



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

**Application for
Veterans Affordable Housing
Purchase Assistance Program**

Applications are now being accepted on a first-come, first-served basis!

You Must Include a Legible Copy of your DD214 for your application to be considered

www.AHF.today

Income Guidelines Chart
Lee County Florida 2014

Household Size	Low Up To 50% AMI	Moderate Up To 50.01-80% AMI	Middle 80.01-120% AMI
1	\$20,300	\$32,500	\$48,700
2	\$23,200	\$37,150	\$55,700
3	\$26,100	\$41,800	\$62,650
4	\$29,000	\$46,400	\$69,600
5	\$31,350	\$50,150	\$75,150
6	\$33,650	\$58,850	\$80,750
7	\$36,000	\$57,550	\$86,300
8	\$38,300	\$61,250	\$91,850

Income Guidelines Chart
Charlotte County Florida 2014

Household Size	Low Up To 50% AMI	Moderate Up To 50.01-80% AMI	Middle 80.01-120% AMI
1	\$19,500	\$31,200	\$46,800
2	\$22,300	\$35,650	\$53,520
3	\$25,100	\$40,100	\$60,240
4	\$27,850	\$44,550	\$66,840
5	\$30,100	\$48,150	\$72,240
6	\$32,350	\$51,700	\$77,640



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

Please read the Information Packet for more details.

Directions:

This application consists of the following sections:

- 1) The Program Application and Definitions
- 2) Required Documentation Guide
- 3) Additional Forms (*if applicable*)

The first two sections must be filled out entirely in order for your application to be processed. Every space given to initial must be initialed, even if you answer "N/A". If a question does not apply to you, check "N/A". LEAVE NOTHING BLANK.

You must include all income and asset documentation as directed with this application.

Send or drop off all applications by the date at the top of this page to:

AHF
5264 Clayton Court, Suite 1
Fort Myers, FL 33907
239-243-8543 FAX
Email: lois@AHF.today

If faxing or scanning, be sure to transmit both sides of double sided pages



Affordable Homeownership Foundation Inc.
5264 Clayton Court, Suite 1
Fort Myers, FL 33907
239-689-4944

Date: _____ Customer# _____

Please provide information about yourself for customer tracking purposes. Thank you.

1. First Name _____ Last Name _____
(Primary Applicant)

2. First Name _____ MI _____ Last Name: _____
(Co-Applicant)

3. Address _____ City _____ State _____ Zip Code _____

4. Home Phone(____) _____ Work Phone(____) _____ Cell Phone or Pager _____

5. S/S Number _____ Birthday _____
(Co-Applicant)

S/S Number _____ Birthday _____

Please check all that apply:

- Ethnicity ___ African-American: ___ Hispanic: ___ Asian ___ Native American: ___ White ___ Other: _____
 - Marital Status ___ Single: ___ Married ___ Divorced ___ Separated: ___ Widowed ___
 - Gender: ___ M ___ F Female Head of Household? _____
 - Are you a first-time homebuyer? _____ Disabled? _____ Senior (over 55)? _____
 - Family Size _____ Any special needs _____
 - Annual Gross Income (before taxes)
\$ _____ + \$ _____ = \$ _____
 - Current Rent or Mortgage Payment \$ _____
 - How Did You Hear About Our Organization?
____ Newspaper ___ Bank ___ Government ___ Walk-in ___ Staff Member ___ Previous Customer
___ Friend/Relative ___ Realtor ___ Flyer ___ TV/Radio ___ Homebuyer Fair ___ Other: _____
-



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

Pease provide all the following contact information for the Head of Household:

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Work Phone:(_____) _____

Cell Phone:(_____) _____ Employer: _____

Email address: _____@_____

Please note: We will only use your email address to contact you about this application. Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. We will not contact you about future lotteries unless requested.

Please fill out the chart below for everyone who will be occupying the unit:

NAME A.	AGE B.	HEAD OF HOUSEHOLD OR DEPENDENT C.	RELATIONSHIP TO APPLICANT LISTED AT THE TOP OF THIS PAGE D.

I certify that my Household Size is (total number of entries in column A) _____.

