

# OKC "HOME" Down Payment and Closing Cost Assistance Program



## The City of Oklahoma City

The City of Oklahoma City Down Payment Assistance Program is funded by the City of Oklahoma City and HUD and administered by Community Action Agency of Oklahoma City and Oklahoma & Canadian Counties, Inc.

### INCOME GUIDELINES (subject to change)

\$41,650	1
\$47,600	2
\$53,550	3
\$59,500	4
\$64,300	5
\$69,050	6
\$73,800	7
\$78,550	8



Community Action Agency of Oklahoma City  
and OK/CN Counties, Inc.

## Want to Buy A New Home?

If you would like to buy a home in the OKC DPA Boundary or DPA Target area (see map), then CAA of OKC may be able to assist you with your down payment and closing costs not to exceed \$14,999. This is a needs-based program.

For more information on this program or to sign up for our Homebuyer Education Workshop, please call 405-232-0199 ext. 3201.

## Program Requirements

- Applicant(s) are NOT required to be a First Time Homebuyer.
- Applicant(s) must secure a 1st Mortgage with either a bank, credit union or mortgage company to purchase the home.
- Applicant(s) debt-to-income ratios must be no more than 31% housing ratio and 43% total debt ratio. Applicant(s) can receive minimum 5% down payment but goal is 10% down payment.
- Household must meet current income guidelines.
- Purchase Price must not exceed \$147,000 existing, \$238,000 new construction.
- Applicant(s) minimum investment toward the purchase is 1% TO 1.75% of the purchase price and may be in the form expenses paid up-front by applicant(s) (before closing) for fees such as earnest money, house inspection fee, appraisal, credit report, pest control inspection, etc.
- Applicant(s) funds in excess of \$15,000 must go toward the purchase of the home, as practicable.
- Applicant(s) must have 2 months reserves of their anticipated mortgage payment. Further details will be given at appointment.
- Applicant(s) must occupy the property as primary residence for the Five Year Affordability Period.
- Applicant(s) must attend a HUD Certified Homebuyer Education Workshop and provide a certificate of completion and the agenda prior to applying.
- Home must be owner-occupied or if a rental, it must either be vacant for the last 3 months or have been rented to no one other than the Buyer.
- Home must pass Housing Quality Standards Inspection prior to close.
- The HOME Program Student Rule excludes certain students of higher education from participating independently in the HOME Program. Please call for details.
- Other requirements may apply

