



**Southeastern Indiana
Community Preservation &
Development Corporation**

SICPDC HOMEBUYER PROGRAM APPLICATION

| | | | | |
|---|--------|--|-------|------------------------------|
| Address of Interest: | | | | |
| APPLICANT | | | | |
| Name (First, Middle, Last): | | | | |
| Address: | Street | City | State | Zip |
| Phone Number: | | Email Address: | | |
| Social Security Number: | | United States Citizen: Yes No | | Date of Birth: |
| Driver's License # / State Issued: | | Employer: | | |
| Gender at Birth: Male Female | | Current Student in Higher Education? Yes No | | |
| First-time homebuyer? Yes No | | Elderly (62+)? Yes No | | Public Servant? Yes No |
| Single Parent? Yes No | | Disabled? Yes No | | (Police/Fire/EMT/EMS) |
| Survivor of Domestic Violence? Yes No | | Veteran? Yes No | | |
| Ethnicity code: Please enter a code _____ | | | | |
| 11 = White | | 16 = American Indian/Alaska Native & White | | |
| 12 = Black/African American | | 17 = Black/African American & White | | |
| 13 = Asian | | 18 = Asian & White | | |
| 14 = American Indian/Alaskan Native | | 19 = American Indian/Alaskan Native & Black/African American | | |
| 15 = Native Hawaiian/Other Pacific Islander | | 20 = Other Multi Racial | | |
| CO-APPLICANT | | | | |
| Name (First, Middle, Last): | | | | |
| Address: | Street | City | State | Zip |
| Phone Number: | | Email Address: | | |
| Social Security Number: | | United States Citizen: Yes No | | Date of Birth: |
| Driver's License # / State Issued: | | Employer: | | |
| Gender at Birth: Male Female | | Current Student in Higher Education? Yes No | | |
| First-time homebuyer? Yes No | | Elderly (62+)? Yes No | | Public Servant? Yes No |
| Single Parent? Yes No | | Disabled? Yes No | | (Police/Fire/EMT/EMS) |
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| 15 = Native Hawaiian/Other Pacific Islander | | 20 = Other Multi Racial | | |

| DEPENDENTS | | | | | |
|------------------------------------|--------------------------------|-----------------|-----------------|---|--|
| Name First, Middle, Last | Birthdate XX-XX-XXXX | Employed | Disabled | Currently Enrolled in Higher Education | Ethnicity Write code from chart below |
| | | Yes No | Yes No | Yes No | |
| | | Yes No | Yes No | Yes No | |
| | | Yes No | Yes No | Yes No | |
| | | Yes No | Yes No | Yes No | |
| | | Yes No | Yes No | Yes No | |
| | | Yes No | Yes No | Yes No | |

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- | | |
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I CERTIFY THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. BY SIGNING AND SUBMITTING THIS APPLICATION, I AM AUTHORIZING THE CITY/TOWN/COUNTY AND/OR SICPDC TO CHECK MY CREDIT HISTORY, CITIZENSHIP STATUS, CRIMINAL HISTORY, INCOME STATUS, PRESENT AND PAST EMPLOYMENT AND ANY FACT INCLUDED IN THE APPLICATION DOCUMENTS. I UNDERSTAND THAT PROVIDING FALSE OR INCOMPLETE INFORMATION OF FAILING TO PROVIDE REQUIRED INFORMATION CAN RESULT IN THE DENIAL OF MY APPLICATION. IN ADDITION, FALSE OR INCOMPLETE INFORMATION COULD RESULT IN THE WITHDRAWL OF YOUR OFFER SHOULD TRUE INFORMATION BECOME APPARENT BEFORE PROPERTY CLOSING. I ALSO UNDERSTAND:

