



Down Payment Assistance Program

Complete application, provide all information requested, and return to the City of Dakota City, City Hall, 1511 Broadway Street, Dakota City, NE 68731.

Please complete the following: Print full name of head of household \_\_\_\_\_

Please initial: I understand that:

I am responsible for making photocopies of check stubs, bank statements, income tax returns, photo ids, social security cards, etc. and attaching them to this application; The City of Dakota City will not make copies for me;

I cannot participate in this program if I currently own a home (unless it was a mobile home), I cannot purchase a home on contract, I cannot purchase an "as is" or "winterized" home, and the home must be a single-family dwelling located within the City limits of Dakota City, Nebraska;

the purchase price cannot exceed \$141,000, only owner-occupied or vacant rental property is eligible for purchase and purchase of a manufactured/mobile home is not eligible, and I cannot have a cosigner on my mortgage loan;

all household members must be U.S. Citizens or legal resident aliens;

I must include information for ALL household members as part of this application, **INCLUDING INFORMATION REGARDING INCOME AND HOUSEHOLD SIZE**, regardless of relationship and regardless of whose name is on the loan. **If any information is omitted from this application or falsely provided, I will be ineligible for this program. If this information is discovered after assistance is provided, I will be responsible for paying back all funds provided to me as part of this program;**

if I am married, both my spouse and I must be listed as co-applicants and all spouses and all adults in household must sign all paperwork;

I must contact Center For Siouxland Consumer Credit Counseling AFTER my initial application has been approved by the City of Dakota City to enroll in the Home Buyer Education class, I will need to pay for the class and I must provide a certificate of completion to the City of Dakota City within two weeks prior to closing;

written verifications may be sent directly to my employer and all other sources of benefit or support income including social security, public assistance, or unemployment income;

if I have had changes in my income or family size since my 2019 income tax return, I must provide a letter of explanation;

this program provides for a minimum of \$1,000 and a maximum of \$14,999 in down payment/closing cost assistance to home purchasers (amount dependent upon the buyer's circumstances and will be the minimum amount of cash needed to close) and if my circumstances require a need of less than \$1,000, I will not be eligible for the program.

I have read and completed the application and have attached the following to this sheet:

- Signed application (pages 3, 4, 5 and 6) (signed by each adult household member)
- Signed Student Certification form (Page 7 and 8) (one for each adult household member)
- Signed Verification of Employment (Page 9 and 10) (one for each employed household member)
- Photocopy of **two full months of income documentation** for **ALL ADULT HOUSEHOLD MEMBERS** (i.e., check stubs). **INCLUDE ALL SOURCES OF INCOME**, such as employment income, social security income, disability income, unemployment income, seasonal employment income, "side job" employment income, tip income, commission income, bonus income, reimbursement from employer income, etc.
- Photocopy of bank statements from the past two months for all adult household members (checking and savings)
- Written statement describing all deposits listed on the bank statements
- Photocopy of 2019 Federal and State income tax return for all adult household members, including W2s, 1099s and any other attachments
- Photocopy of photo ids for all adult household members
- Photocopy of social security cards for all household members
- Written explanation of changes in income or family size since the 2019 tax return (if applicable)
- Written list of items that are in collections for all adult household members (if you have nothing in collections, attach to this application a statement in writing indicating such.)
- Written list of all household commercial debt and minimum payments per month (credit cards, car loans, student loans, etc.)
- Copy of credit score and report for each adult applicant <http://www.annualcreditreport.com>. This report is FREE. If you are being asked to provide payment, you are on the wrong website or picking the wrong option.
- Pre-qualifying letter from local lender
- Completed HOME Program Eligibility Release Form signed by all adult household members (Page 14)
- Completed W-9 (Page 9) for each adult applicant



Signature of applicant

Date

Signature of coapplicant

Date

Applicant – Submit this page with your application.  
 Make sure all adults have signed the bottom.

**City of Dakota City Down Payment Assistance Application**

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Age \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ SS# \_\_\_\_\_ Age \_\_\_\_\_

If you are married, your spouse MUST be listed as co-applicant and must sign all documents

Place a check next to your preferred method(s) of communication

Current Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Married: \_\_\_ Single: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_ Will your income/household size change in next 12 months? \_\_\_

Are all household members legal residents of the United States? \_\_\_ Do you currently own a home? \_\_\_

Have you made an offer on a home to purchase? \_\_\_ If yes, what is the address? \_\_\_\_\_

Do you currently receive a rental subsidy (i.e., Section 8)? \_\_\_ How much do you currently pay for monthly rent? \$ \_\_\_\_\_

**Please list the name, age, relationship and social security number for ALL other household members:**

Name	Age	Relationship	Social Security Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

<b>All Household Members with Income</b> <small>Include wages, disability income, social security income, self-employment income, alimony received, seasonal employment income, "side job" employment income, tip income, commission income, bonus income, reimbursement from employer income, etc.</small>	<b>Present Gross Annual Income</b> <small>(take monthly income, before taxes, x 12)</small>	<b>Source of Income</b> <small>(provide employer's NAME &amp; ADDRESS)</small>	<b>Temporary or Permanent Source of Income?</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
<b>SUBTOTAL (A)</b>	<b>\$</b> _____		

<b>Asset Income (Annually)</b>	<b>Amount</b>	<b>Source of Asset (name &amp; address)</b>
Stocks and Bonds	_____	_____
Bank Interest	_____	_____
Other	_____	_____
<b>SUBTOTAL (B)</b>	<b>\$</b> _____	

**TOTAL GROSS ANNUAL INCOME (A + B) \$** \_\_\_\_\_

If your application contains false or incomplete information, you may be guilty of fraud and would be ineligible for the **City of Dakota City Down Payment Assistance Program**. *I/We certify that the information given above is true and complete to the best of my/our knowledge.*

Signatures: \_\_\_\_\_

**CONFIDENTIAL INFORMATION USED FOR STATISTICAL PURPOSES ONLY**

**Please complete one for each adult applicant, as applicable:**

Male       Female      Female Head of Household:  Yes  No

Handicapped       Elderly (65 or older)

**Household Size:**

Number in household

**Ethnicity:**

Hispanic or Latino       Not Hispanic or Latino

**Race:**

- White       Black       Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Native Hawaiian/Other Pacific Islander
- Other Multi-Racial

**To be completed by Staff upon income verification (income eligible if in 50%-80% income levels.**

**Income Limit Verification:**

- 0% - 30% limits       50% - 60% limits
- 30% - 50% limits       60% - 80% limits

**Total Household Income:** \_\_\_\_\_

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
<b>30% limits</b>	15,750	18,000	20,250	22,500	24,300	26,100	27,900	29,700
<b>50% limits</b>	26,250	30,000	33,750	37,500	40,500	43,500	46,500	49,500
<b>60% limits</b>	31,500	36,000	40,500	45,000	48,600	52,200	55,800	59,400
<b>80% limits</b>	42,000	48,000	54,000	60,000	64,800	69,600	74,400	79,200

\_\_\_\_\_  
Adult #1's Signature

\_\_\_\_\_  
Adult #2's Signature



City of Dakota City Student Certification Form

The City of Dakota City Down Payment Assistance Program is required to comply with 24 CFR 5.612 which restricts assistance to students enrolled in an institution of higher education. In order to determine eligibility, each adult household member must complete this form.

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

Age: \_\_\_\_\_

*If you are age 24 or older, proceed to the bottom of the page and sign.*

*If you are under age 24, complete the questionnaire in its entirety.*

Check all that apply:

I am currently a student. List name of educational institution: \_\_\_\_\_

Full-time

Part-time

I have been a student during the calendar year. List name of educational institution.

\_\_\_\_\_

Full-time

Part-time

I plan on becoming a student in the next 12 months. List name of educational institution.

