

RHA HOME SALES

Neighborhood Stabilization Program (NSP1)

1. Purchaser must have a qualifying household income of between 50% and 120% of the AMI. See chart below:

Family Size	50% AMI	120% AMI
1	\$ 24,650	\$ 58,440
2	\$ 28,150	\$ 66,720
3	\$ 31,700	\$ 75,120
4	\$ 35,200	\$ 83,400
5	\$ 38,000	\$ 90,720
6	\$ 40,850	\$ 96,720
7	\$ 43,650	\$ 103,440
8	\$ 46,450	\$ 110,040

2. Must meet HUD's definition of a first time home buyer.
3. Must qualify for a standard fixed-rate 15-30 year mortgage.
4. Must have a FICO credit score of 650 or higher.
5. Must have stable or increasing income history for the past 24 months.
6. Must have completed 8 hour HUD Certified Homebuyers Program offered by Consumer Credit Affiliates.
7. Must have at least 3.5% personal funds for down payment.

Successful applicants will qualify for the following:

1. A \$5,000 grant to assist with closing cost.
2. A \$15,000 non-interest-bearing loan to be applied to purchase. This loan will be forgivable on an annually prorated basis over the 15 year affordability period. If the property is sold, title is modified, or the property is no longer the buyer's primary residence with the 15 year affordability period, the unforgiven portion of the loan will be due and payable at that time.

Applications can be obtained on-line at: www.renoha.org



Housing Authority of the City of Reno



Washoe County HOME Consortium
City of Reno • City of Sparks • Washoe County

NSP- Neighborhood Stabilization Program Homebuyer Application

The RHA/WCHC operates all housing programs in accordance with local, State, and Federal regulations. All applications meeting the requirements of the program will be accepted and evaluated regardless of race, color, national origin, religion, sex, family status, or disability. All data will be kept in confidence and used only for reporting general statistics to ensure compliance with Federal goals.

SECTION I: APPLICANT INFORMATION

Applicant: _____ Phone: _____
 LAST FIRST MI

Address: _____
 STREET CITY STATE ZIP

Marital Status: _____ Gender: Male Female

Employer: _____ Business Phone/Fax: _____

Employer Address: _____

Length of Employment: _____ Type of Work: _____

SECTION II: CO-APPLICANT INFORMATION

Co-Applicant: _____ Phone: _____
 LAST FIRST MI

Address: _____
 STREET CITY STATE ZIP

Marital Status: _____ Gender: Male Female

Employer: _____ Business Phone/Fax: _____

Employer Address: _____

Length of Employment: _____ Type of Work: _____

SECTION III: HOUSEHOLD INFORMATION

List all members of the household and give the relationship of all members to the applicant.

** Categories for race are: 1. White 2. Black/African American 3. Asian 4. American Indian/Alaskan Native
5. Hawaiian/Other Pacific Islander More than one may be used.

Full Name	Birth date	Relationship	Gender	Hispanic (yes/no)	Race**	Student (yes/no)	Social Security #
		Self					

(List additional household members on a separate sheet, if necessary.)

Are you expecting any changes to the household composition in the next 6 months? Yes No

If yes, please describe: _____

Are any household members Non U.S. citizens? Yes No Who? _____

Are any members of your household disabled? Yes No Who? _____

Are any household members full-time students? Yes No Who? _____

SECTION IV: INCOME INFORMATION

Income and assets for all household members 18 years of age or older must be reported. Please provide the amount of income received and how often it is received. Documentation of all income and assets must be provided in the appropriate form, e.g. pay stubs for last 30 days, award letters, financial statements, divorce decrees, etc.

Income

Source of Income	Applicant	Co-Applicant	Other adult
Employer name			
Wages	\$	\$	\$
Overtime	\$	\$	\$
Tips, Bonuses, Commissions, etc.	\$	\$	\$
Self-employment	\$	\$	\$
Social Security, SSI, SSD	\$	\$	\$
Pensions, disability, VA	\$	\$	\$

Workers Comp, Unemployment	\$	\$	\$
TANF, food stamps, General assistance	\$	\$	\$
Child Support, Alimony	\$	\$	\$
Other	\$	\$	\$

Assets

Source	Institution	Account	Balance/Value	Owner(s)
Checking				
Savings				
Investments				
401(k), IRA, stocks or bonds				
Whole life ins.				
Other				

*If more than one household member holds assets of the same type, which are not joint accounts, use an additional sheet to provide the appropriate information.

