



DOWN PAYMENT AND CLOSING COST ASSISTANCE PROGRAM

Down payment and closing cost assistance of \$7,500 for income-eligible homebuyers.

The program provides a 0% interest deferred-payment loan, forgiven over ten years if the owner continues to occupy the home as their principal residence. ***There is no forgiveness during the first 5 years of ownership.*** Beginning with completion of the 6th full year of owner-occupancy, one-fifth of the loan will be forgiven each year. Upon 10 years of owner-occupancy, the entire loan will have been forgiven.

City of Springfield Office of Housing

1600 East Columbus Avenue, Springfield, MA 01103

Phone: (413)787-6500 • Fax: (413)787-6515

www.springfieldcityhall.com/housing



Program Description: Down Payment Assistance Program

Purpose: Assist low and moderate-income households to become homeowners in the City of Springfield.

Assistance: Zero percent interest forgivable loan of \$7,500, fully forgiven after 10 years.

Conditions of Funding: The owner-occupant must use the home as the primary place of residence and remain in the home for a minimum of ten years. *No forgiveness in first 5 years of ownership.* 20% of loan amount forgiven following years 6 through 10.

Repayment: Pro-rated loan repayment is required if the homeowner sells, refinances, transfers title to the property; or if the home no longer serves as the owner’s primary residence.

Eligible Costs: Program funds may be applied to down payment or closing costs and are dispersed at closing.

Eligibility:

- Household income of the occupant household cannot exceed maximum limits, which are set annually. The following income limits apply as of June 1, 2025:

Maximum Household Income

1 Person	\$67,340	5 Person	\$103,896
2 Person	\$76,960	6 Person	\$111,592
3 Person	\$86,580	7 Person	\$119,288
4 Person	\$96,200	8 Person	\$126,984

- Contribute a minimum of 1% of own funds toward purchase of the property
- Successfully complete homebuyer education program from **a HUD-certified housing counselor at a HUD-approved housing counseling agency.** The following local agencies provide approve homebuyer education: Cambridge Credit Counseling Center, Holyoke Housing Authority, Springfield Partners for Community Action, Valley Community Development Corporation, and Way Finders, Inc.
- Maximum loan-to-value is subject to lender program requirements, but may not exceed 103%
- Landlord training course required for properties containing **two or more units**
- Current on City of Springfield taxes, fees, fines or municipal liens.



DOWN PAYMENT ASSISTANCE PROGRAM APPLICATION

BUYER'S INFORMATION

1. ADDRESS OF HOME TO BE PURCHASED: _____

2. Complete the following for ALL BUYERS, as listed on the Purchase and Sale Agreement:

Buyer 1: _____

Social Security Number: _____ Age: _____ Email: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Buyer 2: _____

Social Security Number: _____ Age: _____ Email: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

3. Including the Buyer(s), how many people make up your household? _____

4. Use the space below to list **all other** household members (include **all** adults and children):

Full Name	Relationship to Applicant	Age	Social Security Number

5. Is the applicant, or one of his/her relatives, employed by the City of Springfield?

No Yes, Describe relationship, which department(s) and in what capacity:

6. Has the applicant ever received assistance from the City of Springfield?

No Yes, Explanation: _____

7. Do you currently have a housing rental subsidy, or live in, public housing? No Yes

8. Are there closing costs to be paid by the seller? If yes, what is the amount? _____



PROPERTY INFORMATION

1. Address of Property to be Purchased: _____
2. Type of House: Condominium Single Family Two-Family Three-Family
3. Is the property currently occupied? No Yes If yes, is it occupied by the seller? No Yes
4. Purchase price of property: \$ _____
**Property appraisal supporting purchase price must be submitted prior to closing*
5. Does the property you intend to buy require repairs/improvements? No Yes

If yes, please describe:

SOURCES OF INCOME

1. Please list employment information for the buyer(s):

Buyer 1 Employer: _____

Position Title: _____

Employer Address: _____

Employer Telephone: _____ Date of Employment: _____

Paid Weekly Paid Bi-Weekly Other: _____ \$ _____ per _____

Buyer 2 Employer: _____

Position Title: _____

Employer Address: _____

Employer Telephone: _____ Date of Employment: _____

Paid Weekly Paid Bi-Weekly Other: _____ \$ _____ per _____

2. Are there any additional sources of income for the buyer(s)?

Pension Social Security Alimony

Interest from Assets Child Support Other: _____

3. If the Buyer's source of income has changed since the last filed income tax return, please explain:



4. List all other income sources for all adult (18 or older) members of the household:

INCOME INFORMATION

1. Use the chart below to list **ALL monthly** income. Income must be listed for **ALL adult (18 or older) household members.**

Income Source	Buyer 1	Buyer 2	Other Household Members (18+)	Total
Wages from employer				
Social Security				
Disability				
Alimony				
Interest from Asset(s)				
Child Support				
Other:				
Total Gross Monthly Household Income:				
TOTAL ANNUAL INCOME (x12):				

