



General comments concerning this Down Payment Assistance Application Form

The City of Kettering provides down payment financial assistance to low- and-moderate income homeowners to fill a gap of cash available at the loan closing up to \$5000 can be provided. Other sources of cash and the property's market value will be considered. The forgivable loan will be secured by a mortgage lien on the property.

WARNING: The City of Kettering DOES NOT have a secure website for financial transactions. Applicants are advised NOT to email confidential social security numbers or bank account numbers. The application document is posted on the Website only to make it easier for Kettering residents to obtain a copy. Prospective clients can use the computer to type information onto the form, but thereafter are advised to print a copy and deliver it by mail or in person. **Complete applications should be delivered to the HomeOwnership Center of Greater Dayton, 205 E. 1st Street, Dayton, OH 45402, Attn: Lori DeWine.**

Instructions for using this Adobe Acrobat fill-able form.

When used with recent versions of Adobe Reader 7, 8 or 9, you may enter data in this form and print it; however the data will not be saved when using the free Adobe Acrobat Reader.

If you are viewing this form with a version of Adobe Acrobat Reader earlier than version 7 or 8, you may download the latest version by going to

<http://www.adobe.com> or click the "Download Adobe Reader 9" button below.

Down Payment Assistance Application

Please fill out this form and phone to set up an appointment with a housing counselor. In order for the application to be complete, documentation items specified in Attachment A must be submitted. Lori DeWine or another HomeOwnership Center counselor will gladly make photocopies of your originals, if you take them to their office. The direct phone line to Ms. DeWine is 853-1604.

1. APPLICANT (Head of Household)

Name	<input type="text"/>	SS#		
Date of Birth m-d-yyyy	<input type="text"/>	Gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
		Are you a United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marital Status?	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (includes single, divorced and widowed)	

2. CO-APPLICANT (Spouse or Co-Owner)

Name	<input type="text"/>	SS#		
Date of Birth m-d-yyyy	<input type="text"/>	Gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
		Are you a United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marital Status?	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (includes single, divorced and widowed)	

3. CURRENT MAILING ADDRESS

House Number and Street	<input type="text"/>		
City	<input type="text"/>	Zip	<input type="text"/>

4. CONTACT INFORMATION

Home Phone Number	<input type="text"/>	Email Address	<input type="text"/>
Applicant Cell Phone	<input type="text"/>	Co-Applicant Cell Phone	<input type="text"/>
Applicant Work Phone	<input type="text"/>	Co-Applicant Work Phone	<input type="text"/>

5. SPECIFY YOUR PRESENT HOUSEHOLD SIZE

<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8+
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6. ADDITIONAL PEOPLE WHO LIVE WITH YOU IN YOUR HOUSEHOLD

	Full Name	Date of Birth mm-dd-yyyy	Age	Relationship	If currently a full time college student, specify school
1					
2					
3					
4					
5					
6					
7					
8					

7. PROPOSED HOUSE TO BE PURCHASED

Address: (House Number and Street)

Asking Price Property Value defined by Montgomery County Auditor

Realtor Contact Information:

Name Firm
 Address email
 Phone

Lender Contact Information:

Name Firm
 Address email
 Phone

Current occupancy of house to be purchased:

Currently Own Occupied
 Currently Vacant
 Currently Renter Occupied

If vacant, how long has the home been unoccupied?
 Years
 Months

8. IMPROVEMENTS NEEDED TO HOUSE

9. APPLICANT AND CO-APPLICANT EMPLOYMENT INFORMATION

List all employment income from each household member age 18 or older. Attach additional sheets if necessary

Applicant 1st Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

Co-Applicant 1st Employment

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

Other Income from Employment of a Household Member

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Gross Monthly Income	Job Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Contact Name	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City, State, Zip	Date Employed

10. OTHER INCOME RECEIVED BY APPLICANT, CO-APPLICANT OR A FAMILY MEMBER

Do you or any member of your household, receive any of the following income?

- Asset/Interest Income Pension Social Security Unemployment
- Disability SSI Worker's Compensation Self Employment
- Child Support Alimony Aid to Families with Dependent Children
- Rental Income Other Wages

If you have checked any "other" income source above, please specify below.

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

Name of Household Member	Other Gross Monthly Income	Type of Other Income	Account Number
Source of Income (Employer)	Street Address (Employer)	City, State, Zip	

11. ASSETS

Do you or any member of your household, have any of the following accounts?

- Checking Savings Investments Cash Accounts
 Retirement Certificates of Deposit Other Accounts

If you have checked any account types above, please specify below.

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

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Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

Explanation of Other Income Received By the Applicant, Co-Applicant or a Family Member

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Household Member	Dollar Balance in Account	Type of Account	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Institution	Street Address of Institution	City, State, Zip of Institution	

12. CONSUMER DEBTS AND EXPENSES

As your loan application is evaluated, a copy of your credit report will be secured. Below, please list all fixed obligations, installment accounts, debts to banks, finance companies, and government agencies. List name of **card/lender/organization** and **balance** and your **monthly payment**.