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

HOUSEHOLD TYPE (please check one, read the Information Packet for more details):

Type A

- 8 person household: all types
- 7 person household: all types
- 4 person household: 1 single parent plus 3 dependents
- 4 person household: 2 heads-of-household plus 2 dependents, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type B

- 4 person household: 2 heads-of-household plus 2 dependents
- 3 person household: 1 single parent plus 2 dependents
- 3 person household: 2 heads-of-household plus 1 dependent, where heads of household *cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type C

- 3 person household: 2 heads-of-household plus 1 dependent
- 2 person household: 1 head-of-household plus 1 dependent
- 2 person household: 2 heads-of-household *who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health*

Type D

- 2 person household: 2 heads-of-household
- 1 person household: all types



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

MORTGAGE PRE-APPROVAL

1. What is the *estimated* total net value of your assets?
(Please see the Asset Table in the Application Below)

\$		Box 1
----	--	-------

2. What is the size of the loan in your mortgage pre-approval?

\$		Box 2
----	--	-------

3. What is the total of Box 1 + Box 2?

\$		Box 3
----	--	-------

PREFERENCE INFORMATION

Do you or any member of your household qualify for Veteran Preference? An applicant qualifies for Veteran's Preference if the applicant or a member of their household fit into one of the following categories (A) an Active Duty Military or immediate family member such as spouse or (B) An Honorably Discharged Veteran who has a Valid DD214

- Yes
- No

If yes, in Section 2: Preferences, you will be required to attach proof of Veterans preference.

RACE (OPTIONAL)

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native and Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | |
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Other:(please specify)_____ |

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?
(Please be as specific as possible, if found "online" please provide web address)



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

HOMEOWNERSHIP (CIRCLE "YES" OR "NO")

Has anyone listed on this application owned a home in the past 3 years or does anyone on this application currently own a home? YES NO

If you answered NO, please move on to Preference Information on the next page.
If you answered YES, please answer all the following questions.

To qualify as an age-qualified household, please answer the following question about the person that has owned a home in the past 3 years or who currently owns a home:

Are they age 55 or older? YES NO

To qualify as a displaced homemaker, please answer the following questions about the person that has owned a home in the past 3 years or currently owns a home:

- Are they are an adult? YES NO
- Have they owned a home only with a partner? YES NO
- While married did they not work full-time, full year in the labor force but worked primarily without remuneration to care for the home or family? YES NO
- Are they currently legally separated from a spouse? YES NO
- Has the home in question already been sold? YES NO

If you answered NO to the last two questions, you must finalize your separation and/or sell your home before you can be placed on the Waiting List. Please read the Information Packet for more details.

To qualify as a single parent, please answer the following questions:

- Do you have 1 or more child of whom you have custody or joint custody, or are you pregnant? YES NO
- Did you own a home with your partner or reside in a home owned by your partner? YES NO
- Has the home in question already been sold? YES NO
- Are you unmarried or legally separated from your spouse? YES NO

If you answered NO to the last two questions, you must finalize your separation and/or sell your home before you can be placed on the Waiting List. Please read the Information Packet for more details.



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

INSTRUCTIONS FOR COMPLETING THE FOLLOWING INCOME TABLE

Please complete the Income Table on the following two pages. You will later be asked to attach supporting documentation in the form of the **five most recent consecutive pay stubs and/or income statements for all sources of income, W-2 statements and the most recent federal income tax returns** (including all attachments and amendments) for each member of the household.

For the purpose of **income determination**, “**Household**” shall mean all persons who intend to occupy the housing unit as their permanent primary residence, even if they are not included on the mortgage. Legally married couples shall both be considered part of the household, even if separated. The incomes of *all* household members will be included, with the exception of income from employment for household members under the age of 18.

Please note:

1. Gross income from current wages, salaries, tips, etc. is the full amount, before any deductions, and is the amount used to determine estimated current annualized income.
2. For self-employed applicants- include the contract or job name in the space provided. You will be directed to all the additional documentation you will need to submit in **Section 2**.
3. “Interest Income” refers to any amount that you receive from any asset except for amounts drawn down from a retirement account or 401K as those go on the lines for “pension” or “retirement funds”.