2. If the buyer's anticipated income differs from the information listed above, please explain:

ASSET INFORMATION

1. Use the chart below to list **ALL** assets.

Type	Balance
Checking:	
Savings:	
Certificates of Deposit:	
Other Personal Assets:	
Other: Describe	



TOTAL PERSONAL ASSETS:	
IRA:	
Other Retirement Assets:	
TOTAL RETIREMENT ASSETS:	

PURCHASE FUNDS

1. Real Estate Down Payment: \$ _____
2. What is the source of funds you are using towards your purchase? _____
3. Are you using gifted funds towards the purchase or closing costs? No Ye

REQUIRED DOCUMENTS

The following documents ***MUST*** be submitted with your completed application. **APPLICATIONS WITHOUT ALL ACCOMPANYING DOCUMENTATION WILL NOT BE PROCESSED.** ***ALL*** adult (***18 years or older***) household members **must submit** relevant documentation regarding income and assets.

Please allow 30 days from the date all documents are submitted to process application. From time of approval, ten business days are required to process the check for closing.

- Copy of the fully-executed Purchase and Sale Agreement
- Copy of Real Estate Deposit Check (Must be at least 1% of purchase price)
- Most recent two (2) years **SIGNED** Federal Tax Returns **OR** IRS issued Tax Transcript
- Most recent 90 days (***if pay is steady***) of consecutive pay stubs from each income source (i.e. Employment, Unemployment, Pension Check, Social Security Award Letter, Court Ordered Alimony, Child Support, etc.). **NOTE:** if income is less stable, twelve (12) months of documentation may be required.
- Copy of three (3) months consecutive statements (***most recent***) for each: bank books, savings/checking account(s), bank statements, retirement account statements.
- Homebuyer Education Certificate
- Landlord Education Certificate (for dwellings with two or more units)
- Signed **Verification of City Compliance Form** (page 7), completed by ALL Buyers
- Contact List** (page 8)
- Lead Notice** (page 9)
- Completed W-9 Form (attached)



PLEASE DO NOT SUBMIT ORIGINALS—COPIES ONLY!

NOTE: The completed application must be received and approved by the Office of Housing prior to the real estate closing. Applications will not be accepted after you have closed on your mortgage.

ACKNOWLEDGEMENTS, DISCLOSURE AND RELEASE

ALL INDIVIDUALS WHO WILL BE OWNERS MUST BE NAMED AS BUYERS ON THIS APPLICATION AND MUST SIGN BELOW.

I/we attest that the information contained herein is true and complete to the best of my/our knowledge and belief. I/we further attest and acknowledge that knowingly and willfully falsifying, concealing, or covering up by any trick, scheme or device a material fact, or making any false, fictitious, or fraudulent statement or representations, or making or using any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be subject to the fines and/or terms of imprisonment under the prevailing laws, rules and regulations.

I/we hereby grant permission to the City of Springfield Office of Housing to obtain any further information necessary to determine my/our eligibility for the City of Springfield’s Down Payment Assistance Program. This information may be obtained from any source named in this application.

I/we acknowledge and understand that this information will be used solely to determine eligibility for this program and will otherwise be treated as confidential.

I/we acknowledge and understand that submission of and acceptance of this application by the City of Springfield does not constitute a lending commitment.

Signed under the pains and penalties of perjury,

Signature of Borrower #1 Date

Signature of Borrower #2 Date



DEMOGRAPHIC INFORMATION

THE FOLLOWING IS USED FOR HUD MONITORING PURPOSES ONLY

IMPORTANT: HUD requires information for **BOTH** Ethnicity (#1 below) **AND** Race (#2 below).
PLEASE ANSWER BOTH QUESTIONS #1 AND # 2.

Please select **ONLY ONE** for **Ethnicity** (Hispanic/Latino or Not Hispanic/Latino) and select **AT LEAST ONE** for the **Race** categories.

1. Indicate **Ethnicity** (check one)
 - Hispanic or Latino
 - Not Hispanic or Latino

AND

2. Indicate **Race** (select one or more)

Single Race Categories:

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Multi-Race Categories:

- American Indian or Alaska Native & White
- Black or African American & White
- Asian and White
- American Indian or Alaska Native & Black or African American
- Other Multi-Racial



CONTACT LIST

Realtor

NAME: _____
ADDRESS: _____
EMAIL: _____
TELEPHONE: _____ FAX: _____

Attorney

NAME: _____
FIRM NAME: _____
ADDRESS: _____
EMAIL: _____
TELEPHONE: _____ FAX: _____

Lender Contact

BANK OR LENDING INSTITUTION NAME: _____
CONTACT NAME: _____
ADDRESS: _____
EMAIL: _____
TELEPHONE: _____ FAX: _____



City of Springfield, Development Services Division

Declaration and Consent to Verify Legal Status

Beneficiary Information
Beneficiary Legal Name:
Property Street Address:
City:
State:
Zip Code:
Birthdate:

