

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Application

Form 400

PROPERTY INFORMATION			
Subject Property Address:			Year Built:
Year Acquired:	Original Cost:	Assessed Value:	Amount of Existing Liens:
Described improvements to be made:			

APPLICANT INFORMATION					
Applicant Name			Co-Applicant Name		
Social Security Number	Home Phone	Age	Social Security Number	Home Phone	Age
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried/Widowed <input type="checkbox"/> Separated		Dependents No. Ages	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried/Widowed <input type="checkbox"/> Separated		Dependents No. Ages
Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job	Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone
Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job	Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone
Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job	Name & Address of Employer <input type="checkbox"/> Self-Employed		Yrs. on Job
Position/Title/Type of Business		Business Phone	Position/Title/Type of Business		Business Phone

List the name, age, and occupation of all persons who will be residing in the property:

<u>NAME</u>	<u>AGE</u>	<u>OCCUPATION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are any members of the household disabled? Yes No

If yes, what is the nature of the disability? _____

INCOME		
For each type of income your household receives, give the source of the income and the amount of income that can be expected from source during the next 12 months		
Household Member	Source/Type of Income	Annual Amount

INCOME INFORMATION		
Please answer each of the following questions. For each "yes" answer, provide details in the chart following the questions.		
	Yes	No
1. Does any member of your family now receive, or expect to receive unemployment in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is any member of your household now receive, or expect to receive child support in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is any member of your household entitled to child support that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does any member of your household now receive or expect to receive alimony in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does any member of your household receive or expect to receive Welfare/AFDC in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any member of your household receive or expect to receive Social Security in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does any member of your household receive or expect to receive income from a pension or annuity in the (last/next) 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household receive or expect to receive regular cash contributions from individuals not living in the home or from charitable organizations?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does any member of your household receive income from assets including interest on checking, savings, and dividends from CD's, stocks or bonds, or rental property?	<input type="checkbox"/>	<input type="checkbox"/>

ASSETS			
Description	Location	Account Number	Cash or Market Value

PROPERTY INFORMATION	
1. What type of structure is your home?	<input type="checkbox"/> Single Family <input type="checkbox"/> Manufactured <input type="checkbox"/> Trailer <input type="checkbox"/> Duplex <input type="checkbox"/> _____
2. Is the property a working ranch or farm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the house located on 10 acres or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any repairs been made recently to the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what _____	

DECLARATIONS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a party to a lawsuit? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you directly or indirectly been obligated on any loan in the last 7 years which resulted in foreclosure, transfer or title in lieu of foreclosure, or judgment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all mortgage payments, if applicable, current on your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you in the process of declaring bankruptcy or being in a foreclosure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligation, bond, tax liability, or loan guarantee? <i>If "Yes," give details.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a U.S. citizen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a permanent resident alien? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you intend to occupy the property as your primary residence? | <input type="checkbox"/> | <input type="checkbox"/> |

IMPORTANT! READ BEFORE SIGNING:

I/we certify that the information provided in this Application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. I/we understand that this application shall remain the property of the agency to which it is submitted and or Missouri Housing Development Commission (MHDC).

I/we hereby consent to and authorize the agency and MHDC, after giving reasonable notice, to enter the improved property to determine that the approved improvements specific to this Application have been completed and meet codes and standards set forth by Missouri Housing Development Commission.

I/we understand that in pre-1978 homes, HUD lead-based paint regulations must be followed as a condition of this application.

I/we understand that it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the facts in this Application as applicable under the provisions of the United States Criminal Code.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

MISSOURI HOUSING DEVELOPMENT COMMISSION
HOME Repair Program
Homeowner Affidavit

STATE OF MISSOURI
COUNTY OF _____

By initialing each question, the Homeowner states that they fully understand the conditions involved with the HeRO Program. Each person signing this Homeowner Affidavit, being duly sworn, deposes and says that:

- _____ 1. The property for which I am requesting funds is located within the State of Missouri at the following address:

