



## **Winder Housing Authority and Affiliates**

163 Martin Luther King Jr. Drive  
Winder, Georgia 30680

[www.winderhousing.com](http://www.winderhousing.com)

# **Winder Housing Authority CHIP Homeownership Application Packet**

## **Contact Information:**

### **Winder Housing Authority**

163 Martin Luther King Jr. Dr.

Winder, GA 30680

Phone: (770) 867-7495

Email: [myawn@winderhousing.com](mailto:myawn@winderhousing.com)

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## **Commitment to Equal Access:**

The Winder Housing Authority is committed to providing all persons with equal access to its services, activities, education, and employment regardless of race, color, national origin, religion, sex, familial status, disability, or age.

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## **Checklist of Necessary Information for CHIP Homeownership Application:**

- Completed Application (Ensure all areas are signed)
- Mortgage Pre-Qualification Letter
- Verification of Employment for all working household members
- Verification of Deposit
- Declaration of Citizenship form for all household members
- Certification as to Conflict-of-Interest form
- Certification to Use Unit as Principal Residence form
- Fair Housing Certification form
- Confirmation Letter of Assistance from Social Security Office (if applicable)
- Proof of child support, retirement funds, unemployment, or other income
- Homeownership Pre-Purchase Certificate

## **Submit the complete packet to:**

Winder Housing Authority, Martin Luther King Jr. Dr. Winder, GA 30680

Attn: Michelle Yawn





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### Application Intake Process

The Winder Housing Authority has received Community HOME Investment Program (CHIP) funds. This program provides financial assistance for developing homeownership through new construction of single-family units to be sold to low- and moderate-income home buyers.

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### Completed application packets must include:

- Official Application
- Lender Pre-Qualification Letter
- Pre-Purchase Housing Counseling Certificate
- Authorization for Release of Information
- Certification to Use Unit as Principal Residence
- Certification as to Conflict of Interest
- Declaration of Citizenship Status and Current ID for all household members
- Current Photo ID
- Last 3 Bank Statements (checking and savings)
- Income Verification Form for all occupants 18 years and older
- Paycheck stubs (3), Current W-2 (1), Current Tax Return (1)
- Current Verification of Social Security Benefits/Retirement Benefits

### Affordability Period Requirements:

CHIP funds invested in projects are subject to a 15-year Period of Affordability. Failure to meet these requirements will subject the funds to recapture based on policies established by the DCA.

### Homebuyer Requirements:

Home buyers must secure their own mortgage financing after meeting HOME income eligibility requirements. All CHIP funds provided are subject to a promissory note and a deed to secure debt.





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## Income Levels:

Income limits based on total household income per person:

Persons in Household	1	2	3	4	5	6
Income Limit (\$)	63,950	73,100	82,250	91,350	98,700	106,000

## U.S. Citizenship Qualification:

Each household member must be lawfully within the U.S. and complete a Declaration of Citizenship Status form.

## Conflict of Interest Qualification:

Residents must sign a document stating no relationship with anyone involved in the HOME process or with decision-making authority.

## Primary Residence:

Homes must be used as primary residences throughout the 15-year affordability period.

## Homebuyer Counseling:

Pre-purchase housing counseling is required before purchasing a HOME-assisted unit. A Certificate of Completion must be submitted before closing.





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## Winder Housing Authority Housing Application

### Applicant Information:

Name(s):

Current Address:

City, State, Zip:

Home Phone:

Cell Phone:

Email:

Emergency Contact Name:

Emergency Contact Phone:

### Household Characteristics:

List the Head of Household and all other persons who will be living in the unit. Indicate the relationship of each family member to the Head of Household.

Name	Relationship to Head of Household	Date of Birth	Age	Gender (M/F)	Social Security Number
Head of Household					

### Type of Assistance:

- New Construction

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





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## Information:

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Includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Social Security, TANF, other benefits, other income. FOOD STAMPS ARE NOT CONSIDERED INCOME – do not list food stamps. List ALL household members and their incomes. Attach a separate sheet if you need more space.

Household Member Name	Full Time Student?	Source of Income (include employer name and phone number)	Rate of Pay	Payment Basis (weekly, monthly, etc.)

## Asset Information:

- Do you have a mortgage on your house? Yes  No  N/A 
  - If yes, what is the current balance owed on the mortgage? \_\_\_\_\_
  - Name of the company that holds the mortgage on your home: \_\_\_\_\_
- What are your yearly property taxes? \_\_\_\_\_
  - Are your property taxes current? Yes  No  N/A
- What year was your house built? \_\_\_\_\_
- Do you have homeowners' insurance? Yes  No  N/A 
  - Name of insurance company: \_\_\_\_\_

Have you ever received a federal, state, or local agency grant for your home?  
Yes  No  N/A

- If yes, please state the program, the year assistance was provided, and the amount:  
\_\_\_\_\_

Do you own any other real estate property? Yes  No  N/A

- If Yes, what is its current market value? \_\_\_\_\_







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## Expense Information:

Indicate the MONTHLY dollar expenditures for your family. Circle any of the listed expenses that are delinquent.