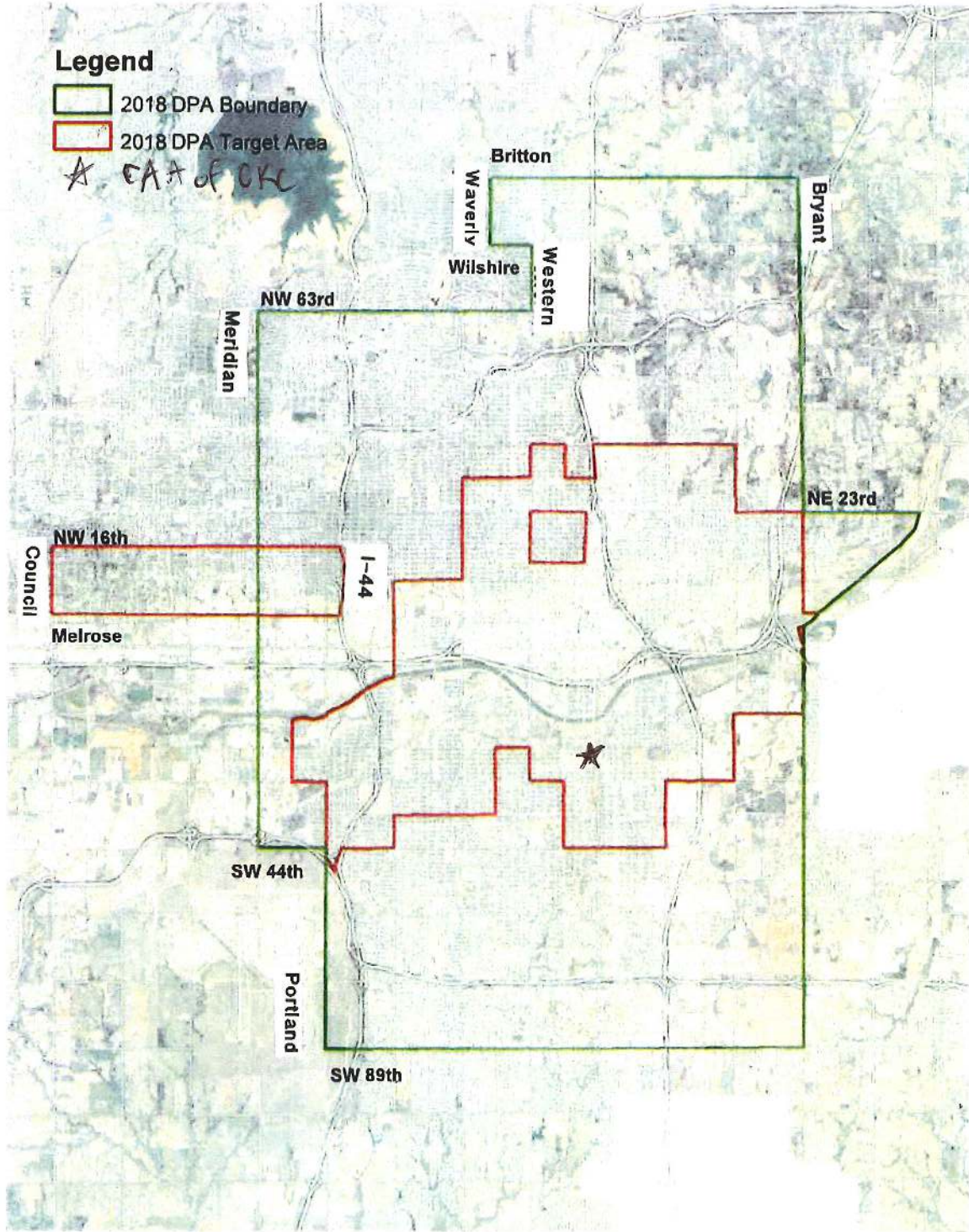




OKLAHOMA CITY DOWN PAYMENT ASSISTANCE (DPA)  
PROGRAM GUIDELINES

Exhibit

1







Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc.  
319 S.W. 25<sup>th</sup> Street, Oklahoma City, OK 73109  
Phone 405-232-0199 FAX 405-232-9074

## OKC Homebuyer Down Payment & Closing Cost Assistance Program

**PLEASE USE THIS CHECKLIST OF ITEMS REQUIRED FOR YOUR APPLICATION. THEY WILL BE NEEDED TO SCHEDULE AN APPOINTMENT. PLEASE BRING THE ITEMS THAT APPLY TO YOUR HOUSEHOLD TO THE APPOINTMENT.**

- Verification of Employment Form completed by Employer for all working members (ATTACHED) Make copies if needed, **THIS FORM MUST BE SENT DIRECTLY TO ME BY THE EMPLOYER BEFORE WE CAN PROCESS YOUR INCOME CALCULATION.**
- For each non-working household members 18 years or older- Completed & signed "No Income Certification Form" & "Non-Employed Affidavit" (ATTACHED)
- Two (2) months most recent pay stubs for all working members of household – please make sure pay periods equal 2 mos. or more.
- If on Social Security provide current Social Security Award Letter
- Child Support Verification – need copy of court order & last 12 months statement showing amount that has been received
- If Self-Employed or any other income – contact CAA of OKC for clarification on what to bring for verification.
- Divorce Decree (if applicable)
- Most Current Federal & State Income Tax Returns and all W-2 &/or 1099 and any other forms used to file returns
- Driver's Licenses & Social Security Cards for **all** household members
- Permanent Resident Cards (if applicable)
- Last two (2) months checking account statements – **ALL PAGES**
- Last two (2) months savings account statements – **ALL PAGES**
- Lender Pre-Approval Letter & Credit Report. Lender Loan Application if purchase contract has been signed. All papers from Lender

**PLEASE READ THE FOLLOWING PAGE FOR MORE INFORMATION ABOUT OUR PROCESS.**





Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc.  
319 S.W. 25<sup>th</sup> Street, Oklahoma City, OK 73109  
Phone 405-232-0199 FAX 405-232-9074

**\*\*\*\*\* THIS PAGE CONTAINS IMPORTANT INFORMATION ABOUT APPLYING FOR OUR PROGRAM \*\*\*\*\***  
**PLEASE READ THIS WHOLE PAGE**

Dear Applicant,

Thank you for your interest in our OKC HOME Down Payment and Closing Costs Assistance Program. The City of Oklahoma City provides the Down Payment and Closing Costs Assistance programs and Community Action Agency administers it. The program is the U.S. Department of Housing & Urban Development HOME Program and it covers the Boundary (Low/Mod) & Target (NRSA) areas (see map attached). If you do not currently have a map you can call our office at 405-232-0199 ext. 3201 to get one. If you cannot tell if the house you are buying is on the map then give us a call and we will look up the address for you and let you know if it is in the targeted area. You **ARE NOT** required to be a first-time homebuyer for The OKC HOME Program.

It is recommended that you don't sign a contract until after you have been approved for our program. **Please make sure to call our office to find out if there are funds available before you sign a contract on a house.**

Home buying is a great opportunity. We look forward to helping you attain this goal.

