



HOME BUYER SERVICES

Attached are your:

Application and Home Buyer's Document Checklist for City Housing program eligibility. The Checklist will instruct you about application attachments.

With this application and the attachments, you and/or your household members are applying for assistance to purchase your first home in the City of Rochester. The assistance program options which are available:

Home Purchase Assistance Program (HPAP)-Up to \$3,000 in closing costs for homes offered on the private market. 120% Median Family Income limits in effect.

Home Rochester- Subsidy for reconstruction and up to \$6,000 in closing costs for purchase of rehabilitated homes. 80% or 120% Median Family Income limits in effect (depending on address).

Neighborhood Builders - Subsidy for construction and up to \$6,000 in closing costs for purchase of newly constructed homes. 80% Median Family Income limits in effect.

Employer Assisted Housing Initiative (EAHI) - funds of designated employers are matched with City funds for closing costs for home offered on the private market. NO income limits in effect. (Letter of Eligibility required from Employer)

Please complete the application and attach all of the documents as indicated on page 2. All required documents must be submitted for the application to be processed.

Please understand that you may NOT ask the City to photocopy the required documents which must be attached to your application.

E-mail homebuyer@cityofrochester.gov or call 428-6888 if you have questions about the application as well as the qualifications for the housing programs listed above.

**RETURN THE APPLICATION TOGETHER WITH ALL OF THE REQUIRED DOCUMENTS
TO
HOME BUYER SERVICES**

CITY HALL ROOM 005A, 30 CHURCH STREET ROCHESTER, NY 14614

HomeBuyer@cityofrochester.gov (585) 428-6888 Fax (585) 428-6229

CITY OF ROCHESTER HOME BUYER REQUIRED DOCUMENT CHECKLIST

Please provide photocopies of all the required documents listed in 1. through 8. below:

1. Last 8 weeks of consecutive pay stubs for all persons in the household over age 18. Provide full time and part time pay stubs for all jobs and indicate start date on application;
2. Copies showing details of all other forms of income (e.g., pension , SSI, disability, child support- award statements and deposits, workman's compensation, social security, SS-1099 forms);
3. Last 2 years full tax returns **AND** last 2 years W-2 statements for all persons in the household over the age of 18; (If you cannot locate or did not file tax returns, contact the IRS office at 1-800-829-1040) to obtain TAX and WAGE TRANSCRIPTS. If you did not file, submit proof of non-filing from the IRS;
4. If you are self employed, you must include a current year-to-date Profit and Loss statement for your business showing all income and expenses broken out by month;
5. Bank statements - Last 3 months for all accounts (checking & savings) for everyone in the household which show your name, bank name, account number and all activity;
6. Copies of documents for any other grants or programs you applied for (e.g., First Time Home Club Enrollment Terms and Conditions, etc);
7. Photo ID and social security card for household members OVER the age of 18; and Birth certificate & social security card for household members UNDER age 18.
8. Letter of Eligibility from participating Employer

Sign and date the application and include all of the above required documentation.

Incomplete applications cannot be processed.

The application and documents WILL NOT be returned.

2014 Income Limits

Household Size	80% Median Family Income	120% Median Family Income
1	\$37,550	\$56,300
2	\$42,900	\$64,300
3	\$48,250	\$72,350
4	\$53,600	\$80,400
5	\$57,900	\$86,850
6	\$62,200	\$93,250
7	\$66,500	\$99,700
8	\$70,800	\$106,150

NO INCOME REQUIREMENTS FOR EAH PROGRAM

Home Buyer Services Application

1) Applicant

First Name	Middle Initial	Last Name
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Home Address	Street	City	Zip
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Home Phone	Cell Phone	Work Phone
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Social Security Number	Date of Birth	Age
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All Current Employers & Number of years employed (if less than 1 year, indicate start date)

