



**Down Payment
Assistance Program
APPLICATION**

West Pasco Habitat for Humanity

4131 Madison Street

New Port Richey, FL 34652

727.859.9038

Fax: 727.843.9001

www.westpascohabitat.com





NEIGHBORHOOD STABILIZATION PROGRAM
COMMUNITY DEVELOPMENT DIVISION

Pasco County has received \$55 million from the Department of Housing and Urban Development to help homebuyers purchase foreclosed and abandoned homes in order to stabilize neighborhoods. Pasco County is using these funds to assist homebuyers with their downpayment and closing costs so they can get into a safe, decent and standard home. This is a program for homebuyers, not investors. We want more homeowners in Pasco County.

Who is eligible for this program?

Applicants who make less than 120% of the median income for the Tampa Bay area may apply for assistance. This is adjusted for family size. Currently, this is as follows:

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
Low Income	\$19,800	\$22,600	\$25,450	\$28,250	\$30,550	\$32,800
Mod Income	\$47,250	\$54,240	\$61,080	\$67,800	\$73,320	\$78,720

You do not have to be a first-time home buyer to participate in this program, nor be a current Pasco County resident. You must attend a County-sponsored Homebuyer class in order to receive assistance, and before you sign a contract to buy a house.

Pasco Opportunity Program

The Pasco Opportunity Program (POP) is a partnership between Pasco County and several not-for-profit agencies. These agencies buy homes, have them repaired, and make them available for sale. The houses have been fully rehabilitated, modernized and have been made energy efficient. Please contact these agencies directly for the homes and programs they offer:

- Deaf Service Bureau (727) 861-7074
- Habitat for Humanity for East and Central Pasco (352) 567-1444
- Keystone Challenge Fund (863) 682 1025
- Tampa Bay CDC (727) 442-7075
- West Pasco Habitat (727) 859-9038
- Workforce Housing Ventures (352) 458-4635 or (800) 537-9371

How do I apply for assistance?

In order to apply for assistance, you must apply through one of the partner financial institutions that have signed agreements with the County. Lenders must agree to certain requirements of the NSP, and sub-prime loans are not allowed. When you apply for a mortgage loan at one of these financial institutions, they will make an initial determination on whether you need and are eligible for Pasco NSP funds. If you do, they will reserve funds in your name with the Community Development Division. You do not apply through the County for these funds.

How much County money can I borrow?

The amount of County funds that are available first depends on how much the financial institution is able to lend you and how much you can put down. There is a limit on how much can be lent, depending on your income level and your occupation:

Low Income:	50% of Sales Price
Moderate/Middle Income:	\$20,000

West Pasco Habitat for Humanity
Down Payment Assistance Program Application Checklist
Fax: 727-843-9001

All applications must be typed or printed neatly. All forms should be filled out completely. Make sure applications are signed and notarized where required. **Incomplete applications will not be accepted.** All items must be included in initial submittal. Items that will not be accepted for the Reservation Phase. Reservations that are missing any required items or contain white-out will not be processed and will be returned to the Lender.

The West Pasco Habitat for Humanity Program uses a three-phase process: pre-approval, request for funding and closing. The items required for each phase are as follows:

The following items are required in order to reserve funds for a specific borrower. West Pasco Habitat for Humanity reservations are accepted on a first come, first served basis. The Program Administrator will review the following items according to the West Pasco Habitat for Humanity Program guidelines and respond to any reservation request within ten (10) working days.

PHASE I:

- ___ West Pasco Habitat for Humanity Volunteer form
- ___ Realtor Reservation Form
- ___ Certification of Applicant, signed
- ___ Copy of applicant(s) drivers' license
- ___ Down Payment Assistance Reservation
- ___ Pre-Approval Letter from Lender with all Lender contact information
- ___ Applicant Income Verification
- ___ Employer Income Authorization

PHASE II:

- ___ Homebuyer Education Classes - 10
- ___ **Buyer** Sweat Equity volunteer hours - 25
- ___ Approval Letter from WPHFH for grant
- ___ Copy MLS listing
- ___ Copy of the Sales Contract
- ___ Copy of HUD



**West Pasco Habitat For Humanity
Release and Waiver of Liability**



Volunteer Application

Date: _____

If you would like to volunteer with our affiliate, please complete the following and return to
West Pasco Habitat for Humanity • 4131 Madison Street • New Port Richey, FL • 34652
Phone: 727.859.9038 Fax: 727.843.9001

Name: _____ Date of Birth: _____	Group Affiliation (If Applicable)
Address:	Other local groups/houses of worship where you belong (optional)
City, State, Zip:	Days available to work:
Phone: _____ Cell Phone: _____ E-mail: _____ (Please print clearly)	Past Habitat Experience: Yes ___ No___ Where: Responsibilities:

SKILLS:

1 Professional **2 Experienced** **3 Handy** **4 Inexperienced**

Area of Skill (please use numbering scale above to indicate skill level)

___ Carpentry ___ Drywall ___ Electrical ___ Flooring
 ___ Framing ___ HVAC ___ Landscaping ___ Painting
 ___ Plumbing ___ Roofing ___ Vinyl Siding ___ Other _____

Office Related

___ Bookkeeping ___ Data Entry ___ Filing ___ General Clerical
 ___ Letter Writing ___ E-mail/Internet ___ Word Processing

Please check the volunteer opportunities below that interest you.

