



APPLICATION FOR NEIGHBORHOOD STABILIZATION PROGRAM

Do not write in this space.	Application Number:
Date received by NSP Office:	Case Processor Initials:

I UNDERSTAND THAT:

The Neighborhood Stabilization Program (NSP) is available to households to assist with the purchase of a house that will serve as their residence. NSP funds have been allocated to assist with rehabilitation costs, homebuyer's education and down payment assistance.

ALL APPLICATIONS WILL BE REVIEWED IN ACCORDANCE WITH THE COUNTY'S PROGRAM POLICIES AND GUIDELINES. APPLICANTS WILL BE NOTIFIED OF THEIR ELIGIBILITY FOR ASSISTANCE IN WRITING AFTER SUBMISSION OF ALL REQUIRED INFORMATION.

The program is offered based on household income, as well as other guidelines. The table below presents the maximum household income for the Home Buyer Assistance program and a series of initial qualifications.

	<u>Check One</u>
1. Does your, the applicant's total household income fall below the applicable Maximum Income limit listed below? _____ Yes _____ No	
<u>Maximum Income Limit:</u>	
<i>Size of Household:</i> 1 Person 2 Person 3 Person 4 Person 5 Person 6 Person 7 Person 8 Person	
<i>Maximum Income:</i> \$58,080 \$66,480 \$74,760 \$83,040 \$89,640 \$96,360 \$102,960 \$109,560	
2. Are you, the applicant, preapproved or prequalified by a lending institution? ____ Yes ____ No	
3. Do you understand the following: _____ Yes _____ No	
* The home will be located within Clermont County.	
* The home will be a foreclosed, vacant home within the target areas that will be rehabilitated.	
* The home must be owner-occupied and must serve as the applicant's primary residence.	
* The purchase price will be set by an appraisal paid for by the NSP.	

NOTE: If the application is denied, the applicant shall be notified in writing as to the reason and provided with a signed copy of this form.

Fair Housing Information _____

Lead Information _____

Return to: Clermont County NSP, Permit Central, 2275 Bauer Road, Batavia, Ohio 45103

Applicant Information

Name: _____

Address: _____

Phone(s): Home: _____ Work: _____ SS #: _____ Date of Birth: _____

Co-applicant/Spouse Information (if applicable)

Name: _____

Address: _____

Phone(s): Home: _____ Work: _____ SS#: _____ Date of Birth: _____

1. Total Number of members in household: _____

2. List each person who would live with you in your household, starting with yourself:

Last Name	First Name	Age	Sex	Social Security Number

3. Are you a U.S. Citizen? _____ Yes _____ No

Is your Co-Applicant/Spouse a U.S. Citizen? _____ Yes _____ No

4. Are you willing to live in the target areas? _____ Yes _____ No

5. Applicant's Martial Status (circle one): Single Married Separated Unmarried Divorced

6. Do you or your Co-Applicant/Spouse presently own a home? _____ Yes _____ No

7. Do you or your Co-Applicant/Spouse presently own other land? _____ Yes _____ No

Please explain: _____

8. Have you or your Co-Applicant/Spouse owned a home in the last three years?

Yes _____ No _____

If yes, explain the circumstances under which you no longer own a home....

9. Are you a single parent ____ Yes ____ No, or displaced homemaker? _____ Yes ____ No

10. Do you plan to occupy the home purchased with NSP as your principal residence?

_____ Yes _____ No

11. Race (head of household): circle one: White Black Hispanic American Indian

Asian/Pacific Islander Other: _____

This question is asked to comply with equal opportunity requirements and to ensure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.

12. List All Household Members over the age of 18 and their income for the last three months verified by pay stubs or other official documentation:

1. Household Member's Name: _____
Employer's Name & Address: _____
Telephone Number: _____
Date Started: _____ Annual Gross Income: _____

2. Household Member's Name: _____
Employer's Name & Address: _____
Telephone Number: _____
Date Started: _____ Annual Gross Income: _____

3. Household Member's Name: _____
Employer's Name & Address: _____
Telephone Number: _____
Date Started: _____ Annual Gross Income: _____

4. Household Member's Name: _____
Employer's Name & Address: _____
Telephone Number: _____
Date Started: _____ Annual Gross Income: _____

5. Household Member's Name: _____
Employer's Name & Address: _____
Telephone Number: _____
Date Started: _____ Annual Gross Income: _____

Income of ALL Household Members:

Time Period: From _____ through _____
(Last 3 months) Date: _____ Date: _____

BRING IN CURRENT INCOME VERIFICATION

(Past three months of pay stubs of all working household members 18 yrs of age and older, income verification from child support, Social Security, Retirement income, etc.)

If in school, where attending:

Do not write in this table. Calculation of anticipated household income will be calculated by the Case Processor.