\_\_\_\_\_

I have not been a student in the current year and do not expect to become a student in the next 12 months.

I am a veteran of the United State military.

I have a dependent child.

I am disabled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Age: \_\_\_\_\_

*If you are age 24 or older, proceed to the bottom of the page and sign.*

*If you are under age 24, complete the questionnaire in its entirety.*

Check all that apply:

I am currently a student. List name of educational institution: \_\_\_\_\_

Full-time

Part-time

I have been a student during the calendar year. List name of educational institution.

\_\_\_\_\_

Full-time

Part-time

I plan on becoming a student in the next 12 months. List name of educational institution.

\_\_\_\_\_

I have not been a student in the current year and do not expect to become a student in the next 12 months.

I am a veteran of the United State military.

I have a dependent child.



I am disabled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant – Submit this page with your application. Sign and date only. Do not complete the right column. Submit one for each employed adult in the household.

## Verification of Employment



<p>City of Sioux City          Neighborhood Services Division          PO Box 447          Sioux City, IA 51102          Fax: (712) 279-6196          Phone: (712) 279-6328</p> <p><b>Authorization:</b> Federal Regulations require Employment Income Verification of all members of the household applying for a loan or grant through the Grantee City of Sioux City. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p>Employed since: _____          Occupation: _____          Annual Gross Salary: _____          Effective date of last pay increase: _____          Base pay rate:          \$ _____ Per Hour; or \$ _____ Per Week          Average hours/week at base pay rate: _____ Hours          No. weeks worked/Year _____          Overtime pay rate: \$ _____ Per Hour          Expected weekly average number of hours overtime to be worked during the next year: _____          Any other compensation not included above (specify for commissions, bonuses, tips, etc.):          For : _____ \$ _____ per _____          Is pay received for vacation? ___ If yes, # of days/yr ___          Total base pay earnings for past 12 mo. \$ _____          Total overtime earnings for past 12 mo. \$ _____          Probability and expected date of any pay increase: _____          Amount of pay increase: \$ _____ per _____          Does the employee have access to a retirement account?          ___ Yes ___ No          If yes, what amount can they get access to? \$ _____</p>
<p><b>Release:</b> I hereby authorize the release of the requested information:</p> <p> _____          Signature of Applicant</p> <p> _____          Print Name</p> <p>_____ Date</p>	<p>Company Name: _____</p> <p>_____ Signature</p> <p>_____ Print Name &amp; Title</p> <p>_____ Date _____ Phone Number</p>

**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.



Applicant – Submit this page with your application. Sign and date only. Do not complete the right column. Submit one for each employed adult in the household.

## Verification of Employment

<p>City of Sioux City          Neighborhood Services Division          PO Box 447          Sioux City, IA 51102          Fax: (712) 279-6196          Phone: (712) 279-6328</p> <p><b>Authorization:</b> Federal Regulations require Employment Income Verification of all members of the household applying for a loan or grant through the Grantee City of Sioux City. We ask for your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p>	<p>Employed since: _____          Occupation: _____          Annual Gross Salary: _____          Effective date of last pay increase: _____          Base pay rate:          \$ _____ Per Hour; or \$ _____ Per Week          Average hours/week at base pay rate: _____ Hours          No. weeks worked/Year _____          Overtime pay rate: \$ _____ Per Hour          Expected weekly average number of hours overtime to be worked during the next year: _____          Any other compensation not included above (specify for commissions, bonuses, tips, etc.):          For : _____ \$ _____ per _____          Is pay received for vacation? ___ If yes, # of days/yr ___          Total base pay earnings for past 12 mo. \$ _____          Total overtime earnings for past 12 mo. \$ _____          Probability and expected date of any pay increase: _____          Amount of pay increase: \$ _____ per _____          Does the employee have access to a retirement account?          ___ Yes ___ No          If yes, what amount can they get access to? \$ _____</p>
<p><b>Release:</b> I hereby authorize the release of the requested information:</p> <p> _____          Signature of Applicant</p> <p> _____          Print Name</p> <p>_____           Date</p>	<p>Company Name: _____</p> <p>_____           Signature</p> <p>_____           Print Name &amp; Title</p> <p>_____           Date</p> <p>_____           Phone Number</p>

**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.



Applicant – Submit this page with your application. Complete arrowed sections. Complete one for each person whose name will appear on down payment assistance check.

Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see Instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
<b>Employer identification number</b>				
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### 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 on page 3.

<b>Sign Here</b>	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.** The IRS has created a page on [www.irs.gov/w9](http://www.irs.gov/w9) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted at that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



Applicant – Submit this page with your application. Complete arrowed sections. Complete one for each person whose name will appear on down payment assistance check.

Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
Print or type in this instruction page 2.	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>	
[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]	
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[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	

### 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 on page 3.

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1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

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- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II Instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN.
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1993 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

**What is FATCA reporting?** The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Abuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**Other entities.** Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

## Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS Individual Taxpayer Identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-9676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>3</sup>  The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>4</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 9832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**Applicant – Submit this page with your application.  
All adults must sign and initial arrowed sections.**

**HOME Program  
Eligibility Release Form**

Organization requesting release of information (PJ name, address, telephone, and date)

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____		
Dependent Deduction ____ Full-Time Student		
____ Handicap/Disabled Family Member		
____ Minor Children		



**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4



**City of Sioux City Release Form**  
**Authorization for Release of Information**

I authorize and direct any Federal, State or local agency organization, business, or individual to release to the City of Sioux City Neighborhood Services Division any information or materials needed to complete and verify my application for participation in the Dakota City Down Payment Assistance Program. I understand and agree that this authorization or the information obtained with its use may be given and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also authorize the City of Sioux City to release any of the information provided as part of my application and/or obtained through this release to my lender.

INFORMATION COVERED

I understand that previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and marital status	Residences and rental activity	Utility company information and notes
Household size	Employment, income and assets	
Medical or child care allowances	Credit activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for participation in the Dakota City Down Payment Assistance Program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Courts and post offices
- Schools and colleges
- Law enforcement agencies
- Support and alimony providers
- Veteran's Administration
- Retirement systems
- Utility companies
- Bank and other financial institutions
- Past and present employers
- Welfare agencies
- State unemployment agencies
- Social Security Administration
- Medical and child care providers
- Credit providers and credit bureaus





PRIVACY ACT STATEMENT

The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine your eligibility in the Dakota City Down Payment Assistance Program. This form will be used to establish level of benefit, to protect the government's financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal or regulatory investigators and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above.

Signatures of all household members age 18 or over

_____		_____
Head of Household		Date
_____		_____
Co-Head of Household		Date
_____		_____
Adult Member		Date
_____		_____
Adult Member		Date
Adult Member		Date



## Post-Application Homebuyer Information

### Certification

- A. Once the Dakota City Down Payment Assistance application is approved by the City of Dakota City, a certificate will be provided. This certificate may be presented to your lender. The certificate is provided based upon information provided on the application and during the financial interview. If additional information is obtained regarding income, household size, etc., and not disclosed on the Dakota City Down Payment Assistance application and during the financial interview, the Dakota City Down Payment Assistance Certificate may be revoked at any time prior to closing. It is important to disclose all household members, sources of income, including income from part-time jobs, temporary jobs, hobby jobs, etc.
- B. You are responsible for obtaining mortgage financing from a local lender within ten miles of Dakota City without a co-signer. The mortgage financing must meet the requirements under the Dakota City Down Payment Assistance Responsible Lending Policy and will be reviewed prior to closing. You will be able to choose between FHA, VA (if down payment is required) or a conventional 30 year fixed rate loan under this program.
- C. You will only receive the minimum amount of Dakota City Down Payment Assistance required to get your mortgage loan to close. For example, if you access other funds to purchase the house (i.e., other down payment assistance, gift from family, etc.) those funds may be deducted from the amount of Dakota City Down Payment Assistance you receive.
- D. You must secure an accepted offer on a home and be within the process of packaging a mortgage with an approved lender within 60 days of receiving the certification. One extension may be granted if you are experiencing difficulty finding a home.