- 1) IF ANY ASSISTANCE IS PROVIDED IN THE FORM OF A SUBSIDY AT CLOSING, A LIEN WILL BE PLACED ON THE HOME FOR A 5-15 YEAR PRORATED PERIOD OF TIME.
- 2) DURING THE 5-15 YEAR PRORATED PERIOD OF TIME, I WILL PROVIDE PROOF OF PRIMARY RESIDENCE WITH A COPY OF EITHER HOMEOWNERS INSURANCE OR UTILITY BILL AS WELL AS SIGNING A FORM.
- 3) THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE SELECTION FOR PARTICIPATION IN THE PROGRAM, ACCESS TO HOMEOWNERSHIP COUNSELING, HOME SUBSIDY (DOWN PAYMENT ASSISTANCE) OR HOME PURCHASE.
- 4) APPLICATIONS ARE COMPETITIVE AND WILL BE REVIEWED AND SCORED BASED ON PROGRAM PRIORITIES. COMPLETE APPLICATIONS INCLUDE: 1) THIS COMPLETED APPLICATION 2) INCOME VERIFICATION DOCUMENTATION 3) VERIFICATION OF ASSETS FORM.

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____

Please submit all documents to your realtor. For questions, please contact SICPDC at 812-750-8036





**Southeastern Indiana
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Homebuyer Program Application Frequently Asked Questions

Income Limits

The program requires specific HUD income limits for the person(s) buying the home. The income limits are set per county. The following are the limits for this home.

| FY 2024 Income Limit Area | FY 2024 Income Limit Category | Number of Persons in Household | | | | | | | |
|---|--|--------------------------------|----------|----------|----------|----------|----------|-----------|-----------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Cincinnati, OH-KY-IN HUD Metro FMR Area* | Low (80%) Income Limits (\$) | \$58,700 | \$67,100 | \$75,500 | \$83,850 | \$90,600 | \$97,300 | \$104,000 | \$110,700 |

*Dearborn County is part of the Cincinnati, OH-KY-IN Hud Metro FMR area.

PRORATED LIEN & RESTRICTIVE COVENANTS CHART-AFFORDABILITY PERIOD

A lien and restrictive covenant and homebuyer agreement documents are required with the purchase of the home. Please see the attached lien and restrictive covenant and homebuyer agreement documents that will be in affect through the affordability period.

| Funds Per Residential Unit | Term of Lien and Restrictive Covenant |
|----------------------------|---------------------------------------|
| Under \$15,000.00 | 5 years |
| \$15,000.00 to \$40,000 | 10 years |
| Over \$40,000 | 15 years |

Homeownership Counseling

Homebuyers are required to attend Homeownership counseling through a Department of Housing and Urban Development (HUD) approved counseling program. To receive the certified counseling and the required certificate, the homebuyer will need to attend training through the Indianapolis Neighborhood Housing Partnership (INHP). The course is offered for free in a classroom setting. An alternate, user-friendly online format is available for a fee of \$75.00 and may be taken at any time. Information for the Homebuyer Education (HBE) can be found at:

<https://www.inhp.org/classes-and-advising/classes>



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Proof of Status

Home buyers must be able to provide proof of status claimed on the application. Veterans are defined as a person who served in the active military, naval, or air service. Elderly should be able to provide a birth certificate showing they are 62 years or older. Disabled persons must be able to provide social security administration benefits or similar documentation. Students in higher education must have their educational institution fill out the attached Student Status Verification form. Documentation will need to be provided for all sources of income.

Resale Provisions

The resale provisions are triggered if any of the following occur during the Affordability Period:

1. The homebuyer transfers or conveys the property by deed, land contract, or otherwise.
2. Foreclosure proceedings are commenced against the property.
3. The property is transferred by an instrument in lieu of foreclosure.
4. The title of the property is transferred from the homebuyer through any other involuntary means.

The resale provision requires that the property:

1. Be marketed to families at or below 80% AMI (income limits),
2. Be resold to another individual or family whose income is at or below 80% of the Area Median Income,
3. Be occupied by that individual or family as its primary residence for the remainder of the affordability period;
4. Be resold at the price that does not exceed 29% of the reasonable range of low-income buyer's income towards the principal, interest, taxes, and insurance for the property on a monthly basis ("Affordable Price"); and
5. Be affordable for a reasonable range of low-income families between 50% and 80% of the median area income for the geographic area published annually by HUD.