(Street)	(Town)
- _____ 2. The property is a single family home owned by me.
- _____ 3. The property is located on less than 10 acres.
- _____ 4. I occupy the property as my principal residence, i.e., not as a vacation or second home.
- _____ 5. I do not intend to rent the property out.
- _____ 6. I will use no more than 15% of the total area of the Residence for commercial use. Commercial use means use on a regular basis for storage of inventory for use in trade or business for which the residence is the sole fixed location, providing day care services, or exclusive use on a regular basis as the principal place of business for any other trade or business.
- _____ 7. The income information set forth on the Application is true and correct and the information provided represents my total Gross Income, together with the Gross Income of any Co-Applicant and other household member.
- _____ 8. The proceeds of the funds will be used on a) to bring the home up to state and local codes, or if there are non, to 1995 BOCA/CABO one and two family dwelling installation standards, and HUD's housing quality standards; or b) to make essential improvements, including energy related repairs or improvements, mitigation of Lead-Based Paint hazards; repair or replacement of major housing systems in danger of failure; and improvements necessary to permit use by persons with disabilities living at the home.
- _____ 9. No proceeds of the funds will be used to pay for labor of myself or any member of my family in making improvements unless that family member owns and operates a construction business and meets the minimum contractor standards to become pre-qualified by the Agency and approved by MHDC. I understand that sweat equity is not allowed and no work may be performed by either myself or any other member of the household once the project commences. I understand that as used in the preceding sentence the term

“family” includes only my brothers and sisters (whether by the whole or half blood) spouse, ancestors, and lineal descendants.

- _____ 10. I agree to have an energy audit of my dwelling performed if I propose to construct or install any individual energy conservation/efficiency improvement other than those listed in the Procedural Manual of the HOME Rehabilitation Program. I understand that any such improvements must have a payback period no longer than 15 years or the estimated useful life of the improvement whichever is less.
- _____ 11. I certify that I have not previously received any funds from the MHDC HOME rehabilitation program within the last three years.
- _____ 12. I understand that any misrepresentation or misstatement in this affidavit or any other document executed in connection with my fund request will constitute an EVENT OF DEFAULT under my fund request and entitle the holder of my fund request to accelerate the debt and institute FORECLOSURE and other appropriate proceedings against me. I may be subject to CRIMINAL PENALTIES for any misrepresentation or misstatement.
- _____ 13. I understand that the Missouri Housing Development Commission, the Agency or any of their representatives may wish to investigate or to verify the matters set forth in this Affidavit or in other documents provided in connection with the application for my allocation, and I hereby permit such investigation or verification.
- _____ 14. I understand that upon sufficient notice of such, I will allow qualified contractors to perform the actions as noted on the *Work Write Up* of which I have signed. Harassment to the contractors by the homeowner(s) or related persons may result in termination of the *Work Write Up* Contract and void the homeowner’s right to receive HOME funds. MHDC or agents of the Agency should have the right of entry to the property and the right to inspect all work done, material, equipment and fixtures furnished, installed or stored in and about the property.
- _____ 15. I understand that I, along with all individuals currently listed on the Warranty Deed, will be required to sign a LURA outlining the terms of the grant and acknowledge my/our responsibility for repayment to the Sub-Grantee should the conditions of the Home Program not be met. This LURA will be filed with the Register of Deeds and will **not** be subject to subordination. Should the home be refinanced or sold within the 3-year waiting period, full repayment of the subsidy will be required.
- _____ 16. I understand that this forgivable loan must be cleared prior to transferring the property to a future buyer, unless the new buyer meets all qualifications for the HOME program.
- _____ 17. I understand that, if the Agency finds relocation necessary, it will be mandatory that the all household members relocate and it will be the homeowner’s responsibility for finding a safe place in which to stay. The homeowner will be responsible for any costs incurred during this time.
- _____ 18. I understand that this Grant/Loan does not confer third party beneficiary rights to anyone, including to members of my family whether or not such family members live in the home. Therefore, any interference with the performance of this project by such family members could result in the recapture of the funds by the Agency.

_____ 19. In case of Co-Applicants, statements made throughout this Affidavit in the singular include the plural.

Applicant: _____

Applicant: _____

Subscribed and sworn to before me on _____, _____

(Seal)

Name: Notary Public/Attorney-at-Law

Commission Expires: _____

Notaries Public must have each person signing as Applicant raise his or her hand and elicit an affirmative response to the following oath: "DO YOU (SWEAR/AFFIRM) UNDER PENALTY OF LAW THAT YOU HAVE READ AND UNDERSTOOD THIS HOMEOWNER AFFIDAVIT AND THAT THE STATEMENTS WITHIN ARE TRUE BASED UPON YOUR PERSONAL KNOWLEDGE?"