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THE APPLICATION:**

**All documentation (checklist attached) must be available before sending your application.**

**Our COVID-19 DPA Program Application Process**

- Step 1:** Attend the Homebuyer Education Workshop. **The workshop is not the appointment to qualify for the assistance.** (Schedule attached) Online options are available as well. (info attached)
- Step 2:** Be approved for a mortgage either through a bank or a mortgage company. (You can be approved for the mortgage and then do the Homebuyer Education Workshop) If you haven't been approved for a mortgage, you can still apply but approval for assistance will be contingent on you being approved for a mortgage.
- Step 3:** Have all adult household members Employer(s) send us the completed Verification of Employment form (form attached). **Verification must be returned directly to CAA by fax or email from the Employer's representation who completed the form. This form will not be accepted if applicant has possession of the form after the Employer has completed it.**
- Step 4:** Fill out the DPA application and collect all applicable documentation on the checklist. (Checklist attached)
- Step 5:** **After** you have attended the Homebuyer Education Workshop and have verified with your Employer that they have returned the Verification of Employment form to CAA, you may email, mail or fax the completed application packet to the Housing Counselor to determine if you qualify for the program
- Step 6:** A virtual appointment will be set when all documentation has been received to complete Housing Counseling. **This appointment can last anywhere from 1 to 1 ½ hours. For questions email Alejandra Martinez, hcounselor@caaofokc.org. This appointment is not the same as the workshop.**
- Step 7:** If you have followed all the steps above, you will know if you have been approved for the DPA prior to your virtual appointment. Assistance can be reserved **only** when you have been approved for DPA and you and the Seller have signed a Sales Contract.





THE OKC HOMEBUYER PROGRAM APPLICATION

NOTE: If you have a disability, impairment, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling agency?

- Member of our staff, Print/radio ad, Religious or social organization, Friend/family, HUD, Internet Search, TV, Flyer, The City of Oklahoma City, Walk-In, Conference/Convention, Realtor, Neighborhood Housing Services, Bank/Lender/Mortgage Services, Other (specify)



PART ONE. YOUR BIOGRAPHIC AND DEMOGRAPHIC INFORMATION

Name of Applicant: First Name, Last Name, Middle Initial

Gender: Male, Female, Social Security#, Date of Birth:

Present Address: Apt#, City, State, Zip Code

Home Phone: Work Phone: Cell Phone:

Applicant's E-mail:

Preferred Contact Method: Cell Phone, Work Phone, Home Phone, Email, Best time to be reached: Morning, Afternoon

Marital Status: Single, Unmarried (have kids), Married, Divorced, Separated, Widow, Common Law

Ethnicity: Hispanic, Non-Hispanic, Are you a Veteran?: Yes, No, Are you Disabled?: Yes, No

Race: American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian/Pacific Islander, White, American Indian/Alaskan Native & White, Asian & White, Black or African American & White, American Indian/Alaskan Native & Black or African American, Multiracial (specify)

Are you a: United States Citizen, Permanent Resident, What country were you born in?:

What is the highest level of education completed?: No High School Diploma, High School Diploma, GED@ Diploma, Vocational Certificate, Some College-never completed, Associates Degree, Bachelor's Degree, Master's Degree

Name of Co-Applicant: First Name, Last Name, Middle Initial

Gender: Male, Female, Social Security#, Date of Birth:

Relationship to Applicant: Spouse, Significant Other, Relative (specify):

Home Phone: Work Phone: Cell Phone:

Preferred Contact Method: Cell Phone, Work Phone, Home Phone, Email, Best time to be reached: Morning, Afternoon

Marital Status: Single, Unmarried (have kids), Married, Divorced, Separated, Widow, Common Law

Ethnicity: Hispanic, Non-Hispanic, Are you a Veteran?: Yes, No, Are you Disabled?: Yes, No

Race: American Indian/Alaskan Native, Asian, Black or African American, Native Hawaiian/Pacific Islander, White, American Indian/Alaskan Native & White, Asian & White, Black or African American & White, American Indian/Alaskan Native & Black or African American, Multiracial (specify)

Are you a: United States Citizen, Permanent Resident, What country were you born in?:

What is the highest level of education completed?: No High School Diploma, High School Diploma, GED@ Diploma, Vocational Certificate, Some College-never completed, Associates Degree, Bachelor's Degree, Master's Degree

Address of the property you want to buy:
Type of Unit: Single Family Detached Home, Condominium

FOR CAA USE ONLY:
Received by:
Date:
Completed:

**Complete the following for all persons who will live in the household:**

#	Name	Relationship	Age	Date of Birth	Social Security Number	Disabled? Y or N
		Self		Above	Above	Above

**PART TWO. YOUR REALTOR & LENDER INFORMATION**

Realtor's Agency Name: \_\_\_\_\_ Realtor Name: \_\_\_\_\_  
 Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Realtor's Email address: \_\_\_\_\_  
 Lending Company Name: \_\_\_\_\_ Lending Officer: \_\_\_\_\_  
 Office #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Lending Officer Email address: \_\_\_\_\_

**PART THREE. YOUR EMPLOYMENT STATUS**

**\* Attached is our Verification of Employment Form that you will need to give to your Human Resources Department or whoever is in charge of payroll. They will need to email, fax or mail us that form directly prior to or the day of your appointment. Without that form we are not able to schedule your appointment.**