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

INCOME

Household Member Name	Source of Income	Current GROSS Monthly Income
	Employer (name)	
	Employer (name)	
	Self-Employed (contract/job name)	
	Self-Employed (contract/job name)	
	Child Support/Alimony	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	Social Security Income	
	SSDI	
	SSDI	
	Pension (list source)	
	Pension (list source)	
	Retirement Funds	



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

Household Member Name	Source of Income	Current GROSS Monthly Income
	Unemployment Compensation	
	Workman's Compensation	
	Severance Pay	
	VA Disability Pay	
	Title IV/TANF	
	Full-Time Student Income (18 & Over Only)	
	Full-Time Student Income (18 & Over Only)	
	Periodic payments from family/friends & Recurring Gifts <i>(i.e. monthly/weekly money from family/friends)</i>	
	Interest Income (source)	
	Interest Income (source)	
	Other Income (name/source)	
	Other Income (name/source)	
	Gross Monthly Household Income (GMHI)	\$ _____ /month
GMHI x 12 =	Gross Annual Household Income	\$ _____ /year



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

ASSETS

Please complete the entire Asset Table. In Section 2 you will be directed to submit detailed bank/balance statements for EVERY ASSET listed here. Please attach another sheet if there is not enough space provided.

	Bank Name	Last 4 Digits of Acct Number	Amount	
Checking Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Accounts			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Trust Account			Balance \$	
Certificates (or CDs)			Balance \$	
			Balance \$	
			Balance \$	
			Balance \$	
Savings Bonds	Maturity Date:		Value \$	
	Maturity Date:		Value \$	
401k, IRA, Retirement Accounts (Net Cash Value)	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
	Company Name:		Value \$	
Mutual Funds	Name:	# of Shares:	Interest/Dividends	Value
			\$	\$
			\$	\$
			\$	\$
Stocks			\$	\$
			\$	\$
			\$	\$
Bonds			\$	\$
			\$	\$
Investment Property			Appraised Value \$	
Down-Payment Assistance <i>(A anticipated one-time gift from family/friends to help with the mortgage down-payment)</i>			\$	

REAL ESTATE

You may only currently own a home if you meet one of the exemptions listed in the Information Packet. If the home is to be sold,



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

it must already be under a P&S agreement. If the house will be lost through court action, that action must be completed.

Do you, or anyone on this application, own any property or have owned property in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or anyone on this application, entitled to receive any amount of money from the sale of any property? (currently or thru an upcoming court settlement)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to either question, type of property:</i>	
Location of property:	\$
Appraised Market Value:	\$
Mortgage or outstanding loans balance due:	\$



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

Section 2

Required Documentation:

Please note: the following questions are applicable to every single person who will be occupying the unit. Therefore, the use of "I" or "my" in the following questions includes all household members.

You MUST initial every question in Section 2 and, where provided, check "N/A" or "Yes". Every time you answer "Yes", you must submit all documentation as directed in that question.

MORTGAGEPRE-APPROVAL:

1. I have attached a mortgage pre-approval that meets each and every one of the following standards for this affordable housing program:
 - The loan must have a fixed interest rate through the full term of the mortgage.
 - The loan must have a current fair market interest rate.
 - The loan can have no more than two points.
 - The buyer must provide a down payment of at least 3% - half of which must come from buyer's own funds.

I understand that I can go to any lender of my choosing as long as the pre-approvals abide by the above standards but it is strongly recommended that I talk to a lender that has familiarity with affordable housing in Florida as they will be more familiar with the process, mortgage requirements, and Deed Restrictions than a lender with no experience in affordable housing. A list of recommended lenders is in the Mortgage Pre-Approval section in the Information Packet

I understand that the mortgage pre-approval process should be my first step in documentation gathering as this entire process and program depends on my ability to eventually get a mortgage so I can purchase a home.

I also understand that I should make copies of all the documentation I give to my bank as I may need copies to submit with this application.