### Making an Offer on a House

- A. The house must cost \$141,000 or less and your house payment cannot exceed Dakota City Down Payment Assistance and lender underwriting guidelines.
- B. It is a good idea to make the offer contingent upon home passing the Dakota City Down Payment Assistance Inspection.
- C. The house must be either owner-occupied or vacant – it cannot be occupied by a rental tenant or anyone except the owner within 90 days prior to an offer being made.
- D. Have the seller complete “Seller’s Occupancy Certification” and give to the City of Dakota City.
- E. Complete the Notice to Seller – Voluntary Acquisition Notice and give the original to the Seller and return a copy to the City of Dakota City.
- F. Have Seller complete “Owner Receipt of Information and give to City of Dakota City.
- G. Provide a copy of the Offer to Purchase to the City of Dakota City.

### After Making the Offer

- A. An inspection will be scheduled by the City of Dakota City. The seller is responsible for correcting all deficiencies within 30 days from the failed inspection. One inspection and one reinspection are performed at no direct cost to the you. If your selected home fails the inspection conducted by the City of Dakota City, the home owner/seller will have 30 days to correct the deficiencies. You must contact the City of Dakota City before the 30th day to schedule the re-inspection with the MyPad Coordinator. If this is not complete on or before the 30<sup>th</sup> day, the home will not be eligible for down payment assistance. You may request a waiver of this requirement by contacting the City of Dakota City. Waivers will be granted on a case by case basis.



- B. Additional inspections (and requirements) may be required by your lender depending upon the type of financing you select. The City of Dakota City inspection and lender required inspection does not replace a full house inspection by a private company.
- C. You must enroll in a Home Buyer Education class by calling Center For Siouxland Consumer Credit Counseling at 712-252-1861, extension 47. You responsible for paying for the class. Certification of Completion must be provided to SCNSD within two weeks prior to closing. Pre-purchase workshop topics: Budgeting, Credit History, Loan Types, Shopping for a Home, Loan Approval, Loan Closing, and Avoiding Predatory Lenders.
- D. The City of Dakota City will work with the lender to get a copy of the mortgage application, good faith estimate, attorney's opinion, lender certifications, property appraisal, and closing statement. The lender and the City of Dakota City will determine the amount of assistance needed, dependent upon your circumstances. If you need less than \$1,000 or more than \$14,999, you are not eligible for assistance. **Please note: after receiving all approvals from the lender, it will take up to two weeks for your down payment assistance check to be available for closing.**
- E. Home purchased must be owner occupied throughout the five year period of deferred payment loan.

**The Dakota City Down Payment Assistance deferred payment loan will be secured as follows:**

- A. A promissory note and second mortgage will be recorded against the property to secure the deferred payment loan. A deed restriction will be recorded against the property as well. Please note the deed restriction will be between you and the City of Sioux City, not the City of Dakota City.
- B. The deferred payment loan will be forgiven at a rate of 20% per year for five years as long as you are living in the home as the owner occupant. You are permitted to sell the home within the first five years. You will be required to pay back the portion of the deferred payment loan that hasn't been forgiven.
- C. If you vacate the home for any reason other than selling the home, the entire amount of the deferred payment loan will be due and payable immediately to the City of Sioux City, not the City of Dakota City. This means you are not allowed to vacate, abandon, transfer ownership, or use the property as rental property within the first five years, unless you sell the home.
- D. You will receive a 1099 from the City of Sioux City, not the City of Dakota City, each January for the amount of forgiveness. You will need to present that to your income tax preparer to determine if that needs to be reported on your income tax return.

**Things to Know:**

- A. You may wish to visit with your lender regarding changing any of your finances prior to closing. Any changes to your finances could have a negative impact on your credit score and/or your debt to income ratio and could jeopardize your mortgage loan or your down payment assistance.
- B. You are responsible for paying costs incurred outside of loan closing, i.e., appraisal, inspections (if any), etc. You also may be required to pay for a portion of your down payment/closing costs at loan closings.

**Subordination**

You may subordinate only when the property is being refinanced to secure a lower fixed interest rate and/or term and no cash is refunded to the borrower(s).

---

Applicant

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Co-Applicant

**SELLER'S OCCUPANCY CERTIFICATION**

Date \_\_\_\_\_

SUBJECT PROPERTY ADDRESS:

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

I/We, the Seller(s) of the subject property listed above certify that:  
(Check only those items that are applicable)



- This property is vacant and without any tenant resident or tenant personal property.
- No tenant has occupied the property during the previous ninety (90) days.
- The property is not occupied, but personal property owned by a person other than the owner is located at the site.

At the time of the acquisition of the property by the buyer, the property will be delivered vacant and without any party in possession or with a right to possession to the property.

Further, if the property is not occupied at this time, the Seller also certifies and agrees that it has not now and will not after the date hereof allow any person, including the former owner, to occupy the property under a lease or any other agreement for possession of the property either oral or written.

Outside of escrow, I/we shall not receive any money from the Buyer and/or enter into contract or agreement with the Buyer regarding disposition of this property.

\_\_\_\_\_  
Seller's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller's Printed Name

## NOTICE TO SELLER – VOLUNTARY ACQUISITION NOTICE

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Seller: \_\_\_\_\_

### SUBJECT PROPERTY ADDRESS:

Address: \_\_\_\_\_

City: Dakota City                      State: NE                      Zip: \_\_\_\_\_

Dear Seller:

Please be advised that the buyer listed above is interested in acquiring your property. The buyer has received or is applying to receive assistance from the U.S. Department of Housing and Urban Development (HUD) under the HOME Program for this acquisition.

The purpose of this letter is to inform you of your rights under Federal law when Federal funds are involved in property acquisition. **This is a voluntary sale.** Activities funded by the HOME Program are covered by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, commonly called "the Uniform Act." The Uniform Act protects persons whose property is taken **involuntarily** or who are forced to move as a direct result of a Federally funded project. However, because this is a **voluntary sale** negotiated between you and the buyer, and there is no threat of eminent domain or condemnation to take your property, this sale is not regulated by the Uniform Act except for the following notifications which we must present to you:

1. The purchaser does not have the power of eminent domain to take your property if an agreement through negotiation cannot be reached.
2. The fair market value of the property has been estimated at \$\_\_\_\_\_.

At this time, we are prepared to offer \$\_\_\_\_\_ to purchase your property. You have the authority to accept or reject this offer just as you would in any private transaction. Depending on the results of an appraisal, our written offer may require amendment from this amount. Under the HOME program, we cannot purchase property for more than its current fair market appraised value. The seller has a right to a copy of the appraisal and also has the right under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) to withdraw from the transaction if the appraisal differs (higher or lower) from the fair market value estimate.

If your property is in default, but foreclosure proceedings have not yet been initiated/completed, and our offer is for less than the current balance of your mortgage loan(s), we suggest that you seek legal counsel or guidance. We cannot provide you with the legal guidance regarding any tax, credit, or deficiency judgment consequences to you related to the sale.

In accordance with the URA, a tenant-occupant who moves as a result of a voluntary acquisition for a federally-assisted project may be eligible for relocation and rental assistance. Such displaced persons may include not only current lawful occupants, but also former tenants required to move for any reason other than an eviction for cause in accordance with applicable federal, state, and local law.