- | | | |
|---|--|---|
| <input type="checkbox"/> Church Relations | <input type="checkbox"/> Construction | <input type="checkbox"/> Computer Systems/Databases |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Finance/Accounting |
| <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Media Relations | <input type="checkbox"/> Journalism | <input type="checkbox"/> ReStore |

Are you multilingual? Yes ___ No ___ Languages spoken _____

Are there any health considerations that might affect your work placement?

**West Pasco Habitat For Humanity
Release and Waiver of Liability**

How did you hear about Habitat for Humanity?

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability (the "Release") is executed on this ___ day of _____, 20___,
By _____ (the "Volunteer") in favor of West Pasco Habitat for Humanity, Inc,
a Florida non-profit corporation, its directors, officers; employees and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings, working in the Habitat offices and living in housing provided for volunteers of Habitat.

The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Habitat.
 - Volunteer understands and acknowledges that this Release discharges Habitat for any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury. Illness, death or property damage that may result from Volunteer's work for Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, agents or otherwise. Volunteer also understands that, except as otherwise agreed to by Habitat in writing, Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury or illness.
2. **Medical Treatment.** Except as otherwise agreed to by Habitat in writing, Volunteer does hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteers work for Habitat.
3. **Assumption of the Risk.** The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading and transportation to and from the work sites. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities.
 - Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's work for Habitat.
4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by Habitat In writing, Habitat does not carry or maintain health, medical or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. **Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's work for Habitat, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recording.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction. The invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written. .

Witness: _____

Volunteer: _____

Address: _____

Phone: (H) _____

(W) _____

**WEST PASCO HABITAT FOR HUMANITY
DOWN PAYMENT ASSISTANCE PROGRAM
Phone 727.859.9038 Fax 727.843.9001**

REALTOR RESERVATION COVER LETTER

Date submitted: _____

Realtor Submitting DPA Reservation: _____

Company: _____

Telephone: _____ Fax: _____

Cell Phone: _____

E-mail Address: _____

WPHFH Volunteer Hours Completed: _____

Applicant Information:

Applicant's Name: _____

Mailing Address: _____

Telephone Number: _____

Cell Number: _____

E-mail Address: _____

Special Comments or Notes:



West Pasco Habitat for Humanity

4131 Madison Street
New Port Richey, FL 34652
727.859.9038
727.843.9001 Fax

Certification of Applicant

- 1) The undersigned has applied for Down Payment Assistance from the West Pasco Habitat for Humanity Program, hereinafter referred to as the Down Payment Assistance Program (DPA) and hereby acknowledges and understands the following:
 - a) The DPA Program is to be used in conjunction with a mortgage loan for the purchase of a single-family residence, which is required to be used as your principal residence within sixty (60) days after the closing of the mortgage loan. The home shall not be used as a business or as a vacation (second) home.
 - b) The decision to grant the first mortgage loan is completely within the discretion of the mortgage lender to whom you have applied. West Pasco Habitat for Humanity makes no decision in regard to the approval of any first mortgage loan.
 - c) The decision to fund Down Payment Assistance is within the sole discretion of the West Pasco Habitat for Humanity Program and is dependent upon your application meeting all requirements of the Down Payment Assistance Program as well as the availability of funds.
 - d) The decision of which home to buy is within the sole discretion of the buyer and the buyer understands that Down Payment Assistance is not limited to specific homes. The buyer has performed their investigation of the home market, and has independently selected a home to purchase.
 - e) The buyers shall satisfy themselves as to the condition of the home prior to closing escrow. The buyer shall confirm that requested repairs are complete prior to close of escrow and that all systems are operating properly. West Pasco Habitat for Humanity shall not be responsible for any repairs to the home at any time.
 - f) The buyers understand that they shall attend a ten (10) hour Homebuyer Education Course within 45 days of application and complete twenty-five(25) hours of sweat equity volunteering at West Pasco Habitat for Humanity. Down Payment Assistance funds will not be released until the buyer has completed the requirements. To schedule the Homebuyer Education Course, please contact West Pasco Habitat for Humanity Family Services Manager at 727.859.9038.

