

## **Please Read Completely**

### **CHECKLIST OF NECESSARY INFORMATION FOR HOUSING APPLICATION**

- Completed Application (Please make sure all areas are signed.)
- Mortgage Pre-Qualification Letter.
- Verification of Employment **for all members of your household** that work, if applicable.
- 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 you or any household member receives Social Security or SSI, please contact your social security office, and request a letter issued stating your monthly allowance.**
- Proof of child support, retirement funds, un-employment or other income that is received.
- Homeownership Pre-Purchase Certificate.

When all items on this checklist are complete, return the entire packet to:

Home Development Resources, Inc.  
P.O Box 461  
Jefferson, GA 30549  
Phone: (706) 389-5222  
Email: [tdyerhdri@gmail.com](mailto:tdyerhdri@gmail.com)

#### **PLEASE NOTE THAT THIS PACKAGE WILL TAKE EXTRA POSTAGE**

**All information and documentation requested above must be submitted with this application in order to be processed. Incomplete applications will not be processed. If an incomplete application is submitted, you will receive a letter requesting the additional information. Until ALL information and documentation is submitted, you will NOT be eligible for assistance.**

The City of Riceboro 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.





## Application Intake Process CHIP Housing Program

The City of Riceboro has received Community HOME Investment Program (CHIP) funds. This program provides financial assistance used to develop homeownership through new construction of single-family units to be sold to low- and moderate-income home buyers.

**Contact Information:** Home Development Resources, Inc.  
P.O. Box 461  
Jefferson, GA 30549  
Phone: (706) 389-5222  
Email: [tdyerhdri@gmail.com](mailto:tdyerhdri@gmail.com)

### Completed application packets must include the following:

- Official Application
- Lender Pre-Qualification Letter
- Pre-Purchase Housing Counseling Certificate
- Authorization for Release of Information
- Certification Principle 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 (all occupants ages 18 and over)
- Paycheck stubs (3), Current W-2 (1), Current Tax Return (1)
- Current Verification of Social Security Benefits/Retirement Benefits.

Applicants must complete and return the above-mentioned forms. All applications are processed on a first-come first-served basis, with the date stamp serving as the order of service.

- ❖ Incomplete application packets will not be processed.

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**Affordability Period Requirements:**

CHIP funds that are invested in projects are subject to a pre-determined Period of Affordability based on the amount of CHIP funds invested into the property. For the single-family-housing project the Period of Affordability is 5 years.

CHIP funds that are invested in projects that do not meet the established Period of Affordability requirements will be subject to recapture based on policies established by the DCA.

**Homebuyer Requirements:**

Each home buyer of completed units will be required to secure their own mortgage financing following the determination that they meet HOME income eligibility requirements. All CHIP funds provided to the homeowners are subject to a promissory note and a deed to secure debt between the Owner Occupant as mortgagor and the Recipient as the mortgagee.

**Income Levels:**

2020 Income Limits based on total household income: per person.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$30,650	\$35,000	\$39,400	\$43,750	\$47,250	\$50,750	\$54,250	\$57,750

NOTE: Liberty County is part of the Hinesville, GA HUD Metro FMR Area, so all information presented here applies to all of the Hinesville, GA HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the Hinesville, GA HUD Metro FMR Area.

*The Hinesville, GA HUD Metro FMR Area contains the following areas: Liberty County, GA.*

**U.S. Citizenship Qualification:**

Each member of a household that receives assistance must be lawfully within the United States. Each household member over the age of 18 years must complete a “Declaration of Citizenship Status” form. The parent/guardian must complete a “Declaration of Citizenship Status” form for each minor child under the age of 18 years.

**Conflict of Interest Qualification:**

The proposed residents of all units must sign a document stating that they have no relationship to anyone who has a decision-making role or inside knowledge of the HOME process, financial or contractual interests in a HOME activity, or anyone who can obtain benefits of any kind from a HOME activity. This extends to anyone with whom a person has familial or business ties during the funding process and up to one year thereafter. If an individual knowingly has any of the aforementioned connections to a HOME activity, and has not made these ties public, then she/he has violated Federal Conflict-of-Interest statutes.

**Primary Residence:**

The homebuyers must use these homes as their primary residence throughout the 5-year period of affordability.

**Homebuyer Counseling:**

Homebuyers must receive pre-purchase housing counseling before purchasing a HOME-assisted unit as per 24CFR §92.254(a)(3). A Certificate of Completion of the required counseling or evidence of completion from a housing counseling provider must be submitted before scheduling a closing.

