

**FILES MUST BE SUBMITTED IN THIS ORDER  
PLEASE DO NOT SUBMIT A DPA FILE UNLESS THE  
FOLLOWING GUIDELINES CAN BE MET  
INCOMPLETE FILES WILL NOT BE PROCESSED.  
NO EXCEPTIONS.**

- Checklist
- DPA Summary Sheet
- Citywide & Core City Down Payment Incentive Application (Pages 1 – 2)
- Homebuyer Affidavit
- Authorization for the Release of Information
- Notice for Advertisement Purposes
- 1003 Applications (Initial & Final)
- Signed Loan Estimate
- Lenders Conditional Commitment Letter
- Original Certificate of Counseling - First-time Homebuyer
- Credit Report
- Verification of Rental History (*previous two years*)
- Signed Purchase Contract (*by both Buyer and Seller*)
- Lead Base Paint Notice
- Copy of Full Appraisal
- Request for Minimum Housing Code Inspection Permission form (waived for Core City) & copy of Home Inspection (existing home)
- Employment/Income Verification(s) or *Fannie Mae VOE form*
- Client Tax Returns and W-2s (*previous two years*)
- Assets Verification(s) (*most current bank statement and two months history for checking account and or for savings account, 401K/retirement/investment form, etc*) **NOTE:** Please verify all alternative income (*SS, SSI, Unemployment, Child Support, Alimony, etc.*)

**Please allow 2 weeks for processing. Down payment assistance checks are only issued on Thursdays after 2 p.m.**



DOWN PAYMENT ASSISTANCE PROGRAM SUMMARY SHEET

1. Applicant: \_\_\_\_\_

2. Address of Project Property: \_\_\_\_\_

3. Type of Unit:  Single-family  Condo  Townhouse  New  Existing

4. Type of Program:  Citywide  Core City

4. Number of Bedrooms: \_\_\_\_\_ Baths: \_\_\_\_\_ Number in Household \_\_\_\_\_

5. Estimated Closing Date : \_\_\_\_\_

6. Name of Closing Attorney/Agent: \_\_\_\_\_

7. Address: \_\_\_\_\_

8. Contact Person: \_\_\_\_\_ Email \_\_\_\_\_ Tel#: \_\_\_\_\_

9. Purchase Price: \_\_\_\_\_

10. Less 1st Mortgage Amt: (with or without MIP) \_\_\_\_\_ *With MIP*  *Without MIP*

11. = Total Down Payment: \_\_\_\_\_ **\$0.00**

12. Plus: Buyer's Closing Costs: \_\_\_\_\_

13. Plus: Prepays & Reserves: \_\_\_\_\_

14. Total Cash Requirement: \_\_\_\_\_ **\$0.00**

15. Cash From Buyer \_\_\_\_\_ **\$0.00**

16. Seller Contribution \_\_\_\_\_

17. Other Assistances (Please specify) \_\_\_\_\_

18. City DPA contribution \_\_\_\_\_

19. First Mortgage Co.: \_\_\_\_\_

20. Address: \_\_\_\_\_

21. Type of Mortgage:  FHA  VA  Conv.  Other (specify) \_\_\_\_\_

22. Interest Rate: \_\_\_\_\_ Term: \_\_\_\_\_ Monthly PITI: \_\_\_\_\_

23. Approved LO/MB Name \_\_\_\_\_

24. Prepared by: \_\_\_\_\_ Tel. #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

*Enter Lines 10, 16, 17 & 18 as negative numbers to automatically calculate Lines 11 & 15. For example, enter Line 9 as 100000, enter Line 10 as -95000. Line 11 should automatically calculate Total Down Payment as \$5,000. Repeat this format for Lines 16, 17 & 18 to automatically calculate Cash from Buyer on Line 15.*



**Citywide & Core City Homebuyer Incentive Application**

Name \_\_\_\_\_  
 (Last) (First) (Middle)

**A. Recipient Information** (select one)

a. Homebuyer:  Existing dwelling  New Construction  
 b. Homebuyer is Female Head of Household:  Yes  No

**B. Subsidy Use** (check all that apply)

Down Payment Incentive  Closing Costs

**C. Household Information:**

Member	Names- All Household Members	Relationship	Age
1			
2			
3			
4			
5			
6			

**D. Annual Income:** Includes unearned income and support paid on behalf of minors.

Member	Wages/Salaries (Include tips, commission, bonuses and overtime)	Benefits/Pensions	Public Assistance	Other Income	Citywide Only 80% AMI	Core City No Limit
1					1-\$31,750	
2					2-\$36,300	
3					3-\$40,850	
4					4-\$45,350	
5					5-\$49,000	
6					6-\$52,650	
7					7-\$56,250	
<b>Totals</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>		

