



RIVER CITY HOUSING
CHDO HOMEBUYER DOWN PAYMENT ASSISTANCE &
SHARED EQUITY PROGRAM



APPLICATION CHECKLIST

To process your application, please provide the Office of Housing with the following application forms as well as a complete set of additional documentation. **You must provide a completed application to be considered by the program. Incomplete applications will not be processed. Please submit this as your first application page.**

For your convenience, please check off each item you've obtained.

APPLICATION FORMS (Buyer completes these forms):

- ☐ Application Information Page
- ☐ HUD Direct Benefit Form
- ☐ Income Verification Contact
- ☐ Request for Release Form
- ☐ Form W-9 – Request for Taxpayer Information
- ☐ Declaration of Section 214 Status for all household members
- ☐ Affidavit of Income, notarized
- ☐ Down Payment Assistance Handbook Acknowledgment

SUPPORT DOCUMENTATION (Buyer or Realtor Provides):

- ☐ Copy of Homeownership Counseling Certificate
- ☐ Copies of driver's license or photo I.D. for applicant (and co-applicant, if applicable)
- ☐ Copies of Social Security Cards for all household members
- ☐ Two (2) months current consecutive pay check stubs showing year-to-date income from all jobs
- ☐ Six (6) months current consecutive bank statements from interest-bearing accounts (checking, savings, dividends, income from property, etc.)
- ☐ (If, applicable) Income/Benefits (Child Support, TANF, SSI, SSD, Pension, Retirement, etc.)
- ☐ (If applicable) Housing Choice Voucher Homeowner Worksheet – Section 8
- ☐ (If applicable) Copy of Divorce Decree

ADDITIONAL DOCUMENTATION (Lender Provides):

- | | |
|--|---|
| <input type="checkbox"/> Pre-Approval Letter from lender | <input type="checkbox"/> Exact name and address of Lender |
| <input type="checkbox"/> Most recent credit report | <input type="checkbox"/> Results of 4506 Inquiry |
| <input type="checkbox"/> Closing Cost Worksheet | <input type="checkbox"/> 1008 Transmittal Summary |
| <input type="checkbox"/> 1003 Loan Application | |

THIRD PARTY VERIFICATION

NOTE: River City Housing will contact your employer to obtain a Verification of Employment, your bank to obtain statements to obtain a Verification of Assets, and your lender for additional required documents

Signature: _____ **Date:** _____

NOTE: Penalty for false or fraudulent statement, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or make any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned more than 5 years or both."



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APPLICATION

Please submit this application for approval to:

River City Housing, 120 Webster Street, Ste. 325, Louisville KY 40206

Applicant's Name: _____ Social Security # _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed D.O.B. _____
Present Address of Applicant: _____ Zip Code: _____
Home Phone/Cell: _____ Email: _____
Employer: _____

Co-Applicant's Name: _____ Social Security # _____
Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed D.O.B. _____
Present Address of Applicant _____ Zip Code _____
Phone: _____ Email: _____
Employer: _____

Total Gross Household Annual Income: _____ Number in Household: _____
Have you filed bankruptcy?: _____ If yes, when was it discharged? _____
Are you employed, or related to an employee of Louisville Metro Government? YES _____ NO _____
Name _____ Relationship: _____ Department: _____
Are you receiving Section 8 Assistance: YES _____ NO _____ Amount \$ _____
Name of Bank or Lending Institution: _____
Loan Officer: _____ Phone#: _____ Email: _____
Builder/Realtor Name: _____ Phone#: _____ Email: _____



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HUD Direct Benefit Form
FOR FEDERAL REPORTING PURPOSES ONLY

The following information is required for reporting purposes to the U. S. Department of Housing and Urban Development and will not be used in the determination of eligibility.