**If your property is currently tenant-occupied or a tenant lawfully occupied your property on or after February 17, 2009, we need to know immediately.** In most cases under the Protecting Tenants at Foreclosure Act of 2009, tenants have the right to continue as a tenant for the remainder of the lease or at least 90-days from the date given notice to vacate (whichever is longer). If the property was foreclosed after February 17, 2009, the purchaser must obtain adequate documentation of tenant protection compliance. Please complete the attached **HOME Program Occupancy Certification** form regarding tenant protection and occupancy.

If your property is currently tenant-occupied or a tenant lawfully occupied your property within the past 90 days prior to our offer, our offer is subject to an evaluation of the complexity and cost of relocating the occupant(s) as well as timeliness considerations of the transaction. The seller would be required to submit a copy of the lease or rental agreement if the property was tenant occupied. Further, you should not order current occupant(s) to move, or fail to renew a lease, in order to sell the property as vacant.

If you have any questions about this notice or the proposed project, please contact:

Name: Jason Allen  
Title: City Administrator  
Organization: City of Dakota City  
Address: 1511 Broadway Street, Dakota City, NE 68731  
Phone: 402-987-3448  
Email: [admin@dakotacity.net](mailto:admin@dakotacity.net)

Sincerely,

---

Buyer or Buyer's Representative Signature Date

---

Printed Name

## Owner Receipt of Information

I, \_\_\_\_\_, the owner of the property located at:

\_\_\_\_\_

certify that I have received and understood the above information.

I further certify that this notice was received (*check one*):

Prior to executing a purchase agreement.

After the purchase agreement was executed; however, I **do not** wish to terminate this voluntary sale.

\_\_\_\_\_  
Printed Legal Name of Owner/Seller

Owner/Seller's Signature: \_\_\_\_\_

# DAKOTA CITY DOWN PAYMENT ASSISTANCE PROGRAM

## Housing CHECKLIST

Name \_\_\_\_\_ A/K/As from Credit Report: \_\_\_\_\_

### Application Submission:

- Signed Application
- Confidential Information Sheet
- Signed Student Certification Form (under 24 and a student, document veteran, married, dependent child, or disabilities).
- Signed Verification of Employment
- Signed Zero Income Form, if applicable
- Two full months of income documentation for all adults
- Two months of bank statements for all adults (checking and savings) Current balance: \_\_\_\_\_
- Written statement describing all deposits listed on bank statements
- Copy of 2019 Federal and State Income Tax Return and W-2s for all adults
- Written explanation of changes in income or family size since 2019 tax return (if applicable)
- Copy of photo IDs for all adults and social security cards for all household members
- List of items that are in collection or statement in writing indicating such
- List of all commercial debt payments per month (credit cards, car loans, student loans, etc)
- Copy of credit score and report
- Pre-qualifying letter from lender Mortgage amount: \_\_\_\_\_ Max Purchase Price: \_\_\_\_\_
- Completed releases
- Completed W-9

### Staff Verification:

- Verification from City Assessor screen that applicant does not currently own a home
- Verification water bill and parking tickets for all adults paid

### After reviewing application:

- Income verification 2<sup>nd</sup> level approval
- Appointment with applicant scheduled for \_\_\_\_\_

### During appointment with applicant:

- Date Prepared Certificate of Eligibility \_\_\_\_\_
- Went through Post-Application Homebuyer Information and gave applicant a copy
- Gave copy of Seller's Occupancy Certification and Notice to Seller and requested originals back
- Provided Homebuyer Counseling class list

### After appointment with applicant:

- Letter sent to bank indicating approval for program
- Letter sent to realtors outlining next steps
- W9 sent to Finance to obtain vendor number

### After offer on house is made:

- Copy of Offer to Purchase
- Notice to Sellers Voluntary Acquisition Notice
- Sellers Occupancy Certification
- Verification of owner occupancy or vacant rental unit in file (Print from GIS, Dakota Co Tax Records, water billing, etc) add a note that says "owner occupied" to verification
- Date Passed Housing Quality Standards Inspection by Housing \_\_\_\_\_ (copy of HQS in file)
- DTI Calculation Worksheet
- Underwriting Sheet
- Loan Estimate / Closing Disclosure
- Mortgage and Promissory Note Disclosure Form
- Written agreement Date: \_\_\_\_\_ Must be within 90 days of inspection
- Date Applicant completed pre-purchase counseling \_\_\_\_\_ (copy of certificate in file)

# HOME INVESTMENT PARTNERSHIP PROGRAM

## INCOME VERIFICATION POLICY

The City of Dakota City requires all HOME homebuyer programs to determine client income eligibility by utilizing the IRS Form 1040 definition of income.

### Summary of Income Verification Process

Following IRS Form 1040 instructions, calculate the anticipated gross income for the coming 12 months by adding sources of income and subtracting deductions. It is not a requirement to re-examine the household's income at the time the HOME assistance is provided, unless more than six months has elapsed since determining the family qualified as income eligible.

### Calculating Adjusted Gross Income

Obtain at least two months of source documentation of the following sources of income, listed in the "Inclusions" column, i.e., check stubs, bank statements, verification of social security, disability, pension, etc. You do not need to count the items in the "Exclusions" column as income.

**Exhibit 3.15 – IRS From 1040 Adjusted Gross Income Inclusions and Exclusions**

Inclusions	Exclusions
1. Wages, salaries, tips, etc.	1. Child support.
2. Taxable interest.	2. Money or property that was inherited, willed or given as a gift.
3. Dividends.	3. Life insurance proceeds received as a result of someone's death.
4. Taxable refunds, credits or offsets of state and local income taxes. There are some exceptions – refer to Form 1040 instructions.	
5. Alimony (or separate maintenance payments) received.	
6. Business income (or loss).	
7. Capital gain (or loss). There are some exceptions – refer to Form 1040 instructions.	
8. Other gains (or losses) (i.e., assets used in a trade or business that were exchanged or sold).	
9. Taxable amount of individual retirement account (IRA) distributions. (Includes simplified employee pension [SEP] and savings incentive match plan for employees [SIMPLE] IRA.)	
10. Taxable amount of pension and annuity payments.	
11. Rental real estate, royalties, partnerships, S corporations, trusts, etc.	
12. Farm income (or loss).	
13. Unemployment compensation payments.	
14. Taxable amount of Social Security benefits.	
15. Other income, including prizes and awards; gambling, lottery or raffle winnings; jury duty fees; Alaska Permanent fund dividends; reimbursements for amounts deducted in previous years; income from the rental of property if not in the business of renting such property; and income from an activity not engaged in for profit.	

All taxable income must be counted for all members in the household. Review the most recent income tax return for each household member to be sure you are including all of the household's income sources. The income must be determined by projecting what the household's income will be for the coming 12 months. Use the information to complete Lines 1-15 on Exhibit 3.16 attached. Enter the subtotal in Line 16.

Obtain documentation of any of the following deductions and use that information to complete Lines 17-24 on Exhibit 3.16 attached. Enter the subtotal in Line 25.

- IRA deductions,
- Medical savings account deductions,
- Moving expenses,
- One-half of self-employment taxes,
- Self-employed health insurance deductions,
- KEOGH and self-employed SEP and SIMPLE plans,
- Penalties on early withdrawal of savings, and
- Paid alimony.

Take Line 16 minus Line 25 and enter the amount in Line 26. That is the household's adjusted gross income. If that amount is less than the most recent Adjusted HOME Income Limits published by HUD, the household income qualifies for your program.

Attached are several verification forms you can use to assist you with determining anticipated income, which can many times be very difficult, especially when household members earn commission, work seasonally, have varied overtime, etc.