Household Size: \_\_\_\_\_ Total Annual Household Income: \$0.00 Maximum Allowed income: \_\_\_\_\_

AMFI % (Total annual income divided by Area Median Income): \_\_\_\_\_ 0.00% \_\_\_\_\_

Total Gross Monthly Income: \_\_\_\_\_ Total Monthly Debt: \_\_\_\_\_ Total Monthly Mtg. Payment: \_\_\_\_\_

**Lender's Qualifying Ratios:**

Payment as % of Income (Maximum 31%): \_\_\_\_\_ % Total debt as % of Income (Maximum 43%): \_\_\_\_\_ %



**CERTIFICATION BY APPLICANT (S) Application Page 2**

I/We, the applicant(s), certify that all information in this application and information furnished in support of this application is true and complete to the best of my/our knowledge and belief. Should it be found that I/we willfully falsified any information upon which eligibility was determined, I/we will be considered in breach and I/we shall be required to return any sums expended by the City of High Point on my/our behalf, including any legal fees incurred during the verification process and administrative costs.

**If Seeking Homebuyer Assistance:**

I/We certify that I am/we are the home buyer(s) and will reside in the property as our primary residence.

I/We understand and agree that by receipt of assistance from the City of High Point for down payment and closing costs for the purchase of a property, a lien will be placed against the property. At the end of the affordability period, if I am/we are not in default, a Satisfaction of Lien for the cost of down payment assistance will be issued by the City of High Point. I also understand that I may be required to execute a Resale/Recapture Agreement.

**PENALTY FOR FALSE OF FRAUDULENT STATEMENT:**

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both and liability for monetary damages to the Lender, agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

Applicant(s) expressly authorize you to make inquiries of others concerning the foregoing information. Including, but not limited to procuring consumer reports from consumer reporting agencies and to provide information arising out of applicant(s) transaction with you to others. Any person named herein is expressly authorized to furnish you with information in connection with his application.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant Signature

**APPROVAL OF APPLICATION**

The undersigned have reviewed this application for assistance, including supporting data, and find it meets the requirements established by the City of High Point Community Development for the housing assistance program.

\_\_\_\_\_

Date

\_\_\_\_\_

Housing Specialist

\_\_\_\_\_

Date

\_\_\_\_\_

Director



**COMMUNITY DEVELOPMENT & HOUSING  
HOMEBUYER AFFIDAVIT**

To Whom It May Concern:

I am/we are fully aware of and agree that the City of High Point Down Payment Assistance Program requires a \$500 investment into the property. I/We certify that we will use monies from our income to make this investment. I am/we are aware that I/we will need to provide verification of these monies on deposit prior to closing.

I am/we are also aware that I/we must attend a pre-purchase Homebuyers Education Counseling workshop prior to loan closing.

-----  
Applicant's Signature

-----  
Applicant's Signature

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State of North Carolina

County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_

Sworn to and subscribed before me on this day.

-----  
Notary Public

My commission expires: \_\_\_\_\_



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

To Whom It May Concern:

1. I/We have applied for down payment assistance from the City of High Point Community Development & Housing Department. Community Development, as part of the application process, may verify information contained in my/our application and in other documents required in connection with the assistance.
2. I/We authorize you to provide Community Development & Housing Department any and all information and documentation that they may request. Such information includes, but is not limited to, employment history and income; checking and savings, money market or similar account balances; and credit history.
3. A copy of this authorization may be accepted as an original.
4. Photo authorization in the form of a Driver's License or I.D. Card.

-----  
Applicant's Signature

-----  
Date of Birth

-----  
Social Security Number

-----  
Applicant's Signature

-----  
Date of Birth

-----  
Social Security Number

Applicant's Address:

Date of Application:

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**NOTICE TO USE PROPERTY FOR  
ADVERTISEMENT PURPOSES**

Homeowner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

\_\_\_\_\_

If your application for down payment and closing costs assistance is accepted, the City of High Point will use photographs of your home for advertisement and on other public displays regarding the Down Payment and Closing Costs Assistance Program. Please sign to acknowledge the notice.