Number of bedrooms: _____

Household Monthly Gross Income: _____

HEAD OF HOUSEHOLD INFORMATION:

Please check all that apply

Single/ Non-Elderly _____

Elderly _____

Related/ Single _____

Parent Related/ Parent _____

Handicap _____

Other _____

Female Head of Household _____

Race/ Ethnicity:

White _____

Black/African American _____

Hispanic _____

Black/ African American & White _____

Asian _____

American Indian/ Alaska Native _____

Asian & White _____

American Indian/ Alaskan Native & White _____

Native Hawaiian/ Pacific Islander _____

Other/ Multiracial _____

Please list all household members including live in aides and those that may reside at home part time.

Number of Household Members _____

Other members of Household: Relation to Head

Age

Social Security #

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____



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INCOME VERIFICATION CONTACT

River City Housing will contact you employer to obtain a Verification of Employment, and will contact your bank to obtain statements for your interest-bearing accounts.

To ensure we contact the appropriate representative, please complete the information below as accurately as possible for each adult in your household.

Verification of Employment

Please list the most accurate information for where the Verification of Employment should be sent.

Employer _____ Your Position _____
Contact Person _____ Title _____
Email _____ Phone _____ Fax _____
Business Address _____ State _____ Zip _____

Verification of Assets

Banking Institution _____
Name on Account _____ SSN _____
Address on Account _____ State _____ Zip _____

Please check account type(s)

Account Number _____
__Regular Checking __Interest Checking __Savings __CD __IRA __Other

Account Number _____
__Regular Checking __Interest Checking __Savings __CD __IRA __Other

Account Number _____
__Regular Checking __Interest Checking __Savings __CD __IRA __Other



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HOME Program Eligibility Release Form

Please initial, then sign, for each adult household member.

Purpose: Your signature on this HOME Program Eligibility Release Form and the signatures of each member of your household who is 18 years of age or older, authorizes River City Housing to obtain information from a third party relative to your eligibility and continued participation in the:

River City Housing CHDO Homebuyer Down Payment 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 to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, 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 prior to the receipt of benefit and on an annual basis to establish continued 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.

Organization requesting release of information:
River City Housing
120 Webster Street, Ste. 325
Louisville, KY 40206
502-587-6763 (office)
502-470-7264 (fax)

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

	Initials
Income - Verification of Employment from employer(s)	
Assets - All sources, including bank statements)	
Other (list): _____ _____	

Authorization: I authorize River City Housing and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program. All information obtained will be used only for the purpose of processing a loan.

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 will sign this form and cooperate with the owner in this process.

Signature

Printed Name

Date

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
					-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



RIVER CITY HOUSING
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DECLARATION OF SECTION 214 STATUS

INSTRUCTIONS: EACH HOUSEHOLD MEMBER MUST COMPLETE THIS DECLARATION.
A PARENT/GUARDIAN MUST SIGN FOR FAMILY MEMBERS UNDER AGE 18.

LASTNAME: _____

FIRSTNAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ **SEX** _____ **DATE OF BIRTH** _____

SOCIAL SECURITY# _____ **ALIEN REGISTRATION NO.** _____

ADMISSION NUMBER _____ **IF APPLICABLE**

(THIS IS AN 11-DIGIT NUMBER FOUND ON INS FORM I-94, DEPARTURE RECORD)

NATIONALITY _____

(ENTER THE FOREIGN NATION OR COUNTRY TO WHICH YOU OWE LEGAL ALLEGIANCE. THIS IS NORMALLY, BUT NOT ALWAYS THE COUNTRY OF BIRTH.)

INS/SAVE VERIFICATION NO. _____

(TO BE ENTERED BY OFFICE PERSONNEL)

Date verified

INSTRUCTIONS: COMPLETE THE DECLARATION BELOW BY PRINTING OR TYPING THE PERSON'S FIRST NAME, MIDDLE INITIAL, AND LAST NAME IN THE SPACE PROVIDED. THEN REVIEW THE BLOCKS DESIGNATED BELOW AND COMPLETE EITHER BLOCK NUMBER 1, 2, OF 3.

