



Underwriting Packet





INSTRUCTIONS

Please complete each section of the included forms and return them with the supporting documentation to the Georgia Department of Community Affairs CHIP Underwriter.

Supporting Documentation includes:

- Copies of SS cards and ID/ Birth certificates of any minor children of the household
- All income documentation (earned (paystubs for two months) and unearned (income from investments; child support, alimony, etc.) for all members of the household
- Statements of all accounts (banking, IRA, Stocks, etc.) for all adult members of the household (all pages for the last six months)
- An executed purchase and sale agreement for the property.
- A copy of the Housing Counseling Certificate as required by HUD
- A copy of the Closing Disclosure or Fee Sheet from the mortgage provider

IMPORTANT

The Buyer must utilize at least a \$1000 CHIP subsidy. Failure to do so may result in the full repayment of the grant to the DCA by the grantee.

The grantee must submit all properties for underwriting. Failure to do so may result in the full repayment of the grant to the DCA by the grantee.

Once the packet is complete, please return it to DCA CHIP Underwriting. Failure to fully complete the packet and attach all required supporting documentation can result in a delay in underwriting, which could delay the closing of the property. Properties may not close prior to the completion of the underwriting process.



CONTACT INFORMATION	
Applicant Name:	
Co-Applicant Name:	
Street Address:	Apt #:
City/State/Zip:	County:
Email Address:	Home Phone: ()
	Mobile Phone: ()

HOUSEHOLD COMPOSITION						
FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD • CO-HEAD • SPOUSE • DEPENDENT • OTHER ADULT	DATE OF BIRTH	GENDER M/F	STUDENT STATUS • F/T=FULL-TIME • P/T=PART-TIME • N/A=NOT APPLICABLE	CITIZENSHIP US Citizen Y/N	RECEIVING INCOME Y/N
	HEAD OF HOUSEHOLD					

CURRENT EMPLOYMENT CONTACT INFORMATION			
Head of Household Name			
Name of Employer Address			
Date Hired:	Salary or hourly rate:	Pay frequency: Weekly	<input type="checkbox"/>
		Bi-monthly	<input type="checkbox"/>



CURRENT EMPLOYMENT CONTACT INFORMATION

Household Name			
Name of Employer Address			
Date Hired:	Salary or hourly rate:	Pay frequency: Weekly	<input type="checkbox"/>
		Bi-monthly	<input type="checkbox"/>

Head of Household Name			
Name of Employer Address			
Date Hired:	Salary or hrly rate:	Pay frequency: Weekly	<input type="checkbox"/>
		Bi-monthly	<input type="checkbox"/>

HOUSEHOLD ASSETS

Identify All Assets Sources	Cash Value	Asset Income	Name of Financial Institution
Checking Account			
Additional Checking Acct.			
Savings Account			
Additional Savings Acct.			
Stocks, Bonds, Mutual Funds			
Real Estate or Home			
IRA			
Retirement/Pension Fund(s)			
Whole Life Insurance			

*When listing the "cash value" of any asset with an asterisk, indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.



The applicant acknowledges that the information provided will be used to verify your eligibility with the federally funded CHIP program.

_____	_____	_____
Applicant Name	Signature	Date
_____	_____	_____
Applicant Name	Signature	Date

Please attach the following documentation. The information provided may be verified:

- ✓ All income documentation (earned (paystubs for 2 months) and unearned (income from investments; child support, alimony, etc.) for all members of the household
- ✓ Statements of all accounts (banking, IRA, Stocks, etc.) for all adult members of the household (all pages for the last 6 months)
- ✓ Copies of SS cards and DL / Birth certificates of any minor children of the household
- ✓ Employee Verification Form for all working members of the household



1. Name of Applicant(s):		2. Total Number of Persons in Household:			
ASSETS					
Family Member	Asset Description	Current Cash Value of Assets		Actual Income from Assets	
3. Net Cash Value of Assets.....		3.			
4. Total Actual Income from Assets.....				4.	
5. If line 3 is greater than \$5,000, multiply line by ____ (Passbook Rate) and enter results here; otherwise, leave blank				5.	
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is Annual Income.....					7.
8. Applicable income limit for county as adjusted for household size:					8.

Applicant Signature of Homeowner or Home Buyer

Date

Co-Applicant Signature of Homeowner or Home Buyer

Date



Monthly Expense Report

Instructions – Please enter the total debt amount in the DEBT TOTAL column. For credit cards, please enter the debt for all credit cards.

Please enter the monthly payment for each debt in the MONTHLY PAYMENT column. For credit cards, please enter the debt for all credit cards.

1. Name of Applicant(s):		
EXPENSE TYPE	DEBT TOTAL	MONTHLY PAYMENT
Credit Cards		
Vehicle Payment		
Personal Loan(s)		
Student Loan(s)		
Other (Please describe)		
TOTALS		



**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department's programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (Attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or

Permanent residence under 249 of INA 4/; or

Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or

Parole status under 212(d) (5) of the INA /6; or

Threat to life or freedom under 243(h) of the INA /7; or

Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date



Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).



**DECLARATION OF CITIZENSHIP STATUS
FOR HOUSEHOLD MEMBER UNDER 18 YEARS OF AGE**

NOTICE TO APPLICANTS AND TENANTS: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available, through the department’s programs, to persons other than United States citizens, nationals, or certain eligible non-citizens. In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

A complete Declaration must be provided for each member of the household. A PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child’s name.

I, _____, certify, under penalty of perjury, that, to the best of my knowledge, _____, a minor child, is lawfully within the United States because (please check appropriate box):

- () He/She is a citizen by birth, a naturalized citizen, or a national of the United States; or
- () He/She has eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () He/She has eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- Immigrant status under 101(a or 1010(a) (20) of the INA 3/; or
- Permanent residence under 249 of INA 4/; or
- Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
- Parole status under 212(d) (5) of the INA /6; or
- Threat to life or freedom under 243(h) of the INA /7; or
- Amnesty under 245A of the INA 8/.

Signature

Date

Printed Name

Date



Eligible immigration status may be confirmed by providing one of the following forms of documentation:

(1) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(2) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(3) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).



CERTIFICATION AS TO CONFLICT OF INTEREST

Name of Applicant/Co-Applicant: _____

This is to certify that we are not aware of any conflict of interest that exists between the family benefitting from the receipt of CHIP funds and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, the

(Name of State Recipient or Sub-recipient)

or of the _____
(Name of administrator, if applicable)

whom are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Signature of Certifying Officer of State Recipient/Sub-recipient

Date

Signature of Administrator (if applicable)

Date



CERTIFICATION TO USE UNIT AS PRINCIPAL RESIDENCE

This is to certify that if my (or our) application for financial assistance through the Georgia Department of Community Affairs' Community Home Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CHIP funding as my (or our) principal residence throughout the required affordability period which as been defined as number of years.

Applicant Signature

Date

Applicant Printed Name

Co-Applicant Signature

Date

Co-Applicant Printed Name



TO BE COMPLETED BY GRANTEE

Applicant(s) name:

Property Address: _____

Property Purchase price: _____

Any additional assistance provided to buyer(s) and by whom:

PROVIDER	AMOUNT

Anticipated closing date: _____

Closing Attorney: _____

Address: _____

Phone Number: _____

Email address: _____