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

2. **Down Payment Assistance:** If I am going to receive any down payment assistance from family members or friends, I have attached a signed and dated letter from the source of assistance that includes **ALL** of the following:

- (A) The Name and contact information of the person(s) providing the gift AND
- (B) The total amount of money that will be gifted AND
- (C) The statement "This will be a bona-fide gift, and there will be no obligation, expressed or implied either in the form of cash or future reserves, to repay this gift."
- (D) The letter has me or one of my household members listed as the recipient of the gift AND
- (E) The letter is signed by the donors and the recipient

N/A
 Yes

Initial(s): _____ Initial(s): _____

3. **Earnings/Wages (CURRENT EMPLOYMENT):** I have attached copies of the **five (5)** most recent consecutive pay stubs or five most recent statements for every source of income for every household member 18 years or older as listed on the Income Tables in Section 1. All attached pay-stubs or statements have the name of the employer, date, wages, and name of the household member and cover the 5 most recent consecutive pay periods (*which will be a 5 week period if paid every week, or a 10 week period if paid every 2 weeks, or a 5 month period if paid every 5 months*).

N/A
 Yes

Initial(s): _____ Initial(s): _____

4. **Earnings (FORMER EMPLOYMENT):** For EACH AND EVERY source of income reported on the most recent tax return where a household member is no longer receiving income (e.g., no longer working for a particular employer), I have attached **ONE** of the following:

- (A) A letter signed by that household member **and** a letter signed and dated from the former employer verifying the last day of income and the Year-To-Date income at time of separation OR
- (B) Only for jobs where my last day of employment was in the previous calendar year, I have attached the last paystub from the job that shows a Year-To-Date income that matches the Wages on the W-2 for that job OR
- (C) The Initial determination of unemployment benefit statement that lists former employers, length of employment, gross income by quarter, and EIN Number OR
- (D) I have completed only the top portion of the Verification of Terminated Employment form attached in Section 3 of this application and understand that SEB will submit this to the contact provided by me on the form in hopes of having it returned in the next 1-2 weeks but in the event that the former employer does not return the form I will submit the materials listed in part A, B, C of this section

I understand proof of termination is required for every single job on my previous years tax returns (no matter how small), that this is to verify my current income and that being terminated from one or multiple jobs will in no way affect my affordable housing program eligibility.



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

5. **Earnings (Social Security, SSDI, Pension, Retirement, Public Assistance, TANF):** I have attached copies of the most recent statements for every source of income listed on the line above for every household member 18 years or older. I understand that for Social Security and/or SSDI payments I need to submit the yearly benefit letter I receive from the Social Security Administration Office detailing my payments for the next 12 months.

N/A
Yes

Initial(s): _____ Initial(s): _____
Initial(s): _____

6. **Earnings (SELF EMPLOYED ONLY):** For every self-employed household member 18 years or older, I have attached copies ALL of the following:

- (A) The most recent **two years' federal income tax returns** (including any attachments and amendments) AND
- (B) A **year-to-date profit and loss statement** AND
- (C) A **projected profit and loss statement** for the next 12 months AND
- (D) All supporting documentation including current financial statements, accountant statements, quarterly tax returns (if I file quarterly), and income and expense receipts AND
- (E) A **statement signed, dated and notarized by the self-employed household member summarizing the enclosed materials.**

N/A
Yes

Initial(s): _____ Initial(s): _____

7. **Earnings (Unemployment)** I have attached copies of the **three (3)** most recent consecutive unemployment statements for every household member 18 years or older who is currently receiving unemployment and understand that it must be assumed that the household member will continue to receive unemployment over the next 12 months. **For every household member who reported unemployment on their most recent tax return but who no longer receives it,** I have attached a copy of my current unemployment benefit statement or balance that was obtained online or at my unemployment office. The statement shows the last two unemployment payments received, my current benefit rate, and my current total benefit balance. I understand that if this documentation indicates that I have current benefits and have received recent payments, my unemployment will be calculated as part of my income, regardless of my current employment status.

N/A
Yes

Initial(s): _____ Initial(s): _____

8. **Earnings (Workman's Comp, Severance pay)** I have attached copies of the **three (3)** most recent consecutive pay stubs or three most recent statements for payments I am receiving through Workman's Compensation or Severance settlement and if my current compensation or pay is not going to continue for the next 12 months, I have attached the legal document stating the monthly, yearly or total amount to



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

which I am entitled in addition to the timeline and/or termination of such pay.

N/A
 Yes

Initial(s): _____

Initial(s): _____

9. **Household member with NO EARNINGS:** If a member of my household is 18 years or older and is not employed and not receiving any income, I have attached a letter from him/her attesting to this fact AND this letter has been signed and dated by that household member AND the letter has been notarized.