Statement of Legal Status
The above listed beneficiary is a United States Citizen, non-citizen United States national, or qualified immigrant to the United States.
Yes <input type="checkbox"/> No <input type="checkbox"/>

Documentation Submitted to Demonstrate Beneficiary Legal Status
<input type="checkbox"/> United States Citizenship and Immigration Services (USCIS) Number:
<input type="checkbox"/> Form I-94, Arrival/Departure Record/Number:
<input type="checkbox"/> Student Exchange Visitor Information System ID/ Number:
<input type="checkbox"/> Naturalization/Citizenship Certificate/Number:
<input type="checkbox"/> I-797 (Notice of Action) Receipt/Card/Number:
<input type="checkbox"/> Social Security Card/Number:

Documentation Submitted to Verify Beneficiary Identity
<input type="checkbox"/> Driver's License issued by a U.S. State or Territory
<input type="checkbox"/> Other Government-issued Identification
<input type="checkbox"/> Passport/Passport Card



<input type="checkbox"/>	DHS/USCIS Document for Identification
<input type="checkbox"/>	U.S. Military Identification Card
<input type="checkbox"/>	Birth Certificate (Applicable only for children under 18 Years Old)

Beneficiary Declaration and Consent	
<input type="checkbox"/>	I acknowledge that in accordance with the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Section 214 of the Housing Act: 42 U.S.C. § 1436a and U.S. Department of Housing & Urban Development (HUD) Memorandum 25-03, the City of Springfield is required to verify the legal status of those applying to applicable federal funding benefits to prevent federal public benefits from being provided to those not lawfully present within the United States and/or those ineligible for the receipt of federal public benefits based on their immigration status.
<input type="checkbox"/>	I acknowledge that it is my responsibility to provide valid and necessary documentation to allow the City of Springfield to verify legal status for the purposes of ensuring eligibility to receive federal public benefits and to ensure that all relevant household members provide required documentation. I acknowledge that additional documentation beyond what is listed within this form may be required. I acknowledge that refusal or inability to complete this form or provide required documentation may result in a determination of ineligibility for programs and/or funding.
<input type="checkbox"/>	I authorize the City of Springfield to utilize information and documentation provided to verify my and/or household member(s) current legal status and eligibility to receive federal public benefits and to utilize the information and documentation provided to attempt to verify legal status through the Systematic Alien Verification for Entitlements (SAVE) System operated by the U.S. Citizenship and Immigration Services Verification Division of the Department of Homeland Security (DHS-USCIS)
<input type="checkbox"/>	I acknowledge that the City of Springfield makes no representations and/or is not responsible for any action taken by the U.S. Citizenship and Immigration Services Verification Division of the Department of Homeland Security (DHS-USCIS) due to verification of legal status using the SAVE System.
<input type="checkbox"/>	I acknowledge that I am completing and signing this form under the pains and penalties of perjury and all information included within this form are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims on an application may subject me to criminal, civil, or administrative penalties. Any person who knowingly makes a false claim or statement to HUD or causes another to do so may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 USC 3729.
<input type="checkbox"/>	I acknowledge that I have legal authority to act as representative for household member(s) unable to submit this form and am authorized to submit this form and required documentation on behalf of the household member(s) that are unable to submit on their own.
Beneficiary Signature (or authorized representative):	
Date:	
Beneficiary (or authorized representative) Printed Name:	



Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Purchaser's Acknowledgment (Please initial)

_____ Purchaser has received the pamphlet "Protect Your Family from Lead in Your Home"

Certification of Accuracy (Signature required)

The Purchaser(s) have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

Buyer _____

Date _____

Buyer _____

Date _____



VERIFICATION OF CITY COMPLIANCE FORM

PLEASE PRINT CLEARLY

Buyer 1 _____ D.O.B _____ Drivers Lic. # _____

Buyer 2 _____ D.O.B _____ Drivers Lic. # _____

Address _____

Do you own any other property in Springfield? No Yes

If yes, please list the addresses:

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, THIS ___ DAY OF _____, 202__.

Signature of Applicant 1

Signature of Applicant 2

THIS SPACE FOR OFFICIAL USE ONLY

TAXES	CURRENT?		AMOUNT DELINQUENT
	YES	NO	
REAL ESTATE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
EXCISE TAX	<input type="checkbox"/>	<input type="checkbox"/>	\$
PARKING TICKETS	<input type="checkbox"/>	<input type="checkbox"/>	\$
OTHER MUNICIPAL LIENS/LOANS	<input type="checkbox"/>	<input type="checkbox"/>	\$

Collector's Office representative signature: _____

Date: _____