**Applicant's Employment Status:**

- Employed Full-time
- Employed Part-time
- Employed Seasonally
- Self-Employed
- Unemployed, receiving benefits
- Unemployed, not receiving benefits
- Disabled, receiving benefits
- Disabled, not receiving benefits
- Retired
- Other (specify: \_\_\_\_\_)

**Applicant's Current Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Address City State Zip Code

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Co-Applicant's Employment Status:**

- Employed Full-time
- Employed Part-time
- Employed Seasonally
- Self-Employed
- Unemployed, receiving benefits
- Unemployed, not receiving benefits
- Disabled, receiving benefits
- Disabled, not receiving benefits
- Retired
- Other (specify: \_\_\_\_\_)

**Co-Applicant's Current Employer:** \_\_\_\_\_

**Employer's Address:** \_\_\_\_\_  
Address City State Zip Code

**Dates of Employment:** \_\_\_\_\_ to \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

## PART FOUR. YOUR HOUSING STATUS &amp; HOUSING GOALS

**My household type is...**

- Single Adult       Married       Cohabiting       Single female head of household with dependents  
 Single male head of household with dependents       Roommates/unrelated adults  
 Living with non-spousal family members (parents, siblings, etc)       Other (specify) \_\_\_\_\_

**Language Preference:**  English  Spanish  Other (specify) \_\_\_\_\_

**My current housing status is...check all that apply:**

- Renting/leasing       In process of buying (pre-approved, must have two (2) months of their anticipated mortgage payment in reserves)       Ready in 3-6 months       Ready in 7-18  
 Ready in 19 + months       Homeowner with mortgage(s)       Homeowner (no mortgage debt)  
 Homeless       Living with family (paying rent)       Living with family (not paying rent)  
 Other (specify) \_\_\_\_\_

**Do you currently receive rental assistance?**  Yes  No If yes, please specify: \_\_\_\_\_

**My housing goal is to...check all that apply:**

- Buy a home (pre-purchase counseling)       Get budget counseling       Save two (2) months anticipated mortgage payments in reserves       Discuss a fair housing rights violation       Get referral to Credit Counseling Agency       Other (specify) \_\_\_\_\_

## PART FIVE. YOUR RENTAL &amp; MORTGAGE INFORMATION

**If you are currently renting, how long have you been renting at your current address?** \_\_\_\_ Years \_\_\_\_ Months.

**What is your current monthly rent amount?** \$ \_\_\_\_\_

**Check all that apply:**

- I pay rent       I receive a rent subsidy &/or am a public housing resident       I am a Section 8 recipient  
 I am delinquent with utilities & need assistance

**Have you ever owned a home?**  Yes  No

**If yes, when was the last time you owned a home?** \_\_\_\_\_

**If you currently own your home, do you have a mortgage?**  Yes  No

**Is this home going to be rented out?**  Yes  No

**If yes, what is the amount that it will be rented for?** \$ \_\_\_\_\_

## PART SIX. QUESTIONS RELATED TO YOUR CREDIT HISTORY

**Are there any outstanding judgments against you?**  Yes  No

**Have you declared bankruptcy within the past seven years?**  Yes  No

**If yes, date filed** \_\_\_\_\_ **date discharged** \_\_\_\_\_  I am currently in a bankruptcy plan

**Within the past seven years, have you had a property foreclose or surrendered through a deed in lieu?**  Yes  No

**If yes, what was the reason for default?**

## PART SEVEN. TOTAL VALUE OF YOUR HOUSEHOLD'S ASSET

**Total Value, Liquid Assets:**

(can be easy to sell or convert into cash without any loss in its value)

Cash: \$ \_\_\_\_\_  
 Stocks/Bonds/CDs: \$ \_\_\_\_\_  
 \*Savings Accounts: \$ \_\_\_\_\_  
 \*Checking Accounts: \$ \_\_\_\_\_  
 Vehicles: \$ \_\_\_\_\_  
 IRA or 401K \$ \_\_\_\_\_

**Total Value, Hard Assets:**

(cannot be easily converted to cash)

Owner Occupied Property Value: \$ \_\_\_\_\_  
 Investment Property Value: \$ \_\_\_\_\_  
 IRA or 401K that you cannot use: \$ \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

\*program requires that the applicant/co-applicant, in addition to their 1% or 1.75% contribution, that they have at least two (2) months of their anticipated mortgage payment in reserves.