N/A
 Yes

Initial(s): _____

Initial(s): _____

10. **Divorce and/or Separation:** I understand that legally married couples shall both be considered part of the household, even if separated, and that children shall be considered part of the household if they spend more than 50% of the year (183 days, including partial days) in the residence and so I have attached a copy of my divorce decree AND the divorce agreement to verify my household size claims. I understand that if no legal action has been taken for filing for divorce or separation, my partner's income and asset must be included in my application.

N/A
 Yes

Initial(s): _____ Initial(s): _____

11. **Child Support and/or Alimony:** If I am entitled to receive Child Support and/or alimony (even if I am not receiving it), I have attached ONE of the following:

- (A) A copy of my divorce decree or settlement agreement OR
- (B) A statement from the Department of Revenue (DOR) that shows my payments for the past 3 months OR
- (C) In the event that I am not receiving the child support or alimony I am entitled to receive, I have attached a copy of my divorce decree AND proof of a legal claim filed against the person that owes me money and, if applicable, DOR statements and/or legal claims showing payments made and/or

N/A
 Yes

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

12. Periodic Payments: If I am receiving any periodic payments, or listed anything under "Other Income", I have attached a signed and dated letter from the source of income that includes ALL of the following:

- (A) The Year-To-Date income received AND
- (B) The anticipated monthly income for the next 12 months AND
- (C) The letter has me listed as the recipient of the payments AND
- (D) The letter is notarized.

N/A
 Yes

Initial(s): _____

Initial(s): _____

13. Households with Students: I have attached proof for every household member 18 years or older who is a full-time student of his/her full-time student status in the form of: Letter from the Registrar, Transcript or other enrollment verification.

N/A
 Yes

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

HOUSEHOLD ASSETS:

Assets include but are not limited to the following: Checking or savings accounts, CDs, money market accounts, Treasury bills, stocks, bonds, securities, trust funds, gifts, pensions, IRAs, Keoghs, other retirement accounts, real estate, rental property, other real estate holdings, all property held as an investment, and safe deposit box contents (include the value). All accounts must include complete statements with all pages and list dividend and interest information if applicable *regardless of how little money may currently be in the account*. If a household member divests themselves of an asset for less than full and fair present cash value of the asset within one year prior to application, the full and fair cash value of the asset at the time of its disposition must be declared and shall be included for purposes of calculating eligibility.

14. I have completed the Asset Table in Section 1 and read the above paragraph on Household Assets and have attached every page of complete, detailed statements for the 3 most recent months or most recent complete quarterly statement on **all** assets held by **each** household member and all statements include information on interest, dividends, and gains or losses, if any. I understand that if I am going to receive any down-payment assistance, that letter must be attached as addressed by question 2 above.

Initial(s): _____

Initial(s): _____

15. For **EACH and EVERY DEPOSIT into EACH and EVERY checking and savings account, I have provided documentation from the source of the money deposited.** If a deposit is from earnings of any kind, I have followed all the directions in the applicable paragraphs on Earnings on the previous pages (i.e. submitted 5 most recent pay-stubs, verification from source of earnings etc). If a deposit is from child support and/or alimony, I have followed all the directions in the paragraphs on Child Support/Alimony on the previous pages. If a deposit is a periodic payment, repayment, gift, reimbursement, I have followed all the directions in the paragraph on the previous page titled "Periodic Payments". If a deposit is from a loan of any kind (including student loans), I have provided documentation showing the terms of the loan and the disbursement schedule. For any other deposit types, I have provided sufficient documentation of the purpose, frequency, amount and current status of these deposits from the source of payment. All written statements from third sources must be signed, dated and notarized.

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

16. **REAL ESTATE:** I have completed all of the questions on page 5 of this Application and I qualify as a VETERAN; Age-Qualified Household, A Displaced Homemaker or a Single Parent.

I understand that *for homes being sold*, my current home must be under Purchase and Sale Agreement before I will be allowed to move forward in this process. I have attached a copy of my current Purchase and Sale Agreement AND Documentation showing my debt on the property (such as mortgage statements or foreclosure notices).