Does any household member own real estate? Yes No Please describe: _____

SECTION V: ADDITIONAL REQUIREMENTS

Are you a first-time homebuyer? Yes No

This is based on HUD’s definition, which includes any of the following:

- An individual who has had no ownership in a principal residence during the 3-year period ending on the date of purchase of the property. This includes a spouse (if either meets the above test, they are considered first-time homebuyers).
- A single parent who has only owned with a former spouse while married.
- An individual who is a displaced homemaker and has only owned with a spouse.
- An individual who has only owned a principal residence not permanently affixed to a permanent foundation in accordance with applicable regulations.
- An individual who has only owned a property that was not in compliance with State, local or model building codes and which cannot be brought into compliance for less than the cost of constructing a permanent structure.

Have you or can you pre-qualify for a standard fixed-rate 15-30 year mortgage to purchase a home under the State of NV Housing Division’s first time homebuyer program, Charles Schwab first-time homebuyer program, FHA, VA, or any other conventional mortgage program? Yes No

Do you understand that you will be required to have an available down payment of at least 3.5% of the purchase price?
 Yes No (*Note: you must have this amount prior to the purchase, and it cannot be a gift contingent upon the purchase.)

Have you successfully completed a HUD certified Homebuyer’s Program offered by Consumer Credit Affiliates or another HUD approved organization? Yes No

SECTION VI: REQUIRED DOCUMENTATION

For all household members copies of each of the following items must be included, if applicable:

- State or federal issued identification for all adults
- Pay stubs for the past 30 days
- Most recent benefit award letters for social security, veterans' benefits, unemployment
- Three months of recent bank statements for all bank accounts and assets
- The certificate or proof of attendance of the HUD Certified Homebuyer's class
- Last two years' federal tax-returns if self-employed
- Any court orders regarding child support
- Alien registration cards
- A letter from a financial institution showing pre-qualification
- Credit report

The following original documents must also be completed, signed, and included with the application:

- Employment Verification form (for each employed adult household member)
- Authorization for release of information form (signed by all adult household members)
- Certification of Legal Residency form

SECTION VII: HOUSEHOLD CERTIFICATION & SIGNATURES

I/we understand that the program I/we are applying for is to assist income-qualified households become first-time homeowners. The information on this form will be used to determine eligibility for the Neighborhood Stabilization Program (NSP). I/we have provided accurate information regarding family composition, income, and assets. I/we agree to notify the RHA immediately if there are any changes in household composition or income.

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understand that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in ineligibility for the program.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

Applicant signature: _____ Date: _____

Co- applicant signature: _____ Date: _____

Other adult signature: _____ Date: _____



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Certification of Legal U.S. Residence
(Certificación de Residencia Legal en los Estados Unidos)

Under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 all displaced persons are required to certify that they are lawful residents of the United States to qualify for relocation benefits. If all household members are not legal residents, the benefit amount will be determined based on the number of legal residents compared to the total household size. Refusal to complete this certification will result in a complete denial of benefits.

Bajo el Acta de 1970 de las Reglas Uniformes de Asistencia de Reubicación y Adquisición de Bienes Raíces (Uniform Relocation Assistance and Real Property Acquisition Policies Act), a todas las personas destituidas se les requiere que certifiquen que ellos son residentes legales de los Estados Unidos de América para calificar y recibir los beneficios de reubicación. Si todos los miembros de la vivienda no son residentes legales, la cantidad del beneficio se determinará en base al número de residentes legales, en comparación con el tamaño total de personas en la vivienda. Si se rehusa a completar esta certificación, esto resultará en la desaprobación de los beneficios.

