnished. It may be released to appropriate Federal, State and local agencies when relevant, to civil, criminal or regulatory investigations and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release form prior to the receipt of benefit to establish eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

X _____
Head of Household-Signature, Printed name and date
Family Member HEAD

X _____
Other Adult Member of the Household-Signature, Printed name
and date: Family Member #1

X _____
Other Adult Member of the Household-Signature, Printed name
and date: Family Member #2

X _____
Other Adult Member of the Household-Signature, Printed name
and date: Family Member #3

Participating Financial Institution:

Information Covered: Inquiries may be made about items initiated by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list _____)		
Dependent Deduction <input type="checkbox"/> Full-time Student <input type="checkbox"/> Handicap/Disabled <input type="checkbox"/> Family Member <input type="checkbox"/> Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members (18 years and older) will sign this form and cooperate with the owner in this process.

X _____
Other Adult Member of the Household-Signature, Printed name
and date: Family Member #4

X _____
Other Adult Member of the Household-Signature, Printed name
and date: Family Member #5

X _____
Other Adult Member of the Household-Signature, Printed name
and date: Family Member #6

**ANNISTON/CALHOUN COUNTY HOME CONSORTIUM
AFFORDABLE HOMES PROGRAM**

Information Release Form

I/We, the undersigned, do hereby give _____
Financial institution, the authority to release any documents to ANNISTON/CALHOUN
COUNTY HOME CONSORTIUM or their representatives thereof which are necessary and
appropriate to assist the ACCHC in the processing and underwriting of my/our mortgage.
This request for documents is expressly for the purpose of participating in the
**ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Home Affordable Homes
Program** and includes those documents that are available under the Alabama Open Records
Act.

Date: _____ Applicant: _____

Date: _____ Applicant: _____

Verification of Employment

<p align="center">ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Affordable Homes Program</p>	<p>Name of Employer: _____ Employed since: _____ Occupation: _____ _____ Salary: _____</p>
<p>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.</p>	<p>Effective date of last increase: _____ Base pay rate: \$_____ Hour; or \$_____ Week; or \$_____ Month Average hours/wk at base pay rate: _____ Hours No. weeks _____, or No. wks _____ worked/yr Overtime pay rate: \$_____ Hour Expected average number of hours overtime worked per week during next 12 months: _____</p>
<p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Any other compensation not included above (specify for commissions, bonuses, tips, etc): For: _____ \$_____ per _____</p>
<p>_____</p>	<p>Is pay received for vacation? Yes No</p>
<p>_____</p>	<p>If yes, number of days per year _____</p>
<p>_____</p>	<p>Total base pay earnings for past 12 months \$_____</p>
<p>_____</p>	<p>Total overtime earnings for past 12 months \$_____</p>
<p>_____</p>	<p>Probability and expected date of any pay increase: _____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p>	<p>Does the employee have access to a retirement account? Yes No</p>
<p>_____</p>	<p>If yes, what amount can they get access to: \$_____</p>
<p>_____</p>	<p>Verified by: _____ Authorized Representative of Employer</p>
<p>_____</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>Title: _____ Date: _____</p>
<p>_____</p>	<p>Telephone number: _____</p>

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.

Verification of Veterans Administration Benefits

**ANNISTON/CALHOUN COUNTY HOME
CONSORTIUM**
Affordable Homes Program

AUTHORIZATION: Federal Regulations require us to verify Veterans Administration Benefits Income 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.

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

Name of Veteran: _____

Address: _____

Claim No: _____

Service Dates: _____ to _____

Benefits Paid to: _____

1. Current Benefit Amount \$ _____

2. Original Start Date \$ _____

3. This amount will increase/
decrease to (circle one) \$ _____
Date change takes effect _____

4. Benefits are for:
 GI Bill Training
 Insurance
 Service Connected Compensation
 Disability (%) _____
 Non-service Pension Death
 Service Connected Compensation
 Death
 Other: _____

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.

Verified by: _____
Authorized Representative

Title: _____

Date: _____

Telephone Number: _____

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.