# CHIP HOUSING APPLICATION



<p style="text-align: center;">For Office Use</p> <p>Only APPLICATION DATE: _____</p> <p>Income \$ _____ Family Size _____</p> <p>Income Limits _____%</p> <p>Signature _____ Date _____</p>	<p>Type of Assistance:</p> <p><input type="checkbox"/> Rehabilitation</p> <p><input type="checkbox"/> Reconstruction</p> <p><input type="checkbox"/> New Construction</p> <p><input type="checkbox"/> Assistance: Yes No</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>
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<b>Contract Administrator:</b>		<b>Contract Number:</b>	
<b>Applicant Name(s):</b>			
<b>Current Address:</b>		<b>P.O. Box</b>	
<b>City , State, Zip:</b>		<b>Home Phone:</b>	
<b>Cell Phone:</b>		<b>Email:</b>	
<b>Emergency Contact Name:</b>		<b>Emergency Contact Phone:</b>	
Please check one: I am applying for <input type="checkbox"/> Rehabilitation Assistance <input type="checkbox"/> Down Payment Assistance			

**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 (Male or Female)	Social Security Number
	<b>Head Household</b>				

**HEAD of HOUSEHOLD (check one) – THIS INFORMATION IS REQUIRED.** It is being collected to ensure compliance with federal Fair Housing and Equal Opportunity regulations.

**Race of Head of Household:**

- White
- Black/African American Asian
- American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Asian and White
- Black/African American and White
- American Indian/Alaska Native and White
- American Indian/Alaska Native and Black/African American
- Other Multi Racial

**Ethnicity of Head of Household:**

- Hispanic** – A person of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- Non-Hispanic** – A person not of Mexican, Cuban, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is this a Female Head of household?  Yes  No

Number of household members with disability. \_\_\_\_\_

**INCOME INFORMATION** 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? \_\_\_\_\_ N/A

**Do you have homeowner's insurance?**  Yes  No  N/A

Name of insurance company \_\_\_\_\_ N/A

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? \_\_\_\_\_ N/A

List below the types and sources of any household assets.  
Provide both the current cash value and the estimated annual income from the asset.

Household Member Name	Type and Source of Asset (savings/checking accounts, investments, etc.)	Cash Value of Asset	Annual Income From Asset

**Credit History** Please answer all questions. If the answer is yes please attach a written explanation.

Are there any outstanding financial judgments or liens against you?  Yes  No

Have you declared bankruptcy within the last 36 months?  Yes  No

Have you lost any property through foreclosure or given title or deed to anyone to avoid foreclosure?  Yes  No

Are you a co-signer on any note or loan?  Yes  No

**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?
<b>Mortgage</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Electric</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gas</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Phone</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cable</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Payment</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Car Insurance</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Expenses</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical Insurance</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child Care</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credit Card \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Credit Card \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Loan</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other (specify) \$</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you related to the City Mayor or a Member of City Council?  Yes  No

Are you employed by the City of Riceboro?  Yes  No

Are you related to a City Employee?  Yes  No

Do you serve on any Board or Agency associated with the City of Riceboro?  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

**APPLICANT CERTIFICATION**

I understand that by signing below that:

- (a) I will forfeit any Assistance if any information I provide is false.
- (b) The Community Development/Housing Department office does not guarantee that I can purchase or rehab 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 City of Riceboro pursuant to this application.

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

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

**Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.**

**GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION STATEMENT**

I, \_\_\_\_\_, hereby authorize the City of Riceboro, Housing Division 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 City of Riceboro 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 City of Riceboro 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.

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:

\_\_\_\_\_ Date \_\_\_\_\_ Social Security# \_\_\_\_\_  
ame

\_\_\_\_\_ Date \_\_\_\_\_ Social Security# \_\_\_\_\_  
Name



Georgia Department of Community Affairs  
Community HOME Investment Program

**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 5 number of years.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

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

Georgia Department of Community Affairs  
Community HOME Investment Program

**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 benefitting 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

\_\_\_\_\_  
City of Riceboro

\_\_\_\_\_  
(Name of State Recipient or Sub-recipient)

or of the \_\_\_\_\_  
Home Development Resources, Inc.  
\_\_\_\_\_  
(Name of administrator, if applicable)

whom 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 (if applicable)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Georgia Department of Community Affairs  
Community HOME Investment Program  
**DECLARATION OF CITIZENSHIP STATUS**  
**FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER**

**NOTICE TO APPLICANTS AND TENANTS:** Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

**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 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Eligible immigration status may be confirmed by providing one of the following forms of documentation:**

(1) 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) of the INA (8 U.S.C. 1001(a) (20) and 1101(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 temporary resident status).

(2) 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).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 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 (8 U.S.C. 1153(a) (7)).

Georgia Department of Community Affairs  
Community HOME Investment Program  
**DECLARATION OF CITIZENSHIP STATUS**  
**FOR HOUSEHOLD MEMBER UNDER 18 YEARS OF AGE**

**NOTICE TO APPLICANTS AND TENANTS:** Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

**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 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 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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(1) 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) of the INA (8 U.S.C. 1001(a) (20) and 1101(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 temporary resident status).

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Georgia Department of Community Affairs  
 Community HOME Investment Program  
**INCOME VERIFICATION FORM**  
**Format for Calculating Part 5 Annual Income**

1. Name of Applicant(s):		2. Total Number of Persons in Household:			
<b>ASSETS</b>					
Family Member	Asset Description	Current Cash Value of Assets	Actual Income from Assets		
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....				4.	
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank				5.	
<b>ANTICIPATED ANNUAL INCOME</b>					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income.....					7.
8. Applicable income limit for county as adjusted for household size:					8.

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

\_\_\_\_\_  
 Date Signed

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

\_\_\_\_\_  
 Date Signed