I certify that all members of my household are legal residents of the United States.
(Yo certifico que todos los miembros de mi familia son residentes legales de los Estados Unidos.)

Not all of my household members are legal residents of the United States.
(No todos los miembros de mi vivienda son residentes legales de los Estados Unidos.)

Who is legal? *(¿Quién es residente legal o Quienes son residentes legales?)*

Name *(Nombre)*

Date *(Fecha)*

Signatura *(Firma)*

**Authorization for the
Release of Information**
Housing Agencies/Authorities



HA requesting release of information:
Reno Housing Authority – NSP Program
1525 E 9th St
Reno NV 89512-3012
(775) 329-3630

This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, *Request for a Copy of Tax Form*.

La Autoridad de Viviendas de Reno se ha comprometido a ofrecer accesibilidad a sus programas y actividades para todos los clientes elegibles, inclusive para aquellas personas limitadas en sus habilidades del manejo del idioma Ingles. Por favor informe a nuestro personal si requiere otra forma diferente de comunicaci3n que no sea verbal o por escrito en ingles.

Purpose: To verify household income. In signing this consent form, you and each member of your household who is 18 years of age or older are authorizing Reno Housing Authority to obtain income and expense information from sources as indicated below. This is to ensure that you are eligible for assisted housing benefits, and that these benefits are set at the correct level.

- | | | |
|---|--|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Child support | <input type="checkbox"/> Retirement Benefits |
| <input type="checkbox"/> Medical/ Prescription expenses | <input type="checkbox"/> Family support contributions | <input type="checkbox"/> Student Status |
| <input type="checkbox"/> Insurance company | <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Previous Housing |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Utility information from supplier | <input type="checkbox"/> Stocks & Bonds |

Computer Matching Notice & Consent: I understand that Reno Housing Authority may conduct computer-matching programs with other agencies, including federal, state, tribal or local agencies including, but not limited to:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Postal Service | <input type="checkbox"/> Welfare and food stamp agencies |
| <input type="checkbox"/> U.S. Department of Defense | <input type="checkbox"/> Employment Security |

The match will be used to verify information supplied by my family.

Public Records Law: I understand and acknowledge that the Housing Authority of the City of Reno is a municipal corporation and the records maintained by it as a public agency are public records subject to inspection pursuant to NRS 239.010. Reno Housing Authority is required to protect the information it obtains in accordance with any applicable Nevada State privacy laws.

Conditions: I/we agree that photocopies of this authorization may be used for the purposes stated above.

SIGNATURES:

Head of Household	(Print Name)	Date
Spouse	(Print Name)	Date
Adult Member	(Print Name)	Date
Adult Member	(Print Name)	Date

Original is retained by the requesting organization.



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Verification of Employment income

This section to be completed by applicant

To: (Name & address of employer)

Date: _____

Re: _____
(Applicant name)

SS#: _____

I, _____ hereby authorize release of my employment information.
(Signature of applicant)

We are required to verify the income and expense of all members of families applying for or residing in housing. This information will be held in confidence for use only in determining the eligibility status of the family. Please return form promptly in the enclosed self-addressed postage paid envelope.

This section to be completed by employer

Job Title: _____ Hire Date: _____

Current wage/salary: \$ _____ (circle one) hourly weekly bi-weekly semi-monthly monthly

Date present rate effective: _____ Average hours per week _____

Date of anticipated rate increase: _____ New rate of pay: \$ _____

Is this employee considered full time or part time?:

Total base pay earnings in past 12 months: \$ _____ Date from _____ to _____

Other compensations: Reported tips \$ _____ Date from _____ to _____

Meals \$ _____ (per day)

Bonus pay \$ _____ (past 12 months)

Commission \$ _____ (past 12 months)

Overtime rate per hour \$ _____ Anticipated # of overtime hours per week _____

Total overtime earnings past 12 months \$ _____ (from _____ to _____)

Signature

Date

Telephone #

Fax #

Please return completed applications to:
Reno Housing Authority Admissions Office
1400 Silverada Blvd.
Reno, NV 89512