If you have questions, refer to the Technical Guide to Determining Income and Allowances for the HOME Program located at [http://portal.hud.gov/huddoc/19754\\_1780.pdf](http://portal.hud.gov/huddoc/19754_1780.pdf). HUD will be providing an updated guide in the near future.



**Exhibit 3.16<sup>1</sup> – Sample Format for Computing IRS 1040 Series Adjusted Gross Income**

Name:		Identification No.:			
	Family Member				Subtotal (add a-d)
	a.	b.	c.	d.	
1. Wages, salaries, tips					
2. Taxable interest					
3. Dividend income					
4. Taxable refunds/ credits/offsets of state/ local income taxes					
5. Alimony received					
6. Business income (or loss)					
7. Capital gain (or loss)					
8. Other gains (or losses)					
9. Taxable amount of IRA distributions					
10. Taxable amount of pensions and annuities					
11. Rental real estate, royalties, partnerships, trusts, etc.					
12. Farm income (or loss)					
13. Unemployment compensation					
14. Taxable amount of Social Security benefits					
15. Other income					
<b>16. Subtotal (lines 1-15)</b>					
17. IRA deduction					
18. Medical savings account deduction					
19. Moving expenses					
20. One-half of self- employment tax					
21. Self-employed health insurance deduction					
22. Keogh and self-employed SEP and SIMPLE plans					
23. Penalty on early withdrawal of savings					
24. Paid alimony					
<b>25. Subtotal (lines 17-24)</b>					
26. Subtract line 25 from line 16. This is <i>Adjusted Gross Income</i> .....					

Income verification must be determined by examining at least two months of source documentation. Income of all adult household members must be counted.

## HOME Program Eligibility Release Form

Organization requesting release of information (PJ name, address, telephone, and date)

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

HOME TBRA Program

HOME Homebuyer Program

HOME Rental Rehabilitation Program

HOME Homeowner Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**Information Covered:** Inquiries may be made about items initiated by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children		

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4

## VERIFICATION OF: Employment

<p>(Name of HOME Participating Jurisdiction) _____</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$ _____/Hour; or \$ _____/Week; or \$ _____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. Weeks ____, or No. Weeks ____ worked per year</p> <p>Overtime pay rate: \$ _____/Hour</p> <p>Expected weekly average number of hours overtime to be worked during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$ _____ per _____</p> <p>Is pay received for vacation? ____ If yes, no. of days/yr. ____</p> <p>Total base pay earnings for past 12 mos. \$ _____</p> <p>Total overtime earnings for past 12 mos. \$ _____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what amount can they get access to: \$ _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Income from Business

<p>(Name of HOME Participating Jurisdiction) _____</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Business Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Based on business transacted from _____ to _____</p> <p>1. Gross Income \$ _____</p> <p>2. Expenses</p> <p style="padding-left: 20px;">(a) Interest on loans \$ _____</p> <p style="padding-left: 20px;">(b) Cost of goods/materials \$ _____</p> <p style="padding-left: 20px;">(c) Rent \$ _____</p> <p style="padding-left: 20px;">(d) Utilities \$ _____</p> <p style="padding-left: 20px;">(e) Wages/salaries \$ _____</p> <p style="padding-left: 20px;">(f) Employee contributions \$ _____</p> <p style="padding-left: 20px;">(g) Federal Withholding Tax \$ _____</p> <p style="padding-left: 20px;">(h) State Withholding Tax \$ _____</p> <p style="padding-left: 20px;">(i) FICA \$ _____</p> <p style="padding-left: 20px;">(j) Sales tax \$ _____</p> <p style="padding-left: 20px;">(k) Other: _____ \$ _____</p> <p style="padding-left: 20px;">_____ \$ _____</p> <p style="padding-left: 20px;">_____ \$ _____</p> <p style="padding-left: 20px;">(l) Straight line depreciation \$ _____</p> <p style="padding-left: 40px;">Total Expenses \$ _____</p> <p>3. Net Income \$ _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Social Security Benefits

<p>(Name of HOME Participating Jurisdiction)</p>    <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Social Security Benefit Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p><b>Social Security Data</b></p> <p>_____ Date of birth</p> <p>_____ Gross monthly Social Security Benefit amount, type of benefit</p> <p>_____ Gross monthly Supplemental Security Income payment amount (including state supplement), type of benefit</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Pension and Annuities

<p>(Name of HOME Participating Jurisdiction) _____</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Pension and Annuities Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Current monthly gross amount of pension or annuity \$ _____</p> <p>Deductions from gross for medical insurance premiums \$ _____</p> <p>Date of initial award _____</p> <p>Effective date of current amount _____</p> <p>Contributions to company retirement/pension fund \$ _____</p> <p>Amount received in a lump sum \$ _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Veterans Administration Benefits

<p>(Name of HOME Participating Jurisdiction) _____</p>  <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Veterans Administration Benefits Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Veteran: _____</p> <p>Address: _____</p> <hr/> <p>Claim No.: _____</p> <p>Date of Birth: _____</p> <p>Service Dates: _____ to _____</p> <p>Benefits Paid to: _____</p> <p>1. Current Benefit Amount       \$ _____</p> <p>2. Original Start Date           _____</p> <p>3. This amount will increase/ decrease to (circle one)       \$ _____</p> <p>    Date Change Takes Effect   _____</p> <p>4. Benefits are for:</p> <p><input type="checkbox"/> GI Bill Training</p> <p><input type="checkbox"/> Insurance</p> <p><input type="checkbox"/> Service Connected Compensation Disability (%) _____</p> <p><input type="checkbox"/> Nonservice Pension Death</p> <p><input type="checkbox"/> Service Connected Compensation Death</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Unemployment Benefits

<p>(Name of HOME Participating Jurisdiction) _____</p> <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Unemployment Benefits Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p><b>Benefits</b></p> <p>1. Are benefits being paid now? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, what is Gross Weekly Payment? \$ _____</p> <p>3. Date of Initial Payment _____</p> <p>4. Duration of Benefits _____ weeks</p> <p style="padding-left: 20px;">Is claimant eligible for future benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If yes, how many weeks? _____ weeks</p> <p>6. If no, what is the termination date of benefits? _____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	



## VERIFICATION OF: Public Assistance Income

<p>(Name of HOME Participating Jurisdiction)</p>  <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left; border-bottom: 1px solid black;">Public Assistance Data</th><th style="text-align: left; border-bottom: 1px solid black;">Rate per Month</th></tr></thead><tbody><tr><td colspan="2">Number in family: _____</td></tr><tr><td>Aid to Families with Dependent Children</td><td>\$ _____</td></tr><tr><td>General Assistance</td><td>\$ _____</td></tr><tr><td colspan="2">Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td>Amount specifically designated for shelter and utilities</td><td>\$ _____</td></tr><tr><td>Other assistance—type:</td><td>_____</td></tr><tr><td></td><td>\$ _____</td></tr><tr><td style="text-align: center;">Total Monthly Grant</td><td>\$ _____</td></tr><tr><td>Other income—Sources:</td><td>_____</td></tr><tr><td></td><td>\$ _____</td></tr><tr><td>Maximum allowance for rent and utilities (as-paid states)</td><td>\$ _____</td></tr><tr><td>Amount of public assistance received during past 12 months</td><td>\$ _____</td></tr></tbody></table>	Public Assistance Data	Rate per Month	Number in family: _____		Aid to Families with Dependent Children	\$ _____	General Assistance	\$ _____	Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount specifically designated for shelter and utilities	\$ _____	Other assistance—type:	_____		\$ _____	Total Monthly Grant	\$ _____	Other income—Sources:	_____		\$ _____	Maximum allowance for rent and utilities (as-paid states)	\$ _____	Amount of public assistance received during past 12 months	\$ _____
Public Assistance Data	Rate per Month																										
Number in family: _____																											
Aid to Families with Dependent Children	\$ _____																										
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Other income—Sources:	_____																										
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Maximum allowance for rent and utilities (as-paid states)	\$ _____																										
Amount of public assistance received during past 12 months	\$ _____																										
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative _____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>																										
<p><b>WARNING:</b> 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.</p>																											

