City of Fitzgerald 2008 NSP
Homebuyer Program

The City of Fitzgerald has a **Homebuyer Program** to provide downpayment and closing cost assistance for low, moderate, and medium income persons interested in becoming homeowners. Homes purchased must be within the city limits of Fitzgerald and meet local and state codes adopted by the City of Fitzgerald for the 2008 NSP Program and be a foreclosed property.

NSP funds are provided through the GA Department of Community Affairs.

Type of Assistance Available
NSP funds are available for downpayment and closing cost for low, moderate, and medium income households who qualify for a mortgage loan to purchase a foreclosed home. Assistance will be determined on a case by case basis.

To be eligible for assistance your gross annual household income cannot exceed the following Area Medium Income (AMI) limits for Ben Hill County based on family size:

1 Person	2 Persons	3 Persons
$38,300	**$43,800**	**$49,250**
4 Persons	**5 Persons**	**6 Persons**
$54,700	**$59,100**	**$63,500**
7 Persons	**8 Persons**	
$67,850	**$72,250**	

Closing cost and downpayment assistance will be a 0% interest loan forgiven at the end of the affordability period (5 years). The homebuyer must occupy the home as their principal residence. In the event the property is unoccupied by the homebuyer, foreclosure or sale of the property within the five (5) year period the total amount of the NSP funds must be repaid to the City of Fitzgerald.

KEEP THIS PAGE FOR YOUR INFORMATION

Program Administrator: Varnadoe & Associates, Inc.
281 Primrose Lane
Nicholls, GA 31554
(912) 345-0922 / (912) 345-0923 (fax)
9:00 A.M. – 5:00 P.M. / Monday – Friday,
E-Mail: mitchvarnadoe@yahoo.com

Applications for housing assistance are available at City of Fitzgerald Community Development Department. Call Whitney Justice at 229-426-5215 for applications. You may also contact Mitch Varnadoe @ (912) 345-0922 pertaining to questions about the NSP funds.

Selection Consideration. The downpayment and closing cost assistance program is designed to address the needs of low, moderate, and medium income persons (homebuyers) purchasing foreclosed homes in the city of Fitzgerald. Eligible applicants will be served on a first come basis and submission of all required documentation and availability of funds.

Downpayment Assistance Available

Amount of Assistance
Not to exceed $9,000 per housing unit**

Equal Housing Opportunity

KEEP THIS PAGE FOR YOUR INFORMATION

April 2013

APPLICATION FOR DOWNPAYMENT ASSISTANCE

Return to: Varnadoe & Associates, Inc.
281 Primrose Lane
Nicholls, GA 31554
Email: mitchvarnadoe@yahoo.com
(912) 345-0922 / (912) 345-0923 fax

City of Fitzgerald 2009 NSP Program (Downpayment Assistance)

Date: _____

	Borrower:	Co-borrower:
Name/Address:	_____	_____
	_____	_____
	_____	_____

Date of Birth _____ Social Security No. _____

Home Phone (___) _____ Cell Phone (___) _____

Number of Persons in Household _____ (_____ Adults / _____ Children under 18)

Race ____

Name	Age	Relationship Head	Social Security No.

Monthly Gross Income $_____ Type of Income: ____ Salary ____SS, SSI, etc.
____ Other

Annual Gross Income $_____

Employer Name/Address/Phone No: _____

_____

Years Employed _____ Position/Title_____

Liabilities

Name	Monthly Payment	Balance Owed

Do you have a checking account? _____ (Yes/No) Average Balance _____
Do you have a saving account? _____ (Yes/No) Average Balance _____

Other Assets:
Stocks _____ (Value)
Life Insurance _____ (Value)

I would like to buy:
____ Site Built Home located at: _____

1. Do you have any outstanding judgments? ____ (Yes) _____ (No)
2. In the past seven (7) years, have you declared bankrupt? ____ (Yes) _____ (No)
3. Are you a party in a law suit? _____ (Yes) _____ (No)
4. Have you ever had CHIP/CDBG housing assistance in the past?
   ____ (Yes) ____ (No)
5. Are you related to an elected official of the City of Fitzgerald _____ Yes ____ No

I certify that all information stated above is true and correct to the best of my knowledge. I understand that any willful misstatement of material fact may be grounds for disqualification.

_____ _____
Applicant Date Signed

Mail the following information with your application:

1) proof of income: Check Stub with year to date income or benefit letter from Social Security for current year, child support, foster care, etc. of all household members.
2) Copy of Social Security Card
3) Copy of Drivers License
4) $35 application fee payable to Mitch Varnadoe, LLC. for processing the application.
5) General Release Form, Negotiation, Lead Base Paint, etc. (attached) must be signed.