I understand that *for homes being lost through separation/divorce*, the court order/divorce/separation must be finalized so that my name is no longer on the deed of my current home before I will be allowed to move forward in this process. I have attached the divorce decree/settlement statement AND a recent broker's opinion of the property or tax assessment (or value as stated in the divorce decree/ settlement statement) AND Documentation showing my debt on the property (such as mortgage statements or foreclosure notices)

For homes sold in the last calendar year in which taxes were filed, I have attached the HUD-1 Settlement statement for that sale.

N/A
 Yes

Initial(s): _____

Initial(s): _____

17. If a household member no longer owns an asset that generated income on the most recent tax return (e.g., if a bank account was closed), I have attached a signed letter by the household member who formerly held that account AND either the final bank statement showing a zero balance or a signed and dated statement from the asset source attesting to this fact.

N/A
 Yes

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

TAX DOCUMENTATION:

18. For the most recent year I filed taxes, I have attached all **W-2s, 1099s and all other tax documentation for all sources of income and assets for**. I understand that W-2s are the tax documents that are given by employers to show wages, salaries and tips and 1099s are the tax documents that are given by other sources of income (ex: interest on savings accounts, income from retirement accounts, income from unemployment etc). These are the tax documents used so that 1040 taxes can properly be filed as detailed in the next question below. *(You will have a W-2 for every job worked in the most recent year you filed taxes. Please be sure that the wages in the W-2s you submit add up to the wages you filed on our 1040 tax form. If you are not currently working at any of the jobs for which you have received a W-2, please see Question 4: "Earnings (Former Employment)" on the first page of Section 2 for directions.)*

- N/A
- Yes

Initial(s): _____

Initial(s): _____

19. **Three Years of 1040 Tax Transcripts:** I have attached a computerized print out of the **THREE (3) most recent federal income tax returns (i.e. 1040 tax transcripts) including any and all schedules, attachments and amendments** for every household member 18 years or older. **Every page of the tax transcript must be sent** (including, if applicable, Schedules A, B, C etc). I understand I can obtain these transcripts from the tax professional who field my taxes last year or for free by calling the IRS at 1.800.829.1040 and they will mail or fax them to me. **For every household member who has not filed in the past 3 years**, I have attached a statement from the IRS showing "No Filing" for that household member **for each and every year** in the past three years when taxes were not filed. I understand I can call 1.800.829.1040 and the IRS will mail it or fax it to me in 7-10 days. I understand that statements for 3 different years must be submitted for a household who has not filed taxes in the past 3 years.

Initial(s): _____

Initial(s): _____

Full Signature: _____

Full Signature: _____

HOUSEHOLD TYPE:

22. On page 4 for Household Type I stated that we have two household members who cannot be required to share a bedroom as a consequence of sharing would be a severe adverse impact on his or her mental or physical health and have attached supporting documentation. Supporting documentation can be verification from a doctor or other medical professional.

- N/A
- Yes



AHF



Affordable Homeownership Foundation Inc. Solving The Puzzle of Homeownership!

VETERAN PREFERENCE DOCUMENTATION:

23. **For Veteran Preference:** I certify that I/we qualify for Veteran preference and have provided the required documentation. A household qualifies for Veteran Preference if the applicant or a member of their household fit into one of the following categories (A) a current Active Duty Military or spouse of an active duty Military or (B) A Honorably discharged Veteran or spouse of a Honorably Discharged Veteran

Required Documentation:

If qualifying under definition (A) as detailed above: I have submitted copies of my DD214. And if Active Duty Military copies of my military pay stubs for myself or my spouse.

If qualifying under definition (B) as detailed above: I have submitted copies of pay-stubs (these should already be submitted as directed in the **Earnings** section above) *AND IF THE PAY STUBS DO NOT SHOW THE ADDRESS OF THE JOB* I have submitted a **signed statement** from my employer on company letterhead the states the address of the job and the employees name.