Verification of Social Security Benefits

<p style="text-align: center;">ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Affordable Homes Program</p> <p>AUTHORIZATION: Federal Regulations require us to verify Social Security Benefits Income 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>	<p>Social Security Data</p> <p>_____ Date of Birth</p> <p>\$ _____ Gross monthly Social Security Benefit amount</p> <p>_____ Type of Benefit</p> <p>\$ _____ Gross monthly Supplemental Security income payment Amount (including State Supplement).</p> <p>_____ Type of Benefit</p>
<p>RELEASE: I hereby authorize the release of the requested information.</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>Verified by: _____ Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone Number: _____</p>

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM Home Buyer Package
Verification of Social Security Benefits

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.

Verification of Assets on Deposit

<p align="center">ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Affordable Homes Program</p> <p>AUTHORIZATION: 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>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="font-size: small;">Checking Account No</th> <th style="font-size: small;">Average Monthly Balance for last 6 Months</th> <th style="font-size: small;">Current Interest Rate</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Checking Account No	Average Monthly Balance for last 6 Months	Current Interest Rate	_____	_____	_____	_____	_____	_____				
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<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p align="center">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</p>	<p>Name of Institution: _____</p> <p>Verified by: _____</p> <p align="center">Authorized Representative</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone Number: _____</p>
---	---

attached.

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Verification of Pensions and Annuities

**ANNISTON/CALHOUN COUNTY HOME
CONSORTIUM
Affordable Homes Program**

AUTHORIZATION: Federal Regulations require us to verify Pensions and Annuities Income 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.

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

Current monthly gross amount of
Pension or annuity \$ _____

Deductions from gross for
Medical insurance premiums \$ _____

Date of initial aware _____

Effective date of current amount _____

Contributions to company
Retirement/pension fund \$ _____

Amount received in a lump sum \$ _____

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.

Name of Institution: _____

Verified by: _____
Authorized Representative

Title: _____

Date: _____

Telephone Number: _____

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Verification of Retirement Accounts

ANNISTON/CALHOUN COUNTY HOME CONSORTIUM Affordable Homes Program

1. Do you have a retirement account? Yes No
 IRA, 401(k), Keogh, etc.

2. List all your retirement accounts and the amounts
 Please identify each fund by type listed above.

TYPE	Name	Amount
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

3. Does/Did your employer contribute to your retirement account? Yes No

4. How much have the employer(s) contributed to your retirement account?

TYPE	Name	Amount
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

5. How many years did you work for each employer while participating in the retirement plan?

TYPE	Name	Years
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

6. To your knowledge are you vested in your, (any) retirement plan(s)? Yes No

7. Which of the accounts are you vested in?

TYPE	Name	Years
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
4. _____	4. _____	4. _____

Printed name of applicant(s): _____

Date: _____

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM Home Buyer Package
Verification of Retirement Accounts

Signature of applicant(s): _____

Verification of Child Support Payments

STATEMENT CONCERNING CHILD SUPPORT PAYMENTS

I, the undersigned, do have minor children under the age of 18 in my custodial care. My divorce decree, or other financial arrangement with the non-custodial parent of the child(ren) states that said non-custodial parent shall pay the sum of \$_____ per month in support of these minor children whose names and ages are as follows:

Name of Minor Child

Date of Birth of Child

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

The request for this information is hereby made in order to obtain full disclosure about the applicant's annual income. 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. The penalty for fraud in this case is a \$10,000 fine, prosecution of a felony and repayment of any down payment assistance received.

Date: _____ Applicant: _____

I, the undersigned, do **NOT** have minor children under the age of 18 in my custodial care. For this reason child support payments are not a factor in my annual income calculation.

Date: _____ Applicant: _____

**ANNISTON/CALHOUN COUNTY HOME CONSORTIUM
Affordable Homes Program**

Format for Calculating Part 5 Annual Income

1. Name:	2. Identification:
----------	--------------------

ASSETS

Family Member	Asset Description	Current Cash Value of Assets	Actual Income From Assets

3. Net Cash Value of Assets.....	\$	
----------------------------------	----	--

4. Total Actual Income from Assets	\$	
--	----	--

5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise, leave blank	\$	
---	----	--

ANTICIPATED ANNUAL INCOME

Family Members	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Other Income and Source	Asset Income

ANNISTON/CALHOUNCOUNTY HOME CONSORTIUM AFFORDABLE HOMES PROGRAM

					Enter the greater of lines 4 or 5 from above
6. Totals	\$	\$	\$	\$	\$
7. Enter total of items from line 6 above This is Annual Income.					\$