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner

\_\_\_\_\_  
Date

# CITY OF HIGH POINT

## COMMUNITY DEVELOPMENT AND HOUSING DEPARTMENT

### 2016 INCOME LIMITS & FAIR MARKET RENTS

2016 INCOME LIMITS				
PERSONS IN HOUSEHOLD	(30% MEDIAN)	VERY LOW INCOME (50% MEDIAN)	(60% MEDIAN)	LOW INCOME (80% MEDIAN)
1	\$11,900	\$19,850	\$23,850	\$31,750
2	\$16,020	\$22,700	\$27,250	\$36,300
3	\$20,160	\$25,550	\$30,660	\$40,850
4	<b>\$24,300</b>	<b>\$28,350</b>	<b>\$34,050</b>	<b>\$45,350</b>
5	\$28,440	\$30,650	\$36,800	\$49,000
6	\$32,580	\$32,900	\$39,500	\$52,650
7	\$35,200	\$35,200	\$42,250	\$56,250
8	\$37,450	\$37,450	\$44,950	\$59,900

March 28, 2016 (Source: HUD)

**2016 Median Family Income in High Point is \$57,200**

FAIR MARKET RENTS
Efficiency - \$538
1 bedroom - \$637
2 bedroom - \$741
3 bedroom - \$1,003
4 bedroom- \$1,185

(Source: Federal Register)



**CITY OF HIGH POINT  
COMMUNITY DEVELOPMENT &  
HOUSING DEPARTMENT**

**INCOME CERTIFICATION FORM**

***2016 INCOME LIMITS***

<b>CATEGORY 1 (50%) Median Income</b>	<b># Persons in Household</b>	<b>Household Income</b>	<b>CATEGORY 2 (80%) Median Income</b>	<b># Persons in Household</b>	<b>Household Income</b>
<input type="checkbox"/>	1	\$19,850	<input type="checkbox"/>	1	\$31,750
<input type="checkbox"/>	2	\$22,700	<input type="checkbox"/>	2	\$36,300
<input type="checkbox"/>	3	\$25,550	<input type="checkbox"/>	3	\$40,850
<input type="checkbox"/>	4	\$28,350	<input type="checkbox"/>	4	\$45,350
<input type="checkbox"/>	5	\$30,650	<input type="checkbox"/>	5	\$49,000
<input type="checkbox"/>	6	\$32,900	<input type="checkbox"/>	6	\$52,650
<input type="checkbox"/>	7	\$35,200	<input type="checkbox"/>	7	\$56,250
<input type="checkbox"/>	8+	\$37,450	<input type="checkbox"/>	8+	\$59,900

**Please check the blank that applies to your household size, NOT to your income.**  
**If your household income is at or below the amount shown in Category 1 for your household size, that blank should be checked. If your household income is above the amount in Category 1 for your family size, but below the amount in Category 2 for your household size, please check the appropriate blank under Category 2.**

**I certify that my household income is at or below the amount specified above, for my household size.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

High Point

\_\_\_\_\_  
CITY

\_\_\_\_\_  
TELEPHONE

Note: Median income is \$57,200



**HOMEBUYER ASSISTANCE PROGRAM  
PROPERTY INSPECTION PERMISSION**

City procedures require that before scheduling an inspection on any property that permission to do the inspection must be granted by the owner, or the owner's authorized representative.

Property Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Buyer: \_\_\_\_\_

I understand that the above buyer is seeking homebuyer assistance from the City of High Point to purchase property noted above. I further understand that the city's program procedures require that the home meet the standards of the city's Minimum Housing Code before granting assistance to the above buyer. I, therefore, give permission to the City of High Point to perform a Minimum Housing Code Inspection on the above property.

I further understand that there is no fee to me (owner) or the buyer for this inspection. I also understand that the correction of any code violations found during the inspection can be negotiated between the buyer and myself, but that the property must comply with code before the buyer can receive assistance. I also understand that should this purchase be terminated, I may be required to correct any unsafe building conditions found during the inspection.

Signature of Owner or Authorized Agent: \_\_\_\_\_

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

**Lead Safe High Point Program**

Homes built prior to 1978 will require a lead assessment. Owner agrees to schedule and cover cost for lead assessment.

Return this form to:

toni.jackson@highpointnc.gov Fax: 883-3355

**Confirmation of Receipt of Lead Pamphlet**

I have received a copy of the pamphlet, Protect Your Family From Lead In your Home, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before any work began.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Self-Certification Option** (for tenant-occupied dwelling only)

If the lead pamphlet was delivered but a tenant signature was not obtainable you may check the appropriate space below.