Applications will not be processed without the above information.

In house use only.

Date application Received _____ **Date Pre-Qualified** _____

Annual Gross Income _____ **/ Monthly Income** _____

_____**Low** _____**Moderate** _____ **Medium (**_____**%)**

Program Administrator:_____

GENERAL RELEASE STATEMENT

_____ (Name) hereby authorize the City of Fitzgerald / Varnadoe & Associates, Inc. or it's designated agents to obtain and receive all records and information pertaining to eligibility for the downpayment assistance 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 Fitzgerald / Varnadoe & Associates, Inc. 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 Fitzgerald / Varnadoe & Associates, Inc. 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. 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, et seg.

Witness	**Signature**	**Date**
Witness	**Signature**	**Date**

Negoiation Affidavit. I made application for housing assistance on _____(application date). The City of Fitzgerald / Varnadoe & Associates, Inc. a) offered me the option of selecting the method of purchasing a home, b) did not refer or recommend any one home to purchase or recommend any certain realtor to use for selecting a home, c) the home selected must be approved by the City of Fitzgerald and Varnadoe & Associates, Inc., d) My selection of the home was done under no duress or persuasion by the City of Fitzgerald or Varnadoe & Associates, Inc.

_____ Initial

Conflict of Interest. I (or we) are not aware of any conflict of interest that exist between my (or our) family and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, or of the City of Fitzgerald or Varnadoe & Associates, Inc. who are in a position to participate in a decision making process or are responsible for the administration or oversight of the NSP Program.

_____ Initial

Certification as to income and principal residence. I certify that my (or our) annual income does not exceed 120 percent of the median income for the area, as determined by HUD, for my (or our) family size. My (or our) family size is ____ number of persons. If my (or our) application for financial assistance through the GA Department of Community Affairs NSP Program is approved, I (or we) will occupy the property for which we are receiving the NSP funding as my (or our) principal residence throughout the required affordability period which has been defined as 5 years.

_____ Initial

Watch out for Lead-Based Paint Poisoning. I received the pamphlet "Protect Your Family from Lead in Your Home" informing me of the potential risk of lead hazard exposure. I received this pamphlet within 60 days of the date of application for housing assistance.

_____ Initial

Signed this ____ day of _____, 200__

_____(Applicant - Signature)

_____(Address)

_____(City, State, ZIP)

_____(Phone Number)

_____

(Notary)

HOME LOAN APPLICANT DISCLOSURE AND ESTIMATE OF CLOSING COSTS

I, _____, and (co-applicant) _____ wish to make application to the City of Fitzgerald 2009 NSP Program for the purpose of purchasing a home. I certify that my total household income for a family of _____ is not more than (120% of the AMI) $ _____ per year. Further, the rules and regulations of the Program have been fully explained to me and I understand the following important points about the NSP Loan:

1) The City of Fitzgerald will lend NSP funds to me but cannot "grant" funds to me for downpayment assistance to purchase a home:
2) I will be required to seek additional financing for a mortgage loan to purchase a home;
3) (SR) The City of Fitzgerald is required to inspect the property prior to purchase to ensure that the home meets all local codes and State Codes adopted for the NSP Program;
4) I am responsible for selecting a foreclosed home to purchase "for sale by owner" or through a real estate agent.
5) All loan documents must be signed by applicant prior to release of funds from the NSP program.
6) I understand that there are closing costs and if I change my mind about accepting a loan before my loan is closed, I will be liable for any expenses incurred on my behalf;
7) As evidence of my interest in applying for a NSP loan, I understand that I will be required to pay a $35.00 application fee.

The following is an estimate of the closing costs that are included in my loan and are required in order to close my loan:

Credit Report	$ 35.00
Appraisal	325.00
Preliminary Title Opinion	500.00
Intangibles Tax	3.00 (per thousand)
Recording fee	20.00 (Bank fee not included)
Title Insurance Fee	? (Based on loan amount)
Other Fees	_____

The following is an estimate of Project Delivery Cost that will be incurred by the City of Fitzgerald NSP Program payable to Varnadoe and Associates, Inc. and will be covered at NO cost to me as a grant.

Loan Processing Activities	$2,000
Total	$2,000

Applicant Signature: _____ Date: _____

Co-applicant: _____ Date: _____

Georgia Department of Community Affairs
CHIP, CDBG, NSP Programs
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 along with your housing application. 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 documents(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 non-citizen 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 non-citizen 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 non-citizen 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 non-citizen 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).