Please take a few minutes to provide information regarding your household income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

Income Type	Applicant		Co-Applicant	
	Monthly Income		Monthly Income	
	Gross (Before Deductions)	Net (After Deductions)	Gross (Before Deductions)	Net (After Deductions)
Salary/wage Earnings	\$	\$	\$	\$
Social Security, SSD or SSI	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Unemployment Income	\$	\$	\$	\$
Self-Employed	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
<b>Total:</b>	\$	\$	\$	\$

Average Monthly Debts			Household
Rent			\$
Property Taxes, HOA, Insurance (current homeowners)			\$
Household Utilities	Water \$	Gas \$	Electric \$
Cable or Satellite			\$
Home Phone/Cell Phone			\$
Internet			\$
Netflix/Spotify/Game Fly/HULU Plus			\$
Car Insurance			\$
Home Alarm System			\$
Supplies for the home, toiletries, etc.			\$
Gas for the car(s)			\$
Health/Dental/Vision Insurance (list amount only if it is not deducted from your paycheck)			\$
Life Insurance (list amount only if it is not deducted from your paycheck)			\$
Groceries			\$
Dining Out			\$
Children clothing, toys, supplies			\$
Children school tuition, supplies, lunch money			\$
Children allowance			\$
Children activities (sports, dance, practices)			\$
Child care			\$
Alimony/Child Support			\$

Average Monthly Debts		Household
Donations, church tithes, etc.		\$
Legal fees		\$
Movie rentals		\$
Movies		\$
Alcohol/cigarettes		\$
Entertainment		\$
Pet Food, grooming, toys, etc.		\$
Medical prescriptions		\$
Hair/Nail Salon		\$
Personal clothing		\$
Dry cleaning/Laundromat		\$
Health Club		\$
Organization dues		\$
Other personal care		\$
Retirement Savings		\$
Maintenance reserves (home & car)		\$
Rent reserves		\$
College savings		\$
Investments		\$
Other		\$
Other		\$



Type of debt	Applicant		Co-Applicant	
	Current Balance	Monthly Payment	Current Balance	Monthly Payment
Mortgage (Principal & Interest) (current homeowners)	\$	\$	\$	\$
Car loan payment(s)	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Personal Loan	\$	\$	\$	\$
Student Loan	\$	\$	\$	\$
Medical bills	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$

PART NINE. ADDITIONAL QUESTIONS

The following information will not affect your APPLICATION; however it is needed to meet the requirements of our funding sources.

Have you previously applied for Down Payment & Closing Cost Assistance before?  Yes  No

Are you an employee, agent, consultant, officer, elected or appointed official for Community Action Agency of Oklahoma City & Oklahoma/Canadian Counties, Inc., or related to a member of the governing body of CAA of OKC & OK/CAN Co., Inc.?  Yes  No

Do you currently have health insurance?  Yes  No

Are you currently receiving "EBT" (food stamp) benefits?  Yes  No

Has any household member received any Housing Assistance in the past?  Yes  No

If yes, please check which type:  Public Housing  Section 8  Project Based

If yes, when was it last received? \_\_\_\_\_

Did you or the co-applicant leave a unit or program owing any money for unpaid rent or damages or commit violations or family obligation on any other program?  Yes  No

Have you or anyone in your household ever been charged with fraud concerning any government program?

Yes  No

Have you been informed of the potential hazards of lead-based paint and lead dust?  Yes  No

Do you understand the potential hazards of lead-based paint and lead dust?  Yes  No

**Before purchasing a home you should be aware of the dangers associated with lead-based paint. Detection of lead-based paint may or may not disqualify the property from the homebuyer program.**

## PART TEN. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The above information was requested by the Federal Government for certain types of loans or grants related to a dwelling, in order to monitor the Agency's compliance with equal lending opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that this agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Agency is required to note race and sex on the basis of visual observation or surname. CAA of OKC must review the material to assure that these disclosures satisfy all requirements to which the Agency is subject under applicable Federal and State laws for the particular type of grant/deferred loan applied for. We appreciate your willingness to provide this information.

**THE COMMUNITY ACTION AGENCY OF OKLAHOMA CITY AND OKLAHOMA/CANADIAN COUNTIES, INC. IS AN EQUAL HOUSING OPPORTUNITY AGENCY.**

## PART ELEVEN. GENERAL INFORMATION &amp; APPLICANT SIGNATURE

**GENERAL INFORMATION:**

Any person who knowingly and with intent to defraud the government, files an application for this HOME program that contains any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

**No assistance shall be provided under section 8 of the 1937 Act to any individual who:**

**(a) Is enrolled as a student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002); (b) Is under 24 years of age; (c) Is not a veteran of the United States military; (d) Is unmarried; (e) Does not have a dependent child; (f) Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the 1937 Act and was not receiving assistance under section 8 of the 1937 Act as of November 30, 2005; and (g) Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act.**

The information given to CAA of OKC to qualify my family for assistance under the HOME program is accurate and complete to the best of my knowledge. I understand that any false statements or information is grounds for Denial and /or Termination of Assistance and possible prosecution under the law.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date



**AGREEMENT:**

In compliance with Federal and State Equal Housing Opportunity and Fair Housing Laws, qualified applicants are considered for the program without regard to race, color, religion, sex, national origin, age, marital status or medical condition or disability.

I understand that my application is on a first-come first-serve basis, and that service to my application will depend on my ability to meet my obligations to the home buying process. I also understand that by filling out this application and going to Community Action Agency to get income qualified I will not be able to reserve funds until there is a Loan Approval, I can demonstrate that the home is sustainable, have two months of reserves, and a Sales Contract has been signed. If I have not closed on a house in 6 months then I will need to update my paperwork and see if I still qualify for the assistance.