## VERIFICATION OF: Child Support Payments

<p>(Name of HOME Participating Jurisdiction)</p>  <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Person Paying Child Support: _____</p> <p>Address of Person Paying Child Support: _____</p> <p>_____</p> <p>Support is for <input type="checkbox"/> his <input type="checkbox"/> her children.</p> <p>Name(s) of children being supported: _____</p> <p>_____</p> <p>Amount of support: \$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Alimony or Separation Payments

<p>(Name of HOME Participating Jurisdiction)</p>   <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Alimony and Separation Payments made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Name of Person Paying Alimony or Separation Payments:</p> <p>_____</p> <p>Address of Person Paying Alimony or Separation Payments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Name of person being supported:</p> <p>_____</p> <p>Amount of support:</p> <p>\$ _____ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____</p> <p>or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Recurring Cash Contributions

<p>(Name of HOME Participating Jurisdiction)</p>   <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Recurring Cash Contributions made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Purpose of Cash Contribution:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Amounts anticipated to be received during the next 12 months:</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p> <p>Date: _____ \$</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____</p> <p>or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Income from Military Service

<p>(Name of HOME Participating Jurisdiction)</p>  <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	<p>Years _____ and Months _____ of service for pay purposes.</p> <p><b>Income:</b></p> <p>Base and Longevity Pay           \$ _____</p> <p>Proficiency Pay                     \$ _____</p> <p>Sea and Foreign Duty Pay         \$ _____</p> <p>Hazardous Duty Pay                 \$ _____</p> <p>Subsistence Allowance             \$ _____</p> <p>Quarters Allowance (include only amount contributed by the Government)     \$ _____</p> <p>Number of dependents claimed   _____</p> <p>Imminent Danger Pay             \$ _____</p> <p>Other (explain):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> 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.</p>	

## VERIFICATION OF: Assets on Deposit

<p>(Name of HOME Participating Jurisdiction)</p>  <p><b>AUTHORIZATION:</b> Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
<p><b>Retirement Savings (IRA, Keogh, 401(k))</b></p>	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
<p><b>Money Market Funds</b></p>	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
<p><b>RELEASE:</b> I hereby authorize the release of the requested information.</p> <p>_____</p> <p>(Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
<p><b>WARNING:</b> 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.</p>					

## VERIFICATION OF ASSETS DISPOSED

I/We certify that during the 2-year (24-month) period preceding the effective date of my certification or recertification of eligibility for program participation, I/we \_\_\_\_\_ have \_\_\_\_\_ have not disposed of more than \$1,000 in asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	

Amount received for asset(s) disposed of:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date





## RECORD OF ORAL VERIFICATION

### APPLICANT INFORMATION

Re: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Received: \_\_\_\_\_

---

### INFORMATION VERIFIED

Item Verified: \_\_\_\_\_

Person Contacted: \_\_\_\_\_

Representing: \_\_\_\_\_

---

### INFORMATION SUPPLIED

\_\_\_\_\_  
Signature of Person Receiving Verification

\_\_\_\_\_  
Date and Time

8/25/2020

«Lender»

Attn: «Lender\_First\_Name» «Lender\_Last\_Name»

«Lender\_First\_Name»:

«Name1» has submitted an application to qualify for mortgage financing, subject to final underwriting and approval for the Dakota City Down Payment Assistance Program.

The borrower will not be eligible for the program if the household's monthly housing debt (PITI plus mortgage insurance and homeowner's association dues, if applicable) exceeds \$ \_\_\_\_\_.

Below is a list of items our office will need to complete underwriting:

1. Loan Estimate
2. Loan Application
3. Preliminary Attorneys Opinion
4. Property appraisal
5. Closing Disclosure (Closing Disclosure must show no cash back)
6. Dakota City Down Payment Assistance Program Total Cost Form (third page of this letter)

Due to the popularity of the Dakota City Down Payment Assistance Program, we are abiding by a strict schedule to allow time for proper final Dakota City Down Payment Assistance Program underwriting, preparation of final paperwork, and check processing. Checks are cut on Fridays only and the deadline is noon on Wednesday of the week prior. For example, if you need a check on Friday, May 24, the paperwork is due to me by noon on Wednesday, May 15. Holidays and vacations may affect this schedule, so please confirm deadline with me once a closing date is established. **Please note the check will come from the City of Sioux City, not the City of Dakota City.**

**\*Dakota City Down Payment Assistance check and closing paperwork will be released after receipt of fully executed closing disclosure – no exceptions. It can be emailed to [akeairns@sioux-city.org](mailto:akeairns@sioux-city.org) as soon as it is available. Dakota City staff will then finalize underwriting and deliver check, mortgage, promissory note, and deed restriction for closing.**

This program provides for a minimum of \$1,000 and a maximum of \$14,999 in down payment/closing cost assistance to home purchasers whose household incomes are at or below 80 percent of the median income for Sioux City, Iowa. Amount of assistance needed is dependent upon the buyer's circumstances and will be the minimum amount of cash needed to close. Applicants with a need of less than \$1,000 are not eligible for assistance.

We will prepare a 3 page Mortgage, a 1 page Promissory Note and a 3 page Deed Restriction to be signed upon closing to secure the forgivable loan. We request that the closing agent record all documents, 7 pages total. Please include recording fees on the Closing Disclosure for these 7 pages and deduct from the down payment assistance award provided by the City.

If you have any questions, please contact me at (402) 987-3448. Thank you for your cooperation.

Sincerely,

Jason Allen  
City Administrator, Dakota City

cc: client file

**DAKOTA CITY DOWN PAYMENT ASSISTANCE PROGRAM TOTAL COST FORM**

**DATE:** \_\_\_\_\_

**TO:** City of Dakota City

**FROM:** \_\_\_\_\_, Lender

**RE:** Loan No. \_\_\_\_\_

Name of applicant and address:

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT OF DAKOTA CITY DOWN PAYMENT ASSISTANCE PROGRAM FUNDS  
REQUESTED FROM CITY OF DAKOTA CITY**

\$ \_\_\_\_\_ (this amount will be mailed to closing company at closing)

Of the amount above:

\$ \_\_\_\_\_ will be used for down payment.

\$ \_\_\_\_\_ will be used for closing costs.

Make sure these amounts match what is listed on Page 3 of the Closing Disclosure and list as “Dakota City Down Payment Assistance.”

I hereby certify the loan provided to borrower will be a 30 year fixed mortgage – FHA, Conventional or VA. I also hereby certify the amount of Dakota City Down Payment Assistance requested is the minimum the buyer will need to close on the mortgage loan.

\_\_\_\_\_  
Mortgage Lender’s Signature



## Down Payment Assistance Program

### Pre-Application Homebuyer Information

NOTE: THESE GUIDELINES ARE SUBJECT TO CHANGE.  
CONTACT 712-279-6255  
TO MAKE SURE YOU HAVE THE MOST RECENT GUIDELINES.

The City of Dakota City offers a down payment assistance program that provides a minimum of \$1,000 and a maximum of \$14,999 in down payment/closing cost assistance to home purchasers who meet program requirements. Amount of assistance needed is dependent upon the applicant's circumstances and will be the minimum amount of cash needed to close. Applicants with a need of less than \$1,000 are not eligible for assistance.

