



DOWN PAYMENT ASSISTANCE PROGRAM

Down payment and closing cost assistance of \$2500 for income-eligible homebuyers. Funds are provided as a 0% interest loan which is forgiven over five years if the household continues to occupy the home as their principal residence.

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 \$2500, fully forgiven after 5 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 five years.

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 100% of the Area Median Income (AMI) as determined annually by the U.S. Department of Housing and Urban Development. The maximum incomes as of June 28, 2019 are:

Maximum Household Income

1 Person	\$62,125	5 Person	\$95,813
2 Person	\$71,000	6 Person	\$102,938
3 Person	\$79,875	7 Person	\$110,000
4 Person	\$88,688	8 Person	\$117,125

- Contribute a minimum of 1% of own funds toward purchase of the property
- Successfully complete the City's, or a HUD-approved or CHAPA-certified, 8-hour homebuyer education program
- Meet City underwriting standards, which include: 1) Maximum loan-to-value is subject to lender program requirements, but may not exceed 103%; 2) Qualifying debt-to-income ratio may not exceed 45% (exceptions on a case-by-case basis)
- Landlord training course required for properties containing **two or more units**
- Current on City of Springfield taxes, fees, fines or municipal liens.

Additional Requirements: This program is funded by multiple sources. Households with income below 80% AMI must meet the following additional requirements (imposed by the funding source):

- Property must meet all applicable State & local housing quality standards
- If income is 60-80% AMI, housing expense-to-debt ratio must be 25% or above
- Price may not exceed the maximum Purchase Price (effective April 15, 2019):

	1 unit	2 unit	3 unit	4 unit
Existing home	\$193,000	\$247,000	\$299,000	\$370,000
New Construction	\$227,000	\$291,000	\$352,000	\$436,000

Target Area: The program is available city-wide.

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: _____

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 its 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? _____

9. Are you receiving a type of purchase and rehab loan? If yes, what type? _____



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 Yes

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** completed and signed Form 8821 (Tax Information Authorization) (attached)
- 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 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



VERIFICATION OF CITY COMPLIANCE FORM

Applicant 1 _____ D.O.B _____ SS# _____

Applicant 1 _____ D.O.B _____ SS# _____

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 _____, 201__.**

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: _____



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: _____



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 and sign below)

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

Certification of Accuracy

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 _____



Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you don't want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
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Print Name	Title (if applicable)
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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.