DECLARATION

I, _____, hereby declare, under penalty of perjury, that I am:

Print name

___ 1. A CITIZEN OR NATIONAL OF THE UNITED STATES

If you checked this block, no further information is required. Sign and date below and forward this Form to River City Housing. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

RCH CHDO HOMEBUYER DOWN PAYMENT ASSISTANCE & SHARED EQUITY PROGRAM

2. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS IN THE CATEGORY CHECKED BELOW:

- ☐ (i) 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), 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 resident status);
- ☐ (ii) 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);
- ☐ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under Section 207 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 (8U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- ☐ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U.S.C. 1182(D)(5)) [parole status];
- ☐ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life of freedom]; or
- ☐ (vi) A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255A) [amnesty granted under INA 245A].

If you checked this block and you are under 62 years of age, you must submit one of the following documents:

- ☐ 1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ 2. Form I-94, Arrival-Departure Record, with one of the following annotations:
 - “Admitted as Refugee Pursuant to Section 207;
 - “Section 208” or “Asylum”
 - “Section 243(h)” or “Deportation stayed by Attorney General”;
 - “Paroled Pursuant to Section 212(d)(5) of the INA”
- ☐ 3. Form I-688, temporary Resident Card, which must be annotated “Section 245A” or “Section 210”;
- ☐ 4. Form I -688b, employment authorization card, which must be annotated “provision of law 274a.12(11)” or “provision of law 274a.12;

- _____ **5.** Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
- A final court decision granting asylum (but only if no appeal is taken);
 - A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - A court decision granting withholding or deportation; or
 - A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- _____ **6.** A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified;
- _____ **7.** Form I -151, alien registration receipt card.

Sign and date below, and submit the documentation required to: River City Housing – CHDO Homebuyer Assistance Program. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

OR

If you checked this block and you are 62 years of age or older and receiving US Government Assistance on June 19, 1995, you should submit proof of age document together with this form, and sign here:

Signature

Date

_____ **3. NOT CONTENDING ELIGIBLE IMMIGRATION STATUS AND I UNDERSTAND THAT I AM NOT ELIGIBLE FOR FINANCIAL ASSISTANCE.**

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to River City Housing – CHDO Homebuyer Down Payment Assistance Program.

If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____



**RIVER CITY HOUSING
LOUISVILLE, KY**

AFFIDAVIT OF INCOME FOR HEAD OF HOUSEHOLD (MUST BE NOTARIZED)

As part of the application process for River City Housing - CHDO Homebuyer Down Payment Assistance & Shared Equity Program, income from any and/or all sources (such as wages from employment, SSI, Social Security, Disability, Retirement/ Pension, or other outside sources contributing to household) must be verified in order to determine the household's eligibility for our services. You are making the following statement below:

NOTE: Penalty for false or fraudulent statement, U.S.C. Title 18, 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 statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both."

My monthly income consists of: (Please list the amount of each item that applies.)

Wages \$ _____ SSI \$ _____ SSDI \$ _____

SS for Spouses/Survivors \$ _____ Pension/Retirement \$ _____ Other \$ _____

Name: _____

Address: _____ Zip code: _____

Date of Birth: _____ Social Security Number: _____

I understand that if I make any representation which I know is false in order to obtain assistance from River City Housing - CHDO Homebuyer Down Payment Assistance and/or Shared Equity Program, I could be punished by a fine, imprisonment, or both; as well as having my application revoked or being required to reimburse all expenditures related to the amount of money obtained through River City Housing- CHDO Homebuyer Down Payment Assistance and/or Shared Equity Program. I hereby affirm, under penalty of law, the above information regarding my income is absolutely accurate.

Signature of individual above: _____ Date: _____

TO BE COMPLETED BY A NOTARY:

Sworn to and subscribed before me this _____ day of _____ in the year _____ by _____
(Individual referenced above).

Notary _____ Notary ID: _____ Expiration date: _____