CHIP Homebuyer Underwriting Application



GEORGIA DEPARTMENT *of* COMMUNITY AFFAIRS

INSTRUCTIONS

Please complete each section of all forms and return the packet with the supporting documentation to the Georgia Department of Community Affairs CHIP Underwriter.

Supporting Documents include:

- Copies of SS cards and ID/ Birth certificates of any minor children of the household
- All income documentation (earned (paystubs for two 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 six months)
- An executed purchase and sale agreement for the property.
- A copy of the Housing Counseling Certificate as required by HUD
- A copy of the pre-approval letter from the buyers' mortgage provider
- A copy of the Closing Disclosure or Fee Sheet from the mortgage provider

IMPORTANT

The Buyer must utilize at least a $1000 CHIP subsidy. Failure to do so may result in the grantee fully repaying the grant to the DCA.

The grantee must submit all properties for underwriting. Failure to do so may result in the full repayment of the grant to the DCA by the grantee.

Once the packet is complete, please return it to DCA CHIP Underwriting. Failure to fully complete the packet and attach all required supporting documentation can result in a delay in underwriting, which could delay the closing of the property. Properties may not close prior to the completion of the underwriting process.

CONTACT INFORMATION	
Applicant Name:	
Co-Applicant Name:	
Street Address:	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: ( ) Mobile Phone: ( )

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	**CITIZENSHIP US Citizen** **Y/N**	**RECEIVING INCOME** **Y/N**
	HEAD OF HOUSEHOLD					

CURRENT EMPLOYMENT CONTACT INFORMATION			
Head of Household Name			
Name of Employer Address			
Date Hired:	Salary or hourly rate:	Pay frequency: Weekly	☐
		Bi-monthly	☐

CURRENT EMPLOYMENT CONTACT INFORMATION			
Household Name			
Name of Employer Address			
Date Hired:	Salary or hourly rate:	Pay frequency: Weekly	☐
		Bi-monthly	☐

Head of Household Name			
Name of Employer Address			
Date Hired:	Salary or hourly rate:	Pay frequency: Weekly	☐
		Bi-monthly	☐

HOUSEHOLD ASSETS			
Identify All Asset Sources	Cash Value	Asset Income	Name of Financial Institution
Checking Account			
Additional Checking Acct.			
Savings Account			
Additional Savings Acct.			
Stocks, Bonds, Mutual Funds			
Real Estate or Home			
IRA			
Retirement/Pension Fund(s)			
Whole Life Insurance			

*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.

The applicant acknowledges that the information provided will be used to verify your eligibility with the federally funded CHIP program.

Applicant Name	Signature	Date
Applicant Name	Signature	Date

Please attach the following documentation. The information provided may be verified:

- ✓ All income documentation (earned (paystubs for 2 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)
- ✓ 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

1. Name of Applicant(s):		2. Total Number of Persons in Household:	
ASSETS			
Family Member	**Asset Description**	**Current Cash Value of Assets**	**Actual Income from Assets**
3. Net Cash Value of Assets…….		3.	
4. Total Actual Income from Assets…….			4.
5. If line 3 is greater than $5,000, multiply line by ____(Passbook Rate) and enter results here; otherwise, leave blank			5.

ANTICIPATED ANNUAL INCOME					
Family Members	**a. Wages/ Salaries**	**b. Benefits/ Pensions**	**c. Public Assistance**	**d. Other Income**	**e. Asset Income**
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income……					7.
8. Applicable income limit for county as adjusted for household size:					8.

_____ _____
Applicant Signature of Homeowner or Home Buyer Date

_____ _____
Co-Applicant Signature of Homeowner or Home Buyer Date

GEORGIA DEPARTMENT of COMMUNITY AFFAIRS

Monthly Expense Report

Instructions – Please enter the total debt amount in the DEBT TOTAL column. For credit cards, please enter the debt for all credit cards.

Please enter the monthly payment for each debt in the MONTHLY PAYMENT column. For credit cards, please enter the debt for all credit cards.

1. Name of Applicant(s):		
EXPENSE TYPE	**DEBT TOTAL**	**MONTHLY PAYMENT**
Credit Cards		
Vehicle Payment		
Personal Loan(s)		
Student Loan(s)		
Other (Please describe)		
TOTALS		

DECLARATION OF CITIZENSHIP STATUS FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

( ) I am a citizen by birth, a naturalized citizen, or a national of the United States; or

( ) I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or

( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

[ ] Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

[ ] Permanent residence under 249 of INA 4/; or

[ ] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

[ ] Parole status under 212(d) (5) of the INA /6; or

[ ] Threat to life or freedom under 243(h) of the INA /7; or

[ ] Amnesty under 245A of the INA 8/.

_____ _____
Signature Date

_____ _____
Printed Name Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

DECLARATION OF CITIZENSHIP STATUS FOR HOUSEHOLD MEMBER UNDER 18 YEARS OF AGE

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household. A PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, _____, a minor child, is lawfully within the United States because (please check appropriate box):

( ) He/She is a citizen by birth, a naturalized citizen, or a national of the United States; or

( ) He/She has eligible immigration status and I am 62 years of age or older. (attach proof of age); or

( ) He/She has eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

[ ] Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

[ ] Permanent residence under 249 of INA 4/; or

[ ] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

[ ] Parole status under 212(d) (5) of the INA /6; or

[ ] Threat to life or freedom under 243(h) of the INA /7; or

[ ] Amnesty under 245A of the INA 8/.

_____ _____
Signature Date

_____ _____
Printed Name Date

Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

CERTIFICATION AS TO CONFLICT OF INTEREST

Name of Applicant/Co-Applicant:_____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

_____
(Name of State Recipient or Sub-recipient)

or of the _____
(Name of administrator, if applicable)

whom are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Co-Applicant (if applicable) Date

_____ _____
Signature of Certifying Officer of State Recipient/Sub-recipient Date

_____ _____
Signature of Administrator (if applicable) Date

CERTIFICATION TO USE UNIT AS PRINCIPAL RESIDENCE

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' Community Home Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CHIP funding as my (or our) principal residence throughout the required affordability period.

_____ _____

Applicant Signature Date

_____

Applicant Printed Name

_____ _____

Co-Applicant Signature Date

_____

Co-Applicant Printed Name

GEORGIA DEPARTMENT
of COMMUNITY AFFAIRS

ADDITIONAL ASSISTANCE WORKSHEET

TO BE COMPLETED BY GRANTEE

Applicant(s) name:

_____

Property Address: _____

Property Purchase price: _____

Any additional assistance provided to buyer(s) and by whom:

PROVIDER	AMOUNT

Anticipated closing date: _____

Closing Attorney: _____

Address: _____

Phone Number: _____

Email address: _____