- 2) You certify that you have not had a previous ownership interest in a principal residence during the last three (3) years. Down Payment Assistance will not be granted if you have had a previous ownership interest in a previous ownership interest in a principal residence during the last three (3) years. In connection with the requirement listed above, you will be required to submit copies of our previous three (3) years federal income tax returns, and, if unavailable, you will cooperate with the lender to submit alternative documentation acceptable to the lender and West Pasco Habitat for Humanity.



- 3) You certify that you have provided to the lender all required information to enable lender to determine your total income and assets.
- 4) You acknowledge that a material misstatement **negligently** made in any statement by you in connection with an application for Down Payment Assistance will constitute a violation of law punishable by a fine; and a material misstatement **fraudulently** made by you will constitute a violation of law punishable by fine and a revocation of the Down Payment Assistance, in addition to any criminal penalty imposed by law.
- 5) If the loan is approved the buyer's vesting on the property will be:

- 6) By affixing your signature to this document, you acknowledge that you have read and understand all of the elements as indicated, and give your consent to proceed with the application for Down Payment Assistance through the West Pasco Habitat for Humanity Program.

Date: _____

Signature of Applicant _____

Printed Name: _____

Signature of Applicant _____

Printed Name: _____

Name of Participating Lender: _____

Printed Name: _____

Title: _____

**PLEASE SUBMIT ORIGINAL TO WPHFH STAFF AND GIVE THE BORROWERS A COPY OF THIS FORM
EMPLOYMENT AND INCOME INFORMATION**

Applicant:



**West Pasco Habitat for Humanity
4131 Madison Street
New Port Richey, FL 34652
Phone 727.859.9038 Fax 727.843.9001
Down Payment Assistance Program**

Lender:

Lender Address:

Lender Telephone:

Name of Authorized Lender
Representative:

Are you on the list of approved Realtors to submit application? Yes___ No___ If the answer is "no" you will not be able to prepare an application

Realtor Name/Company
Cell Phone:

We are processing a mortgage loan application for the below listed applicant(s). Our preliminary review indicates that this household meets the eligibility for First Time Homebuyer Down Payment Assistants program outlined by WPHFH and WPBOR Homeownership relationship.

The following applicant(s) are requesting Down Payment Assistance Program funds:

Name of Applicant(s):

Current Address:

Applicant's Work Phone Number:

Applicant's Home/Cell Phone Number:

Gross Annual Household Income: Monthly
Income:

Cell phone number:

Down Payment Assistance Requested
*Level I – Cannot exceed 25% of the purchase price
*Level II – Cannot exceed \$2,500.00

Is applicant applying for a Habitat for Humanity Credit Certificate Program?
Yes___ No___

Is the applicant a participant in a Habitat for Humanity Housing Authority Family Self Sufficiency (FSS) Program?
Yes___ No___

Is the household income within the Program Limits? Yes___ No___

Status of Prior Home Ownership:

___ First Time Home Buyer Last Date of Home Ownership: _____

Citizenship Status

Applicant 1: ___ US Citizen ___ Qualified Alien ___ Neither (Applicant does not qualify)

Applicant 2: ___ US Citizen ___ Qualified Alien ___ Neither (Applicant does not qualify)

Applicant 3: ___ US Citizen ___ Qualified Alien ___ Neither (Applicant does not qualify)

Applicant 4: ___ US Citizen ___ Qualified Alien ___ Neither (Applicant does not qualify)



Applicant Employment Verification

Employer: _____ Length of Employment _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: (____) _____ Monthly Gross Income: \$ _____

Previous Employer: _____ Length of Employment _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: (____) _____ Monthly Gross Income: \$ _____

Other income (include pension plans, annuities and child support):

Co-Applicant:

Employer: _____ Length of Employment _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: (____) _____ Monthly Gross Income: \$ _____

Previous Employer: _____ Length of Employment _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: (____) _____ Monthly Gross Income: \$ _____

Other income (income pension plans, annuities and child support):



Employer Income Authorization

Fax: 727-843-9001

Applicants to Complete:

I hereby grant my employer permission to disclose my income to West Pasco Habitat for Humanity in order that they may determine my income eligibility for the Down Payment Assistance Program.

Applicant Name (Please Print)

Applicant Signature

Date

Name, Address and Fax of Employee:

Co-Applicant Name (Please Print)

Co-Applicant Signature

Date

Name, Address and Fax Employee:



To Whom It May Concern:

The undersigned has applied for the West Pasco Habitat for Humanity Down Payment Assistance Program. Every income statement of the applicant must be verified. Please indicate below the employee's current annual gross income from wages, overtime, bonuses, commissions, or any other form of compensation received on a regular basis.

Employer to Complete:

Annual Gross Wages: \$ _____

Overtime: \$ _____

Bonuses: \$ _____

Commissions: \$ _____

Other: \$ _____

Total Current Income: \$ _____

I hereby certify that the above statements are true and accurate to the best of my knowledge.

Authorized Employer Name (Please Print)

Title (Please Print)

Authorized Signature

Date