Name	Wages/ Salaries	Benefits/ Pensions	Public Assistance	Interest/ Stocks, etc.	Other Income
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
Totals	\$	\$	\$	\$	\$

Anticipated Annual Income for Eligibility Determination: \$ _____
 Percent of HUD income guidelines: _____ %

13. Please provide the following information for your current housing situation:

AVERAGE MONTHLY HOUSING EXPENSE Bring in copies of bills, receipts, etc. as all housing expenses must be verified by paid bills or canceled checks and copies made for the financial record.

(Average Monthly Expense)

Housing _____
 Insurance _____
 Utilities _____
 Heat: _____
 Electric: _____
 Water/Sewer _____
 Garbage: _____
 Automobile: _____
 Credit Card Payments: _____
 Cable/Satellite: _____
 Others: _____ (food, clothing, medicine, etc)

TOTAL/AVERAGE MONTHLY EXPENSE \$ _____
 (To figure average monthly expense for above items which are not payable monthly, calculate annual expense and divide by 12)

Credit History: _____

AFFORDABILITY PERIOD:

NSP regulations require that any home purchase assisted with NSP funds must be subject to an affordability period. The affordability period is determined by the amount of money necessary for the down payment. The affordability period begins when the NSP funds are expended (at closing). Sale of the home prior to the end of the affordability period will cause a prorated recapture of the assistance.

COMPLIANCE WITH NSP PROJECT REQUIREMENTS:

My signature on this application acknowledges my intent to comply with all NSP project requirements and Clermont County NSP program policies and guidelines as described in this application and the Terms and Conditions Statement.

FINANCIAL PRIVACY NOTICE:

This is notice to you as required by the Right to Financial Privacy Act of 1978 that the US Department of Housing and Urban Development has a right of access to financial records held by Clermont County in connection with the consideration or administration of Assistance for which you have applied. Financial records involving your transactions will be available to the Ohio Department of Development’s Office of Housing and Community Partnerships (OHCP) without further notice or authorization but will not be disclosed or released to another Government agency or Department without your consent except as required or permitted by law.

I certify that I am _____/ am not _____ (check one) an employee of Clermont County or a family member of an employee of Clermont County or an employee of an elected official of Clermont County. (Family member is grandparent, parent, spouse, children – whether dependent or not, grandchildren, brother, sister, or any person related by blood or marriage and residing in the same household)

CERTIFICATION BY APPLICANT (To be signed at the NSP Office):

PLEASE READ THE FOLLOWING STATEMENT. IF YOU DO NOT UNDERSTAND ANY PART OF THIS OR HAVE ANY QUESTION ABOUT WHAT YOU ARE ASKED TO SIGN, PLEASE ASK SOMEONE AT THE CLERMONT COUNTY CHIP OFFICE TO HELP YOU.

BOTH APPLICANT AND CO-APPLICANT MUST SIGN IN INK BELOW.

I certify that all the information in this application is true and complete to the best of my knowledge. I understand this information is subject to verification.

The Applicant(s) further certify that he/she is the purchaser of the property and that any and all funds provided to the Applicant(s) will be used only for the purchase of the identified property.

I authorize the County, its representatives, designees of the Office of Housing and Community Partnerships (OHCP) and designees of the U.S. Department of Housing and Urban Development (HUD) to inspect and evaluate actual services provided to me. I understand that any and all information provided in this application may be used for that purpose.

I understand that the personal financial information contained in this application is necessary for evaluation of my application for Home Buyer assistance. This information, however, will remain confidential and will not be disclosed to any third parties. I further understand that my name, address and total amount of Home Buyer assistance will be subject to public disclosure since public funds are being utilized to purchase the property.

I understand that if selected I will have to take homebuyer’s assistance training prior to and after moving into the home.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 181, Sec 1001 provides: “Whoever, in any matter within the jurisdiction of any department or agency of

the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

I understand that this is not an offer and that the terms and conditions of the programs may be changed at any time by HUD or by the Clermont County Board of Commissioners. I further understand that notices by the Clermont County NSP Office and the Clermont County Board of Commissioners may be made in such manner as may be determined, including solely by advertisements.

I understand that the submittal of this application does not guarantee that I will receive assistance through the Clermont County NSP Rehab and Down Payment Assistance Program.

WITNESS

HOMEOWNER-OCCUPANT

Signature

Date

Signature

Date

Signature

Date

NOTE: APPLICANTS MUST SUBMIT THE FOLLOWING VERIFICATION DOCUMENTS ALONG WITH SUBMITTAL OF THIS APPLICATION. If you fail to submit any of these items listed below it will result in your application being put on HOLD until all needed information is received at the NSP office.

CURRENT HOUSING EXPENSES REQUIRED FOR RATING

1. Housing payments, loan notes or canceled checks indicating payment of it.
2. Home (Renter) insurance policy and receipts of payment or canceled checks.
3. Utility bill receipts or canceled checks.