Application Scoring

In the event that multiple offers for the home are submitted, the SICPDC scoring committee will utilize the attached scoring matrix to determine the chosen home buyer for the program.



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Thank you for your interest in the Homebuyer program. We have provided the Lien and Restrictive Covenants, Homebuyer Recapture agreement, HOME Homebuyer Principal Residence Certification and Photo Release Form for your review. All of these documents will be signed at the closing with the homebuyer. All documents listed below must be submitted for your application to be considered.

- 1) **Be sure to fill in all the information on the Homebuyer application.**
 - We need and use all this information.
- 2) **“Verification of Assets on Deposit”**
 - Fill in your account numbers only in the **RED** sections, and sign and date form.
 - Take the form to your bank and have them fill out the **BLUE** sections. The bank will fill in the dollar amounts and the interest rates and sign the form.
- 3) **“Employment Verification”**
 - All adult household members (18+), please ask your employer(s) to fill out this form. If you have special employment circumstances, please call SICPDC at 812-750-8036. Additional forms may be more appropriate for your specific situation.
 - If your employer does not provide this information, please provide 3 months of paystubs in place of verification form.
- 4) **“Income Certification Questionnaire”**
 - All adult household members (18+) should complete this form.
 - Please fill in your name and telephone number at the top of page.
 - Answer all Yes and No questions. If you answer “yes” please provide information related to that question.
 - Please sign and date the form with a witness present. A witness can be any adult present. Please have the witness sign and date the form.
- 5) **“Student Status Verification”**
 - Any household member attending higher education should fill out this form.
 - Write your name and date at the top and ask your educational institution to fill out the remaining section of the form.
- 6) **Copies of all ADDITIONAL forms of income** for the past 30 days. Example: public assistance benefit, retirement, disability, and child support
- 7) **Statement of Current Social Security Benefit.** This must be a form from the social security office. A copy of a check or bank statement cannot be used.
 - If you do not have this statement, you can request a copy by calling the Indianapolis Social Security office at 1-800-772-1213.

If you have any questions regarding these forms please contact the SICPDC office at 812-750-8036



EMPLOYMENT VERIFICATION

*Note: upfront income verification or paystubs are to be obtained when possible. Only use third-party employment verification when those sources are not available.

| |
|------------------------------------|
| TO BE COMPLETED BY EMPLOYER |
|------------------------------------|

IF NOT APPLICABLE, PLEASE WRITE N/A. DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ No _____
Date first employed _____
If not presently employed, last day of employment _____

Current Wages/Salary: \$ _____ hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ hourly weekly bi-weekly semi-monthly monthly yearly other _____

How is employee paid? Direct Deposit Cash Pay Card Check Other _____

Will there be a change in the employee's rate of pay within the next 12 months? Yes _____ No _____ Effective date: _____
If yes, what is the new rate of pay: _____

Is employment seasonal or sporadic? Yes _____ No _____
If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____
Is employee eligible for unemployment compensation? Yes ___ No ___ If yes, how long? _____ How much? _____

Additional remarks: _____

| | | |
|-------------------------------------|-------------------------|--------|
| Employer's Signature | Employer's Printed Name | Date |
| Employer [Company] Name and Address | | |
| Phone # | Fax # | E-mail |

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap, or familial status.



INCOME CERTIFICATION QUESTIONNAIRE for HOME/CDBG/CDBG-D Programs
 (*NOTE: A separate questionnaire must be completed by each adult member of the household)

| | |
|--|--|
| NAME: _____ | TELEPHONE NUMBER: () _____ |
| <input type="checkbox"/> Initial Certification | Award # _____ |
| <input type="checkbox"/> Re-certification | Unit # _____ |
| <input type="checkbox"/> Other | |
| Total # Household Members _____ | # Adults (18 and older) _____ # Children _____ |

RENTAL ASSISTANCE (only for rental projects)

| | | | |
|------------|-----------|---|---|
| YES | NO | I receive Section 8 rental assistance. If yes, list the housing authority below. _____ | Amount of monthly rental assistance \$ _____ |
|------------|-----------|---|---|