I understand the affordability period shall begin 60 days from the closing date and will be for 5 years, with the assistance in the form of a forgivable loan, prorated 1/60<sup>th</sup> per month, secured by a 2<sup>nd</sup> mortgage in favor of the City of Oklahoma City, and will be filed of record.

I understand that the 2<sup>nd</sup> mortgage in favor of The City of Oklahoma City is not assumable by another party, and that the total assistance is due and payable. If I continue to own the property and lease or rent it out, then I must pay the full amount back to the program, the amount will not be prorated and will be due immediately.

I understand that I must secure a 1<sup>st</sup> mortgage with a fixed interest rate, with the term no greater than 30 years. The property taxes and hazard insurance must be escrowed and transfer of ownership shall be by fee simple title only.

I understand the assistance may be applied to eligible closing costs and down payment. No amount of assistance shall be returned to the homebuyer at closing or any other time.

I understand that I must participate financially in the purchase of the home. The minimum investment will be 1% of the sales price for Conventional financing and 1.75% for FHA financing. This amount may include up-front expenses paid by me before closing, such as earnest money, appraisal, credit report, etc. For FHA financing, I may have not more than \$15,000 in liquid assets. Any funds in excess must go toward the purchase of the home, as practicable.

I understand that subordination requests may be approved if the refinancing clearly shows significant benefits such as a lower interest rate, shorter term, and no cash to borrower from equity, and the City in the same or better position on the mortgage. The new loan value ratio shall not be greater than 97% and refinance fees must be reasonable and customary for the OKC market.

I certify that I have answered all questions on the homebuyer application truthfully and to the best of my knowledge. I authorize the Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc. to make such investigations of the information contained in this application as necessary to make a homebuyer program decision.

I acknowledge the requirement to participate in the Homebuyer Education Workshop provided by Community Action Agency (CAA) prior to purchasing a home. I also agree to contact CAA in the event of foreseen difficulty making a mortgage payment thereby authorizing CAA to provide me with default counseling to possibly prevent a mortgage default situation.

Should I obtain Homebuyer's assistance with the Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc., I understand that any false or misleading information given in my application may result in my immediate termination from the program.

Penalty of false or fraudulent statements: Title 18, Section 1001, provides:

"Whoever in any matter within 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 five years or both.**"

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 Applicant's signature

Date

---

 Co-Applicant's signature

Date







Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc. 319 S.W. 25th Street, Oklahoma City, Oklahoma 73109

HOMEBUYER PROGRAM DISCLOSURE and ACKNOWLEDGMENT

As (an) applicant(s) for the HOMEBUYER PROGRAM, I/We hereby acknowledge that COMMUNITY ACTION AGENCY OF OKLAHOMA CITY and OKLAHOMA/CANADIAN COUNTIES, INC. disclosed the following information to me/us:

Pursuant to the most current requirements from The City of Oklahoma City, funds provided through the HOMEBUYER PROGRAM for the purpose of assisting with down payment and closing costs related to the purchase of residential property; such assistance shall be a real estate loan in the form of a five-year Deferred Second Mortgage & Note filed of record against said residential property, the five-year Deferred Second Mortgage & Note begins 60 days after the closing date.

Such loan shall be due and payable five years from 60 days from the date that said Deferred Second Mortgage & Note is executed at closing, but will be forgiven to the following extent, as applicable:

1/60th of the original principal balance of the Loan for each month the Loan is outstanding. Such monthly reduction shall take effect in arrears in 60 days after the closing date the Loan was originally signed.

Unless the obligations under said mortgage loan is assumed by a person or persons approved by the mortgage holder, the loan secured by the mortgage will be accelerated at the then principal balance if I/We sell the residence within five years of said mortgage closing date or if the residence does not continue to be my/our principal residence during such five years. There is no forgiveness in the first 60 days of execution of the Deferred Second Mortgage & Note by the homebuyer.

CITY OF OKLAHOMA CITY is not required to subordinate our position to a Lending Institution for the purposes of obtaining junior liens. Requests for subordination are reviewed on an individual basis. CITY OF OKLAHOMA CITY reserves the right to deny requests for subordination, if the lending institution does not provide requested documentation or if the new lien is not in the best financial interest of the borrower. If subordination is determined to be in the best interest of the client, we will subordinate one (1) time only.

NOTE: Junior Liens obtained for the sole purpose of repairs or renovation are to be paid out of escrow. If borrowers are to receive cash back at closing CITY OF OKLAHOMA CITY may not subordinate and it may be required that the lien be paid in full.

I/We hereby acknowledge receipt of a copy of the foregoing DISCLOSURE and ACKNOWLEDGMENT and that I/We have read and understand the matters set forth therein.