If qualifying under definition (A) as detailed above: I have submitted a Copy of two (2) utility bills 1 from each utility company in my name dated within the last 60 days, e.g., (1) electric, (1) oil, (1) cable, (1) gas, or (1) telephone **landline (not cell phone)**. If utility bills cannot be provided the following documentation **must** be provided: current signed lease **AND** proof of voter registration from the Town Election Department

- N/A
- Yes

Initial(s): _____

Initial(s): _____

FINAL CERTIFICATION OF HOUSEHOLD INCOME:

24. I certify that my combined **Gross Annual Household Income** is \$ _____
(total on the bottom of the Income Table)

Initial(s): _____

Initial(s): _____

25. My **Gross Annual Household Income** listed above is greater than the Allowable Income Limits for our household size as specified on the cover page of this Program Application and I have therefore attached a signed and dated statement detailing why my income to above does not reflect my income over the next 12 months **AND** have attached supporting documentation.

- N/A
- Yes

Initial(s): _____

Initial(s): _____



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

26. There are planned changes in my household income over the next 12 months and I have therefore attached verification of these planned changes in income.

N/A
Yes

You must now read, sign and date the following page.



AHF



Affordable Homeownership Foundation Inc.
 Solving The Puzzle of Homeownership!
Please read each item below carefully before you sign.

1. I hereby declare under pain and penalty of perjury that the information provided on every page of this application is true and correct.
2. I understand that this application will be incomplete if I do not sign and date this page and initial at all indicated points in the application.
3. I understand that if any of the information provided above is not true and accurate, this application may be removed at any point in the process.
4. I understand that the Purchase and Sale Agreement for the units to be occupied through this affordable housing program may be subject to cancellation if any of the information above is not true and accurate.
5. I understand that this is a preliminary application and the information provided **does not** guarantee housing.
6. I understand that any material change in the income or assets of my household that occurs after the submission of this application may make me ineligible for affordable housing.
7. Mortgage Co-signers **are not** permitted unless they are co-tenants who will reside in the unit.
8. I acknowledge that if my email address is provided in this application, SEB will correspond with me by email instead of postal mail unless I make a written request otherwise.
9. The undersigned give consent to the Affordable Homeownership Foundation Inc. to verify the information provided in this application.

Applicant's Signature

Date

Applicant's Signature

Date

Attach all documentation as directed.

Send applications with ALL required documentation by the date and time on the cover page to:

AHF
 5264 Clayton Court, Suite 1
 Fort Myers, FL 33907
 239-243-8543 FAX

Email: lois@affordablehomeownershipfoundationinc.org

If you fax or email the application, MAKE SURE THAT ALL DOUBLE SIDED PAGES GET TRANSMITTED!!!

For Questions call (239)-689-4944



AHF



Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

Fair Housing Act
Disclosure

Affordable Homeownership Foundation Inc., fully support the principles of the Fair Housing Act (Title VIII of the Civil Rights Act of 1968), as amended, which generally prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

In addition, each and every Affordable Homeownership Foundation Inc., office is contractually required to comply, in all respects, with all laws, rules and regulations applicable to the real estate industry, including without limitation, the requirements imposed by the Fair Housing Act. As an adjunct to the foregoing commitment, Affordable Homeownership Foundation Inc., actively promote, and are committed to, creating and fostering an environment of diversity throughout their respective organizations and franchise systems, and each views such a concept as a critical component to the on-going success of their business operations.



AHF

Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!

Section 3

Additional Forms
(if applicable)

These are the forms that you only need to complete if directed to do so in Section 2



AHF

Affordable Homeownership Foundation Inc.
Solving The Puzzle of Homeownership!
Verification of Terminated Employment

To Be Completed By Applicant:

Applicant/Tenant: _____
Soc. Security #: _____

Contact Info of previous employer:

Name of Contact					
Company Name					
Street Address					
Town, State, Zip					
Tel. #		Fax		email	

To Be Completed By Previous Employer:

Date of Termination: _____ Last Day Actually Worked: _____ Total Gross
Income paid to employee over the last calendar year employed: _____ Reason
for Termination: Employee Quit Other _____
Do you anticipate rehiring this employee? Yes No If yes, when: _____ Will
the employee receive additional paychecks for Workman's Compensation? Yes No
If yes, provide the name and address of the company through which this can be verified:

Total severance pay anticipated for the next 12 months: _____

Is employee entitled to receive unemployment compensation? Yes No

AUTHORIZED SIGNATURE

Print Name: _____ Title: _____
Signature: _____ Date: ____ / ____ / ____ Telephone: (____) _____