Creditor/Expense	City, State of Creditor	Year Loan Opened	Current Balance	Monthly Payment	Is Debt Business Related?
Mortgage					Yes <input type="checkbox"/> No <input type="checkbox"/>
Electric					Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas					Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone					Yes <input type="checkbox"/> No <input type="checkbox"/>
Cable					Yes <input type="checkbox"/> No <input type="checkbox"/>
Car Payment					Yes <input type="checkbox"/> No <input type="checkbox"/>
Car Insurance					Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Expenses					Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Insurance					Yes <input type="checkbox"/> No <input type="checkbox"/>
Child Care					Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Card					Yes <input type="checkbox"/> No <input type="checkbox"/>
Credit Card					Yes <input type="checkbox"/> No <input type="checkbox"/>
Loan					Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (specify)					Yes <input type="checkbox"/> No <input type="checkbox"/>

- Are you related to the City Mayor or a Member of City Council? Yes  No
- Are you employed by the City of Winder? Yes  No
- Are you related to a City Employee? Yes  No
- Do you serve on any Board or Agency associated with the City of Winder? Yes  No

If yes to above, give name and relationship: \_\_\_\_\_

The proposed property is and/or will be my Primary Residence for (at least) the required period of affordability as specified in the CDBG/CHIP loan documents: Yes  No





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## Applicant Certification:

I understand that by signing below that:

- (a) I will forfeit any Assistance if any information I provide is false.
- (b) The Winder Housing Authority does not guarantee that I can purchase a home.
- (c) I have received a copy of the EPA pamphlet entitled: Protect Your Family From Lead in Your Home.
- (d) I acknowledge by signing, that all information I have given is true and factual to the best of my knowledge.
- (e) I agree to abide by those requirements and conditions in connection with any loan and/or grant that may be made or referred by the Winder Housing Authority pursuant to this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## General Authorization for the Release of Information Statement:

I, \_\_\_\_\_, hereby authorize the Winder Housing Authority, or its designated agents, to obtain and receive all records and information pertaining to eligibility for the rehabilitation program, including employment, income (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the Winder Housing Authority the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the Winder Housing Authority for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 2 years. A copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate of the original.

Who must sign the consent form: Each member of your household which is 18 years or older must sign the consent form. Additional signatures must be obtained from new adult members running the household or whenever members become 18 years of age.





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I (we) fully understand that it is a Federal Crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the information given in the application as applicable under the provisions of Title 18, United States Code, Section 1001, at seg.

Signature (Owner): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Other family members over age 18:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ SS#: \_\_\_\_\_

**Certification to Use Unit as Principal Residence:**

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' Community Home Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CHIP funding as my (or our) principal residence throughout the required affordability period which has been defined as 15 years.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Printed Name: \_\_\_\_\_





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### Certification as to Conflict of Interest:

Name of Applicant/Co-Applicant: \_\_\_\_\_

This is to certify that we are not aware of any conflict of interest that exists between the family benefiting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the Winder Housing Authority, or of any administrator involved in the program, who are in a position to participate in a decision-making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Certifying Officer of State Recipient/Sub-recipient: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Administrator (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

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## Declaration of Citizenship Status for Household Member 18 Years of Age or Older:

A complete Declaration must be provided for each member of the household.

I, \_\_\_\_\_, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under 101(a) or 1010(a) (20) of the INA
  - Permanent residence under 249 of INA
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA
  - Parole status under 212(d) (5) of the INA
  - Threat to life or freedom under 243(h) of the INA
  - Amnesty under 245A of the INA

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_





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## Declaration of Citizenship Status for Household Member Under 18 Years of Age:

A complete Declaration must be provided for each member of the household.

A PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign the child's name.

I, \_\_\_\_\_, certify, under penalty of perjury, that, to the best of my knowledge, \_\_\_\_\_, a minor child, is lawfully within the United States because (please check appropriate box):

- He/She is a citizen by birth, a naturalized citizen, or a national of the United States; or
- He/She has eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- He/She has eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under 101(a) or 1010(a) (20) of the INA
  - Permanent residence under 249 of INA
  - Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA
  - Parole status under 212(d) (5) of the INA
  - Threat to life or freedom under 243(h) of the INA
  - Amnesty under 245A of the INA

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_





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## Income Verification Form:

Format for Calculating Part 5 Annual Income

1. Name of Applicant(s):
2. Total Number of Persons in Household:

### Assets:

Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets

3. Net Cash Value of Assets: \_\_\_\_\_
4. Total Actual Income from Assets: \_\_\_\_\_
5. If line 3 is greater than \$5,000, multiply line by (Passbook Rate) and enter results here; otherwise, leave blank: \_\_\_\_\_

### Anticipated Annual Income:

Family Members	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income

6. Totals:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_





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7. Enter total of items from 6a. through 6e. This is Annual Income: \_\_\_\_\_

8. Applicable income limit for county as adjusted for household size: \_\_\_\_\_

**Applicant Signature of Homeowner or Home Buyer:** \_\_\_\_\_

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

**Co-Applicant Signature of Homeowner or Home Buyer:** \_\_\_\_\_

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

## Fair Housing Certification:

I hereby certify that I have received information on the Georgia Fair Housing Law and the HUD Fair Housing Brochure and that I have read and understand the information.

**Signature of Applicant:** \_\_\_\_\_

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

**Signature of Co-Applicant:** \_\_\_\_\_

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

**Signature of Witness:** \_\_\_\_\_

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