- 1) Applicant must be preapproved for a loan from a local lender within ten miles of Dakota City without a co-signer.
- 2) Applicant and all household members must be U.S. Citizens or legal resident aliens.
- 3) If Applicant is married, both spouses must be listed as co-applicants and must sign all paperwork.
- 4) Applicant must purchase a single-family dwelling within the city limits of Dakota City, Nebraska.
- 5) Applicant must not currently own a home (unless it is a mobile home).
- 6) Purchase price cannot exceed \$141,000.
- 7) Only owner-occupied or vacant property (for at least 90 days) is eligible for purchase under this program. Seller must certify. Mobile home purchases are not eligible.
- 8) Home to be purchased must be used as primary residence of applicant.
- 9) Home must pass a Uniform Physical Condition Standards (UPCS) Inspection (performed by the City of Dakota City) prior to purchase.
- 10) Short sales, homes that are winterized homes, or homes for sale "as is" will not be approved.
- 11) Applicant's monthly housing debt, including property taxes, property insurance, and mortgage insurance and homeowner's association dues (if applicable) cannot exceed 31 percent of the household's monthly gross income.
- 12) Applicant's monthly cost for housing (rent or mortgage, property insurance, real estate taxes, and if applicable mortgage insurance and homeowner's associations dues) plus all other household monthly debt (including credit cards, student loans, automobile payments, etc.). cannot exceed 43 percent of the household's monthly gross income.
- 13) Applicant's household income (includes all persons that will be living in the house, not just related individuals) may not exceed the following (income guidelines change each spring):

1 person.....\$42,000	4 person.....\$60,000	7 person.....\$74,400
2 person.....\$48,000	5 person.....\$64,800	8 person.....\$79,200
3 person.....\$54,000	6 person.....\$69,600	

Applicants that believe they meet the guidelines above may call 712-279-6255 to receive an application.

## HOME INVESTMENT PARTNERSHIP PROGRAM

### PRINCIPAL RESIDENCE POLICY

#### PRINCIPAL RESIDENCE.

In the case of a prospective homebuyer using more than one property as a residence, whether property is used by the prospective homebuyer as the prospective homebuyer's principal residence depends upon all the facts and circumstances.

If a prospective homebuyer alternates between two properties, using each as a residence for successive periods of time, the property that the prospective homebuyer uses a majority of the time during the year ordinarily will be considered the prospective homebuyer principal residence.

In addition to the prospective homebuyer's use of the property, relevant factors in determining a prospective homebuyer's principal residence, include, but are not limited to:

- (i) The prospective homebuyer's place of employment;
- (ii) The principal place of abode of the prospective homebuyer's family members;
- (iii) The address listed on the prospective homebuyer's federal and state tax returns, driver's license, automobile registration, and voter registration card;
- (iv) The prospective homebuyer's mailing address for bills and correspondence;
- (v) The location of the prospective homebuyer's banks; and
- (vi) The location of religious organizations and recreational clubs with which the prospective homebuyer is affiliated.

August 25, 2020

«Buyers\_Realtor\_Company»

«Buyers\_Realtor\_First\_Name» «Buyers\_Realtor\_Last\_Name»

«Buyers\_Realtor\_First\_Name»:

This letter is to let you know «Name1» is working with our office to receive homebuyer assistance under the Dakota City Down Payment Assistance Program to purchase a house. Following are program guidelines I wanted to make sure you know, in case you aren't familiar with our program:

- The house has to either be owner occupied or vacant for at least 90 days prior to offer to purchase – no exceptions. The attached forms need to be completed as part of the offer, if they haven't been completed already.
- The Dakota City Down Payment Assistance Program does not allow any buyer to purchase a home that costs more than \$141,000.
- The house payment (including taxes and insurance) for this buyer must be less than \$ \_\_\_\_\_.
- Short sales, homes that are winterized homes, or homes for sale "as is" will not be approved through this program.
- I will set up an inspection with you, the buyer's real estate agent. Someone would need to let the inspector in to conduct the inspection. The inspection will last 30-45 minutes. All utilities must be turned on for the inspector to perform the inspection.
- After the inspection, a letter will be sent to the buyer, buyer's real estate agent, seller's real estate agent, and the lender listing the items that would need to be completed by the seller (if any) within 30 days of the failed inspection. If the seller chooses not to complete failed inspection items, our office will not be able to provide homebuyer assistance to the buyer.
- The buyer will be required to take a homebuyer education course prior to closing.
- After I receive the mortgage application, loan estimate, attorney's opinion, appraisal, lender certifications, and closing disclosure from the lender, I will be able to complete my underwriting and order a check and paperwork for loan closing. The City of Sioux City (not the City of Dakota City) cuts checks once a week, on Fridays, and the deadline to receive paperwork from the lender is ten days prior to check issuance. Closing can occur on the Friday the check is cut or any day following, and the lender will let me know when closing is scheduled. I will deliver the homebuyer assistance check, mortgage, promissory note, and deed restriction for the homebuyer funds prior to closing.

If you have any questions, please let me know and I look forward to working with you.

Sincerely,

Jason Allen  
City Administrator, City of Dakota City

**NOTICE TO SELLER – VOLUNTARY ACQUISITION NOTICE**

Date: \_\_\_\_\_

Buyer: \_\_\_\_\_

Seller: \_\_\_\_\_

**SUBJECT PROPERTY ADDRESS:**

Address: \_\_\_\_\_

City: Dakota City                      State: NE                      Zip: \_\_\_\_\_

Dear Seller:

Please be advised that the buyer listed above is interested in acquiring your property. The buyer has received or is applying to receive assistance from the U.S. Department of Housing and Urban Development (HUD) under the HOME Program for this acquisition.

The purpose of this letter is to inform you of your rights under Federal law when Federal funds are involved in property acquisition. **This is a voluntary sale.** Activities funded by the HOME Program are covered by the Uniform Relocation Assistance and Real Property Acquisition Policies Act, commonly called "the Uniform Act." The Uniform Act protects persons whose property is taken **involuntarily** or who are forced to move as a direct result of a Federally funded project. However, because this is a **voluntary sale** negotiated between you and the buyer, and there is no threat of eminent domain or condemnation to take your property, this sale is not regulated by the Uniform Act except for the following notifications which we must present to you:

1. The purchaser does not have the power of eminent domain to take your property if an agreement through negotiation cannot be reached.
2. The fair market value of the property has been estimated at \$\_\_\_\_\_.

At this time, we are prepared to offer \$\_\_\_\_\_ to purchase your property. You have the authority to accept or reject this offer just as you would in any private transaction. Depending on the results of an appraisal, our written offer may require amendment from this amount. Under the HOME program, we cannot purchase property for more than its current fair market appraised value. The seller has a right to a copy of the appraisal and also has the right under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) to withdraw from the transaction if the appraisal differs (higher or lower) from the fair market value estimate.

If your property is in default, but foreclosure proceedings have not yet been initiated/completed, and our offer is for less than the current balance of your mortgage loan(s), we suggest that you seek legal counsel or guidance. We cannot provide you with the legal guidance regarding any tax, credit, or deficiency judgment consequences to you related to the sale.

In accordance with the URA, a tenant-occupant who moves as a result of a voluntary acquisition for a federally-assisted project may be eligible for relocation and rental assistance. Such displaced persons may include not only current lawful occupants, but also former tenants required to move for any reason other than an eviction for cause in accordance with applicable federal, state, and local law.

**If your property is currently tenant-occupied or a tenant lawfully occupied your property on or after February 17, 2009, we need to know immediately.** In most cases under the Protecting Tenants at Foreclosure Act of 2009, tenants have the right to continue as a tenant for the remainder of the lease or at least 90-days from the date given notice to vacate (whichever is longer). If the property was foreclosed after February 17, 2009, the purchaser must obtain adequate documentation of tenant protection compliance. Please complete the attached **HOME Program Occupancy Certification** form regarding tenant protection and occupancy.