Type	Lender	Account Balance	Monthly Payment
Car loan or lease			
Car loan or lease			
Auto Insurance			
Installment Loan			
House Phone			
Cell Phone(s)			
Cable/Satellite TV			
Medical Bills			
Student Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Other Real Estate Mortgage			
Other (Explain)			
Other (Explain)			
Other (Explain)			
Total Debt Account Balance from this Page			
Total Monthly Debt from this Page			

13. CREDIT HISTORY

The following should be answered "yes" if they apply. Both the applicant and the co-applicant must answer.

Applicant Check if Yes	Co-Applicant Check if Yes	Credit Item
<input type="checkbox"/>	<input type="checkbox"/>	Have you any outstanding judgments?
<input type="checkbox"/>	<input type="checkbox"/>	In the past seven years, have you been declared bankrupt?
<input type="checkbox"/>	<input type="checkbox"/>	Have you had property foreclosed on or given title of deed?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a co-maker, co-signer or endorser on a note?
<input type="checkbox"/>	<input type="checkbox"/>	Are you party to a lawsuit?
<input type="checkbox"/>	<input type="checkbox"/>	Are you obligated to pay alimony, child support or maintenance?
<input type="checkbox"/>	<input type="checkbox"/>	Do you own any other property?
Value and Address of Other Property 1		
Value and Address of Other Property 2		

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information nor on whether you choose to furnish it.

Applicant's Race/National Origin	
Check if Yes	Race/National Origin
<input type="checkbox"/>	I do not wish to furnish this information
<input type="checkbox"/>	White
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American
<input type="checkbox"/>	Other, please specify

Please specify your ethnicity:

Hispanic

Non-Hispanic

16. AUTHORIZATION TO RELEASE INFORMATION

PERMISSION TO CHECK CREDIT, ORDER A LIEN SEARCH AND/OR VERIFY OTHER INFORMATION RELEVANT TO THIS APPLICATION:

“Equal Credit Opportunity” is required by Section 4112.021 of the Ohio Revised Code. *“The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights commission administers compliance with this law.”*

The applicant(s) give permission to the City of Kettering to check their credit, order a lien search, and/or other information used to determine eligibility and as outlined below. He/she (they) understands that this information is used to determine if he/she (they) qualify for assistance through the City of Kettering Housing Rehabilitation Program.

Privacy Act Notice Statement: The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this application to determine an applicant's eligibility to participate in the CDBG and HOME-funded City of Kettering Housing Rehabilitation Program. This information will be used to establish the level of benefit from the CDBG and/or 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.

Information covered: Inquiries may be made about items listed below for the applicant and co-applicant.

Alimony or Separation Payments	Full-Time Student Status	Social Security Benefits
Assets (all sources)	Handicap Assistance Expense	Tax Returns (Federal, State, Local)
Assets on Deposit	Income (all sources)	Unemployment Benefits
Bank Accounts	Income from Business	VA Benefits
Child Care Expense	Liens	Other: (listed below)
Child Support Payments	Medical Expenses	
Employment	Pension and Annuities	

I authorize and release the City of Kettering, OH and/or HUD to obtain information, about me and my household, that is pertinent to my eligibility for participation in the City of Kettering Housing Rehabilitation Program, and to verify the information that I provided.

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.

Signature of Applicant & printed below

Date

Signature of Co-Applicant & printed below

Date

Signature of Adult family member & printed below

Date

Signature of Adult family member & printed below

Date



HomeOwnership Center of Greater Dayton
205 East First Street
Dayton, OH 45402
Phone 937-853-1604
Fax 937-853-1601
email: ldewine@hocgd.org



Planning and Development Department
3600 Shroyer Road, Kettering, Ohio 45429-2799
Phone 937-296-3318 or 937-296-2441, Fax 937-296-3240
Deaf using TTY use Ohio Relay Service at 800-750-0750

Documentation Required for Down Payment Assistance

Contact the HomeOwnership Center to set up an appointment to review the completed application, or to ask questions or get assistance filling out any of the forms or securing any of the documentation. For your convenience, the HomeOwnership Center will make any photocopies needed. Completed applications to be returned to the HomeOwnership Center. Lori DeWine is coordinating the project from their office. If you have questions or concerns that she or her staff cannot address, then contact the City of Kettering