INCOME INFORMATION

| YES | NO | | MONTHLY GROSS INCOME (use net income from business) |
|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed. (List nature of self employment) _____ | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: List the businesses and/or companies that pay you: <div style="text-align:center;"> <u>Name of Employer</u> 1) _____ \$ _____ 2) _____ \$ _____ 3) _____ \$ _____ </div> | |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions of gifts including rent or utility payments, on an ongoing basis from persons not living with me. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic social security payments. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The household receives <u>unearned</u> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.). | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI). | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance Income (examples: TANF, AFDC) DO NOT INCLUDE FOOD STAMPS | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am entitled to receive child support payments. | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently receiving child support payments. If yes, from how many persons do you receive support? _____ | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently making efforts to collect child support owed to me. List efforts being made to collect child support: _____ _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony/spousal maintenance payments | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources: 1) _____ | \$ _____ |

| | | |
|--------------------------|--|--|
| | 2) _____ | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> I receive income from real or personal property. | (use <u>net</u> earned income) \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> I receive student financial assistance (grants, scholarships, etc.) not including loans *NOTE: Count as income only if household receives Section 8 rental assistance. | \$ _____ per semester |

ASSET INFORMATION

| YES | NO | | INTEREST RATE | CASH VALUE |
|--------------------------|--------------------------|---|----------------------------|----------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account(s). If yes, list bank(s) 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account(s) If yes, list bank(s) 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a revocable trust(s) If yes, list bank(s) 1) _____ | _____% | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate. If yes, provide description: _____ | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____ | _____% _____% _____% | \$ _____ \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have an IRA/Lump Sum Pension/Keogh Account/401K. If yes, list bank(s) 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a whole life insurance policy. If yes, name of insurance company _____ If yes, how many policies _____ | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash on hand. | | \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: 1) _____ 2) _____ | | \$ _____ \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from assets or sources other than those listed above. If yes, list type below: 1) _____ 2) _____ | _____% _____% | \$ _____ \$ _____ |

UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. THE UNDERSIGNED FURTHER UNDERSTANDS THAT PROVIDING FALSE REPRESENTATIONS HEREIN CONSTITUTES AN ACT OF FRAUD. FALSE, MISLEADING OR INCOMPLETE INFORMATION WILL RESULT IN THE DENIAL OF APPLICATION OR TERMINATION OF THE LEASE AGREEMENT.

PRINTED NAME OF APPLICANT/TENANT

SIGNATURE OF APPLICANT/TENANT

DATE

WITNESSED BY (SIGNATURE OF OWNER/REPRESENTATIVE)

DATE



We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.



STUDENT STATUS VERIFICATION

Name of Applicant/Tenant _____

Date _____

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential for satisfaction of the stated purpose only. Your prompt response is crucial and greatly appreciated.

THIS SECTION TO BE COMPLETED BY EDUCATIONAL INSTITUTION

IF NOT APPLICABLE, PLEASE WRITE N/A. PLEASE DO NOT LEAVE BLANK SPACES AND DO NOT USE WHITE-OUT.

GENERAL INFORMATION

1. Is the above named individual a student at this educational organization?: Yes ____ No ____
2. If yes, which of the following applies (circle one): full-time part-time not currently enrolled other _____
3. The above statements apply to the _____ semester of the _____ / _____ school year
4. Date enrolled: _____
5. Expected date of graduation: _____
6. Is the student pre-enrolled for the next semester?: Yes ____ No ____
7. Additional remarks:

FINANCIAL INFORMATION

1. Cost of tuition: \$ _____ per semester (excluding books, other class fees, etc.)
2. Amount of Financial Aid (excluding loans) awarded (include grants, scholarships, private assistance, etc.): \$ _____ per semester
3. Additional remarks:

| | | |
|--------------------|-------------|---------------------------------------|
| Printed Name _____ | Title _____ | Name of educational institution _____ |
| Signature _____ | Date _____ | |
| Phone # _____ | Fax # _____ | E-mail Address _____ |



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