If your property is currently tenant-occupied or a tenant lawfully occupied your property within the past 90 days prior to our offer, our offer is subject to an evaluation of the complexity and cost of relocating the occupant(s) as well as timeliness considerations of the transaction. The seller would be required to submit a copy of the lease or rental agreement if the property was tenant occupied. Further, you should not order current occupant(s) to move, or fail to renew a lease, in order to sell the property as vacant. If you have any questions about this notice or the proposed project, please contact:

Name: Jason Allen  
Title: City Administrator  
Organization: City of Dakota City  
Address: 1511 Broadway Street, Dakota City, NE 68731  
Phone: 402-987-3448  
Email: [admin@dakotacity.net](mailto:admin@dakotacity.net)

Sincerely,

---

Buyer or Buyer's Representative Signature Date

---

Printed Name

Revised 12.16.13



## Owner Receipt of Information

I, \_\_\_\_\_, the owner of the property located at:

\_\_\_\_\_

certify that I have received and understood the above information.

I further certify that this notice was received (*check one*):

Prior to executing a purchase agreement.

After the purchase agreement was executed; however, I **do not** wish to terminate this voluntary sale.

\_\_\_\_\_  
Printed Legal Name of Owner/Seller

Owner/Seller's Signature: \_\_\_\_\_

**SELLER'S OCCUPANCY CERTIFICATION**

Date \_\_\_\_\_

SUBJECT PROPERTY ADDRESS:

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_ Zip \_\_\_\_\_

I/We, the Seller(s) of the subject property listed above certify that:  
*(Check only those items that are applicable)*

- This property is vacant and without any tenant resident or tenant personal property.
- No tenant has occupied the property during the previous ninety (90) days.
- The property is not occupied, but personal property owned by a person other than the owner is located at the site.

At the time of the acquisition of the property by the buyer, the property will be delivered vacant and without any party in possession or with a right to possession to the property.

Further, if the property is not occupied at this time, the Seller also certifies and agrees that it has not now and will not after the date hereof allow any person, including the former owner, to occupy the property under a lease or any other agreement for possession of the property either oral or written.

Outside of escrow, I/we shall not receive any money from the Buyer and/or enter into contract or agreement with the Buyer regarding disposition of this property.

\_\_\_\_\_  
Seller's Signature                      Date

\_\_\_\_\_  
Seller's Printed Name

## **HOME Homebuyer Responsible Lending Policy Dakota City Down Payment Assistance Program**

In an effort to prevent predatory lending, borrowers will **not** be eligible for the program if the household's monthly housing debt (PITI plus mortgage insurance and homeowner's association dues if applicable) to income ratio exceeds 31% of the household's monthly gross income. Additionally, the borrower will **not** be eligible for the program if the total household debt [all loans, credit cards, mortgage payment (PITI + related homeowner association dues and mortgage insurance if applicable)] exceeds 43% of the household's gross monthly income.

Household must be less than 80% AMI.

Financing will be limited to HUD approved financing products. Financing must not require a co-signer.

The interest rate of the mortgage loan is fixed for the life of the loan, which is a 30 year period. Check with a participating lender for the current rate. Exceptions to the 30 year fixed rate financing would be Habitat for Humanity loans which can be as little as a 20 year term. Balloon payments, adjustable rates and negative amortization are not allowed. Taxes and insurance must be escrowed. Origination charges cannot exceed 3% of the mortgage loan amount. The interest rate cannot be more than 2% above the 30 year fixed rate mortgage percentage listed on the following website: [http://www.mortgagenewsdaily.com/mortgage\\_rates/](http://www.mortgagenewsdaily.com/mortgage_rates/).

City of Dakota City staff will review the following:

1. Itemized listing of all installment monthly debt plus house payment, taxes and insurance for the household (cannot exceed 43%)
2. Amount the borrower(s) have been pre-approved for
3. Total monthly mortgage payment amount, including PITI and mortgage insurance and homeowner association fees if applicable (cannot exceed 31%)

City of Dakota City staff will review the following documents from the borrower's lender:

1. Loan Estimate
2. Loan Application
3. Buyer's credit report
4. Purchase Agreement
5. Preliminary Attorneys Opinion
6. Closing Disclosure (zero cash back to borrower at closing)
7. Property value assessment/appraisal
8. Dakota City Down Payment Assistance Total Cost Bank Form (to determine minimum amount of cash needed to close)

Borrower will be required to participate in pre-housing counseling.

Borrower will not be able to purchase a home for more than \$141,000.

## **HOME Homebuyer Subordination Policy**

The City of Dakota City may subordinate its security interest in residential property under the following circumstances:

If the refinancing of the existing debt is to lower the interest rate or change the term of the primary mortgage and the amount of the new mortgage is no greater than the balance of the mortgage plus applicable costs, the subordination agreement may be approved. In this circumstance, the individuals are simply trying to lower their payments or extend the payments to make it more affordable. The City's financial contribution is at no greater risk.

- 1) Applicant must be preapproved for a loan from a local lender.
- 2) Applicant and all household members must be U.S. Citizens or legal resident aliens.
- 3) If Applicant is married, both spouses must be listed as co-applicants and must sign all paperwork.
- 4) Applicant must purchase a single-family dwelling within the city limits of Dakota City, NE.
- 5) Applicant must not currently own a home.
- 6) Purchase price cannot exceed \$141,000 (this amount is published by HUD and subject to change).
- 7) Only owner-occupied or vacant rental property is eligible for purchase under this program. Seller must certify. Mobile home purchases are not eligible. Rental property is only eligible if the buyer is the tenant.
- 8) Home to be purchased must be used as primary residence of applicant.
- 9) Home must pass HQS inspection prior to closing. No weather deferrals or similar deferrals are allowed. HUD eventually will provide further guidance and a Uniform Physical Condition Standards (UPCS) Inspection will be required prior to purchase.
- 10) Short sales, homes that are winterized homes, or homes for sale "as is" will not be approved.
- 11) Applicant will be required to contribute all liquid assets over \$5,000 toward the purchase of the property. MyPad assistance would be able to contribute the remaining balance of the minimum amount needed to close the mortgage loan, if any.
- 12) Applicant is allowed to utilize down payment assistance from other programs. In that case, the MyPad assistance will be reduced, as necessary, to the only assistance provided is the minimum amount required to close the mortgage loan.
- 13) Applicant is required to have a minimum of \$500 in liquid assets available at closing.
- 14) Applicant's monthly housing debt, including property taxes, property insurance, and mortgage insurance and homeowner's association dues (if applicable) cannot exceed 31 percent of the household's monthly gross income.
- 15) Applicant's monthly cost for housing (rent or mortgage, property insurance, real estate taxes, and if applicable mortgage insurance and homeowner's associations dues) plus all other household commercial debt cannot exceed 43 percent of the household's monthly gross income. Debt includes, but is not limited to, the following:
 

Automobile loans	Child support
Credit cards	Alimony
Personal loans	Federal tax lien repayment
Student loans	

The City of Dakota City has the option to not include debt with 9 months or less remaining on balance. The City of Dakota City will not include any medical debt. However, any other items in collections will need to be paid off.

The City of Dakota City has the option to estimate payments for student loans that will become due in the future. Generally, the estimate will be 1% of the balance of the loan for an estimated monthly payment. The City of Dakota City also has the option to follow the primary lender's underwriting guidelines regarding student loans.

16) Applicant's household income (includes all persons that will be living in the house, not just related individuals) may not exceed the following (income guidelines change each spring):

1 person.....\$42,000	4 person.....\$60,000	7 person.....\$74,400
2 person.....\$48,000	5 person.....\$64,800	8 person.....\$79,200
3 person.....\$54,000	6 person.....\$69,600	