Refusal to sign- I certify that I have made a good faith effort to deliver the pamphlet. Protect your Family From Lead In Your Home, to the rental dwelling unit listed below at the date and time indicated and that the occupant refused to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

Unavailable for signature- I certify that I have made a good faith effort to deliver the pamphlet, Protect Your Family From Lead In Your Home, to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door.

\_\_\_\_\_  
Printed Name of person certifying lead pamphlet delivery

\_\_\_\_\_  
Attempted delivery date and time

\_\_\_\_\_  
Signature of person certifying lead pamphlet delivery

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Unit address

**Note Regarding Mailing Option** – As an alternative to delivery in person, you may mail the lead pamphlet to the owner and /or tenant. Pamphlet must be mailed at least 7 days before renovation (Document with a certificate of mailing from the post office)



PARTICIPATING LENDER CERTIFICATION

**General**

The City of High Point Community Development & Housing Department will hold free lender certification workshops annually. This workshop equips lenders with the information and forms necessary in order to properly submit a complete package for underwriting. Certifications are awarded to individuals and are valid for up to two (2) years.

**Qualifications of Participating Lenders**

A "Participating Lender" is a lending institution that cooperates with the City of High Point Community Development & Housing Department (CD&H) in making funds available under the Down Payment and Closing Costs Assistance Programs.

**Lender Participation Criteria.** The financial institution must:

1. Have a homeownership program that offers loan products with sum total 1% or less points/origination fee;
2. Must not charge any form of associated costs, fees, etc. for providing a loan, i.e. broker's fee;
3. Loan to value not to exceed 105% of appraised value;
4. Maximum sales price not to exceed \$200,000 (Core City) or \$149,000 (Citywide);
5. Provide an affordable loan product at market interest rate;
6. Be willing to inform prospective candidates about the programs, facilitate the application process on behalf of homebuyer, and submit the application to the City for approval; and
7. Ensure applicant's eligibility to programs to the best of their ability.
8. Mortgage Brokers must be licensed and must submit copy of license with Lender Certification Form.

Name/Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email Address \_\_\_\_\_

I hereby certify that this company is properly licensed to originate, sell or service residential mortgages in the State of North Carolina. I certify that I will maintain quality control and management systems in processing Down Payment and Closing Costs Assistance applications for CD&H. I have read the participation criteria 1-8 and certify that I meet all criteria to participate in the program administered by CD&H.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_



PARTICIPATING REALTOR CERTIFICATION

**General**

The City of High Point Community Development & Housing Department will hold free Realtor Information workshops annually. This workshop educates Realtors regarding information necessary in order to properly assist Lenders submit a complete package for underwriting. Approved Realtor certifications are awarded and are valid for up to two (2) years.

**Qualifications of Participating Realtors**

A "Participating Realtor" is a Real Estate Firm that cooperates with the City of High Point Community Development & Housing Department (CD&H) in making funds available under the Down Payment and Closing Costs Assistance Programs.

**Lender Realtor Criteria.** The Real Estate Firm must:

1. Be willing to inform buyers about the Homebuyer Assistance Programs.
2. Ensure buyer's eligibility for Homebuyer Assistance Program to the best of their ability.
3. Assist buyer(s) with obtaining Home Inspection if purchasing an existing home.
4. Assist buyer in locating a Participating Lender.
5. Assist Participating Lender with Minimum Housing Code Inspection Permission Form.
6. Comply with laws and regulations of the City of High Point and State of North Carolina.
7. Adherence to the NAR Code of Ethics, furthering the principles of good real estate practices among other Brokers and the general public.

Name/Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email/Website \_\_\_\_\_

I hereby certify that this company is properly licensed by the State of North Carolina. I have read the participation criteria 1-7 and certify that I meet all criteria to participate in the program administered by Community Development & Housing.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_



**NOTICE TO USE LENDER'S INFORMATION FOR  
ADVERTISEMENT PURPOSES**

Institution Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Your lender information may be used for advertisement on our website and on other public displays regarding the City of High Point Community Development & Housing Down Payment and Closing Costs Assistance program. Please sign to acknowledge the notice.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Please sign below if you decline to have the City of High Point CD&H Department use your lender information for Down Payment and Closing Costs Assistance advertisement.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date