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

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

STATE OF OKLAHOMA )
COUNTY OF \_\_\_\_\_ ) SS

Signed or attested before me on \_\_\_\_\_, \_\_\_\_\_, by
Month/Day year

Applicant Name Co-Applicant Name

My Commission expires: \_\_\_\_\_ Notary Public

# VERIFICATION OF EMPLOYMENT

**NOTE TO APPLICANT:** CONFIRM WITH YOUR EMPLOYER THAT THEY HAVE SENT THIS FORM TO CAA OF OKC BEFORE CALLING TO SCHEDULE YOUR APPOINTMENT TO APPLY FOR THE ASSISTANCE.

**TO:** Name & Address of Employer  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FROM:** HOME Program Participating Agency

Community Action Agency of Oklahoma  
 City & Oklahoma/Canadian Counties, Inc.  
 319 SW 25th ST  
 OKC, OK 73109

**RE:** Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ App. Ph# \_\_\_\_\_

I hereby authorize release of my employment information.

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

OKC

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

\*\*\*\*\***THE EMPLOYER MUST RETURN THIS FORM**\*\*\*\*\*  
 \*\*\*\*\***THIS FORM NEEDS A FAX COVER SHEET IF IT IS BEING FAXED**\*\*\*\*\*  
 You can e-mail as a pdf to hcounselor@caaofokc.org, fax to (405)232-9074 ATTN: Alejandra, or mail to the address above ATTN: Alejandra.

**ALL SECTIONS BELOW MUST BE COMPLETED BY THE EMPLOYER, IF THEY DO NOT APPLY TO THE EMPLOYEE, PLEASE WRITE N/A IN THE SPACE PROVIDED OR CHECK N/A.**

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  One YES  NO  Last Day: \_\_\_\_\_

CURRENT RATE Per Hour or Salary - Please  box: \$ \_\_\_\_\_  One  hourly rate  salary rate

Frequency of paycheck  One  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

Average # of Regular hours per week: \_\_\_\_\_ Year-to-date earnings: from \_\_\_/\_\_\_/\_\_\_ to PRESENT \$ \_\_\_\_\_

**WE NEED THE LAST TWELVE (12) MONTHS AVERAGE # OF HOURS OR DOLLAR AMOUNT FOR THE NEXT SECTION**

OVERTIME Rate: \$ \_\_\_\_\_ per hour AVG # of OVERTIME hours per PAY PERIOD: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour AVG # of Shift Differential hours per PAY PERIOD: \_\_\_\_\_

Frequency of Commissions, bonuses, tips, other:  One  Not Applicable  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

AMOUNT of Commissions, bonuses, tips, other: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months:  
 \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):  
 Effective Date(s): \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Employer Phone# \_\_\_\_\_ Employer Fax# \_\_\_\_\_ Employer E-mail \_\_\_\_\_



# VERIFICATION OF EMPLOYMENT

**NOTE TO APPLICANT:** CONFIRM WITH YOUR EMPLOYER THAT THEY HAVE SENT THIS FORM TO CAA OF OKC BEFORE CALLING TO SCHEDULE YOUR APPOINTMENT TO APPLY FOR THE ASSISTANCE.

TO: Name & Address of Employer  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FROM: HOME Program Participating Agency

Community Action Agency of Oklahoma  
 City & Oklahoma/Canadian Counties, Inc.  
 319 SW 25th ST  
 OKC, OK 73109

RE: Applicant Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ App. Ph# \_\_\_\_\_

I hereby authorize release of my employment information.

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

OKC

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

\*\*\*\*\*THE EMPLOYER MUST RETURN THIS FORM\*\*\*\*\*

\*\*\*\*\*THIS FORM NEEDS A FAX COVER SHEET IF IT IS BEING FAXED\*\*\*\*\*

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ALL SECTIONS BELOW MUST BE COMPLETED BY THE EMPLOYER, IF THEY DO NOT APPLY TO THE EMPLOYEE, PLEASE WRITE N/A IN THE SPACE PROVIDED OR CHECK N/A.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed:  One YES  NO Date Employed: \_\_\_\_\_ Last Day: \_\_\_\_\_

CURRENT RATE Per Hour or Salary - Please  box : \$ \_\_\_\_\_  One  hourly rate  salary rate

Frequency of paycheck  One  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

Average # of Regular hours per week: \_\_\_\_\_ Year-to-date earnings: from \_\_\_/\_\_\_/\_\_\_ to PRESENT \$ \_\_\_\_\_

WE NEED THE LAST TWELVE (12) MONTHS AVERAGE # OF HOURS OR DOLLAR AMOUNT FOR THE NEXT SECTION

OVERTIME Rate: \$ \_\_\_\_\_ per hour AVG # of OVERTIME hours per PAY PERIOD: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour AVG # of Shift Differential hours per PAY PERIOD: \_\_\_\_\_

Frequency of Commissions, bonuses, tips, other:  One  Not Applicable  hourly  weekly  bi-weekly  semi-monthly  monthly  yearly  other \_\_\_\_\_

AMOUNT of Commissions, bonuses, tips, other: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months:  
 \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_ \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s):  
 Effective Date(s): \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Employer's Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Employer Phone# \_\_\_\_\_ Employer Fax# \_\_\_\_\_ Employer E-mail \_\_\_\_\_

## CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_

1. I hereby certify that I do not individually receive income from any of the following sources:
  - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
  - b. Income from operation of a business;
  - c. Rental income from real or personal property;
  - d. Interest or dividends from assets;
  - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
  - f. Unemployment or disability payments;
  - g. Public assistance payments;
  - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
  - i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
  - j. Any other source not named above.
  