Employer Address

Your E-mail Address

2) Co- Applicant

First Name	Middle Initial	Last Name
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Home Address	Street	City	Zip
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Home Phone	Cell Phone	Work Phone Number
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Social Security Number	Date of Birth	Age
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All Current Employers & Number of years employed (if less than 1 year, indicate start date)

Employer Address

(c) Names and ages of all dependent children who will live in the household

Name	Age	Social Sec. #

(d) Names, ages and relationship of all others who will live in the household

Name	Age	Relationship	Amount per month contributed

Income

List all sources of income for you and your household during the past 12 months. For "Type of Income", include full and part time employment, unemployment benefits, pensions, Social Security benefits, disability, child support, worker's comp, welfare assistance, and alimony. Please supply written documentation for each.

Recipient	Type of Income	Gross monthly income	Dates received (Estimated)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you, the co-applicant or any member of your household age 18 or older, expect a raise, promotion or any other change in your employment or income status within the upcoming 6 months. _____No or _____Yes (please explain)

If you do expect a raise or promotion, your employer will have to provide verification.

Are you now or will you be receiving income from rent?

_____ NO _____ YES Now, _____ YES after I move If YES:\$_____ total per month

Do you live in public housing Yes___ No___.

Do you receive Sec. 8 Housing Support Yes___ No___

Will you receive housing support after you close on a new home, Yes___ No___, Type_____

Long Term Debts

List all debts (car, student loans, credit accounts, etc)

WHO PAYS	TYPE OF DEBT	PAYMENT \$/MONTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Cash Assets

Current checking, savings, credit union accounts

Checking or saving	ACCOUNT NUMBER	CURRENT BALANCE
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much is or will be available for a down payment? _____

When will it be available? _____

Credit History

Check all that apply to your current situation.

____ Monthly bill payments are current and made in a timely manner.

____ Some monthly bill payments have been late.

____ Bankruptcy has been filed. If yes _____ Chapter 7 _____ Chapter 13

____ There are outstanding Judgment Liens _____ Wages are garnished

Applicant must attach copies of documents which become part of this application.

I, (we) _____,

As Applicant (s) acknowledge that the information provided accurately describes my (our) household and identifies all of my (our) household income during the past 12 months. I (we) understand that this information I (we) provided will be used to determine program (s) and/or subsidy (ies) for which I (we) may be eligible. The information and attached documentation may also be used to estimate mortgage lending eligibility. I (we) authorize The City of Rochester Home Buyer Services to check my (our) credit history (ies) by requesting a credit report (s) which will then be used in determining eligibility for the grant assistance. I (we) understand that this information will not be shared with other organizations beyond those involved with the program (s) without my (our) prior approval. Additional information and/or documentation may be requested from me (us). If verification forms are needed I (we) will sign the necessary forms authorizing release of the information. The information I (we) have provided is complete, accurate and true. It will be grounds for denial of my (our) application if it is found that I (we) have falsified information of provided misleading information.

Signature	Print Name	Date
Signature	Print Name	Date

IF I FAIL TO ATTACH ALL INFORMATION, HOME BUYER SERVICES WILL NOT BEGIN REVIEW, HOMEBUYER SERVICES HAS THE RIGHT TO RETURN INCOMPLETE APPLICATION TO ME.

INFORMATION FOR FEDERAL REPORTING

The information requested below is for HUD reporting. The information is requested in order to monitor compliance with equal opportunity credit and fair housing practices. Please check which applies.

Applicant	Co-App	Race	Of Hispanic origin Yes/No
_____	_____	White	_____
_____	_____	Black or African American	_____
_____	_____	American Indian or Alaska Native	_____
_____	_____	Native Hawaiian or Other Pacific Islander	_____
_____	_____	American Indian or Alaska Native and White	_____
_____	_____	Black or African American and White	_____
_____	_____	American Indian or Alaska Native and Black or African American	_____
_____	_____	Other, Multi Racial	_____

Household type

- _____ Single
- _____ Elderly
- _____ Single Parent
- _____ Two Parent
- _____ Other (please indicate) _____