1. Photo identification of the loan applicants (driver's license)
2. Certification of Completion for HUD approved Home Buyer Course (8 hours)
3. Written verification of all household income
 - Last paycheck stub(s) which list year to date earnings
 - Verification form signed by employer(s)
 - Last year's income tax return (1040 form with W-2's)
 - Recent bank statements
 - Verification form signed by bank
 - Recent statements from savings accounts, investments, or other assets
 - Social Security Award letter(s), if applicable
 - Proof of Child Support or Alimony, if applicable
 - Proof of Retirement income, (VA, OPERS, Civil Ser., IRA, annuities) if applicable
4. Lead Base Paint Form acknowledging receipt of "Renovation Rights" booklet
5. Mortgage Lender Good Faith Estimate (HUD-GFE)
6. Contract to Purchase Real Estate
7. The application has been signed by all property owners to be listed on the deed
8. City Inspection Report and Approval for Occupancy
9. Closing Documents including:
 - Appraisal
 - Title Search
 - Loan Disclosure Statement
 - Deed
 - HUD-1 Settlement Statement

City of Kettering

First Time Homebuyer Inspection Guidelines

Note: All deficiencies requiring correction for participation in the First Time Homebuyer Program listed below shall be placed into one of two categories: Those corrections required before participation by the city, and those corrections which must be completed within six months of the closing and/or before occupancy. City staff shall determine which category each required correction is placed into. In general, immediate health and safety items, as well as conditions causing significant structural issues will need to be corrected before the City of Kettering's First Time Homebuyer participation.

Property Maintenance:

-In addition to the items listed in these guidelines, all structures and premises shall conform to the City of Kettering's Property Maintenance Code concerning health and safety issues, as applicable.

-There shall be no tripping or falling hazards. Handrails and guardrails shall be installed, where required, and adequately secured.

Deteriorated Paint:

-All painted surfaces shall be free of peeling, flaking or otherwise deteriorated paint. Deteriorated paint (on structures built prior to 1978) shall be assumed to contain lead-based paint, unless a lead assessment by a licensed lead-based paint risk assessor is conducted and found to be lead safe. Surfaces known or assumed to contain lead paint shall be stabilized and painted by workers certified by HUD or the EPA for Lead Safety for Renovation, Repair, and Painting, and all work done using lead-safe work practices. A Lead Clearance must be obtained after stabilization is complete. The condition causing the deteriorated paint shall also be corrected.

Permits:

-All witnessed new installations of components requiring permits (water heater, furnace, electric or plumbing work, etc.) shall have a record of those permits and passing inspections on file with the city. Installed components without record of permits shall have a permit taken out and all inspections completed.

Electric:

-Kitchen countertops, bathroom, unfinished basement, garage, exterior and any other outlet within six feet of a sink shall be

GFCI-protected.

- All outlets shall be properly wired and installed.
- All splices shall be enclosed in approved junction boxes with covers.
- The main electric panel shall be properly grounded.

Plumbing:

- Constant leaking in water supply lines shall be repaired.
- Leaking drain lines, especially those causing damage to other components (mold, rot, etc.) shall be repaired.
- All faucets and hose bibs shall function properly.
- Water heaters shall have a T&P discharge tube.

HVAC:

- The heating system shall be capable of supplying heat to all habitable rooms.
- HVAC components (furnace, A/C, ductwork, vents, baseboard heaters, etc.) shall be properly installed.
- Combustion gas venting shall comply with code.

Roofs & Chimneys:

- Roofs shall not leak.
- Areas of missing shingles or other roof covering shall be repaired.
- All flashings and drip edges shall function properly.
- Masonry chimneys shall have sound concrete caps.
- Fireplaces shall have functioning dampers and be free of hazards.

Windows:

- Bedroom windows shall open and function properly.
- Cracked or broken glazing shall be replaced.

Doors:

- Exterior doors shall have functioning locks and hardware.
- Bathrooms and bedrooms shall have doors with functioning hardware.

Bathrooms:

- Bathrooms with a bathtub or shower shall have a working window, or a functioning exhaust fan.

Basements & Crawl Spaces:

- Basements and crawl spaces shall be free of extreme moisture and mold.

Environmental:

- Suspected asbestos shall be free of damage and non-friable. A licensed, certified or otherwise approved worker shall complete repairs or removal of suspected asbestos-containing items.
- Extreme mold shall be removed and conditions causing the moisture shall be corrected.

Miscellaneous:

- Smoke detectors shall be installed in each sleeping room, outside the sleeping room areas, and on each habitable story of the house. Smoke detectors shall be, at a minimum, battery operated.
- Any witnessed items that present a probable health, safety or structurally deficient condition shall be corrected.

Disclaimer:

- The FTHB inspection does not include environmental testing for radon, mold, lead-based paint, asbestos, carbon monoxide, natural gas or any other hazardous material, gas or fume.
- The FTHB inspection does not guarantee any aspect of the safety, structural soundness, environmental health or compliance with applicable codes and regulations concerning the inspected property.
- The FTHB inspection does not guarantee the efficiency or proper function of the HVAC system, water heaters or any other appliance or mechanical system.
- The FTHB inspection is conducted for the City of Kettering's purposes only and does not take the place of normal pre-sale inspections the buyer may perform or want performed by a private home inspection service.