2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.
  
3. Please explain the source of funds you will be using to make your rent payments: \_\_\_\_\_  
\_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Printed Name of Applicant/Tenant

\_\_\_\_\_  
Date

# NON-EMPLOYMENT AFFIDAVIT

To be completed by any adult household member, including emancipated minors, who claim no employment income.

TENANT/APPLICANT: \_\_\_\_\_ UNIT NO: \_\_\_\_\_

DEVELOPMENT NAME: \_\_\_\_\_

**DIRECTIONS:** Please select all that applies and attach the printout from Okla. Dept. of Labor to show the existence or lack of unemployment benefits and wage history for the last twelve months preceding the certification.

1. I am not currently employed in any capacity and do not anticipate the change in my status. (Please check all that applies)

I am not seeking employment.

I have not recently applied for employment.

I have not been offered employment.

I am not under any affirmative obligation to obtain employment.

I do not plan to look for employment due to: \_\_\_\_\_

2. I am not currently employed in any capacity; however, I anticipate becoming employed in the next 12 months.

A. (Check one)

I have been offered a position with \_\_\_\_\_ (employer) that will begin \_\_\_\_\_ (date)

I am seeking employment as a \_\_\_\_\_ (position) and I anticipate earning \$ \_\_\_\_\_ per \_\_\_\_\_ (frequency).

B. My anticipated income is supported by (check all that applies):

Written confirmation from my new employer

Previous tax return

Previous job pay stub/ salary history

Three current employment advertisements showing average compensation for a similar position

Other: \_\_\_\_\_

3. I attest that the following is true regarding benefits related to my unemployment:

A. (Please check one)

I am currently receiving unemployment benefits or other benefits related to my non-employment status.

I am not currently receiving and do anticipate receiving unemployment benefits or other benefits.

I am not currently receiving and do not anticipate receiving unemployment benefits or other benefits.

B. If benefits related to your unemployment status (i.e. disability) other than unemployment is being received, please identify source: \_\_\_\_\_ and amount \$ \_\_\_\_\_.

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of my lease agreement.

\_\_\_\_\_  
Tenant/ Applicant Signature

\_\_\_\_\_  
Date

**WARNING:** Section 1001 of Title 18 U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.



## STUDENT STATUS AFFIDAVIT FOR HOME UNITS

**HOME** requires this student question to be asked for **ALL** activities.

Household Name: \_\_\_\_\_

Address/Unit #: \_\_\_\_\_

The **HOME** student rule excludes certain students from participating **independently** in the **HOME** program.

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

**If the answer above is YES, please answer the following; one exception must be met.**

Name of household member attending institution: \_\_\_\_\_

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit? (If this is the only exception being met, PLEASE contact OHFA HOME compliance first)		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.



Community Action Agency of Oklahoma City & Oklahoma / Canadian Counties, Inc.

# Dream of Owning a Home?? Don't know where to start?

Enroll in our  
**FREE**  
**Homebuyer Education Workshop**

**Workshop Topics:** Down Payment Assistance Programs ~ Understanding Credit Issues  
Shopping for a Home with a Realtor ~ Financing your Home ~ Homeowner Insurance  
Creating a Budget & Setting Goals ~ Home Inspection ~ Fair Housing

One of the most significant financial transactions in anyone's life is buying a home. This workshop will help you decide if you are ready. To enroll in our Homebuyer Education Workshop or for more information, Call us at  
**(405) 232-0199 EXT 3201**

## **2020 Workshop Schedule** **FRIDAY 8:30am to 4:00pm**

January 24	April 24	July 17	September 25
February 21	May 15	July 31	October 16
March 13	May 29	August 14	October 30
March 27	June 12	August 28	November 20
April 10	June 26	September 11	December 11



## \*\*\*COVID-19 HOMEBUYER ED WORKSHOP OPTIONS\*\*\*

If you haven't already signed up for a Homebuyer Education Workshop, check out our schedule at the end of the packet for the next available workshop and call us to enroll. There are some online Zoom Meeting options, call **NHS at 405-231-4663** for their next workshop.

Due to the COVID-19 Pandemic, we have had to reduce the number of participants and we are completely booked until October 2020. Openings do open up closer to the date of the workshop, let me know if you can come in last minute and I can call you if there are cancellations.

If you are trying to purchase before our next available workshop, you can take the online version. Here are a couple of websites for the online workshop <https://www.frameworkhomeownership.org/get-started/homebuyer-education> or <https://www.ehomeamerica.org/nhsokla> . The cost is between \$75.00 to \$125.00 to complete but it will count as part of your monetary contribution, when participating in the CAA of OKC DPA program.