

**CROSSROADS CORPORATION FOR AFFORDABLE HOUSING
AND COMMUNITY DEVELOPMENT, INC. (CROSSROADS)**

**HOMEBUYER APPLICATION AND INCOME DETERMINATION
CHECK LIST/COVER SHEET**

Please check one of the following (Por favor, Marque uno de los siguientes):

- I understand and am able to complete this application provided in English
- No entiendo la solicitud prevista en Ingles y pedir una solicitud en espanol _
(I do not understand the application provided in English and request an application in Spanish)

Buyer Name _____

Property Address _____

Please confirm that all documents below are included. Place an "X" before each item that is included.

- ___ CrossRoads Homebuyer Application
- ___ Authorization to share information
- ___ HUD Compliance Certification
- ___ HUD Income Calculation Worksheet
 - **ALL household members must be listed on this form, including children. If a household member does not have assets, savings, or income, write "0" in the appropriate box. Do not leave lines blank.**
- ___ HUD approved homebuyer education certificate or proof of registration in minimum 8 hour homebuyer workshop OR Homebuyer Education Registration form.
- ___ Request for Transcript of Tax Return (IRS Form 4506-T)
- ___ A copy of the driver's license for each adult who will reside in the property.
- ___ Self-Help CDC Homebuyer Screening Authorization with \$45 check or money order made out to Self-Help CDC (offer can be emailed or faxed before check is received).

Income Documentation. For each adult member of the household, submit the applicable documents from this list:

- ___ Verification of Employment information (Contact name, phone, fax, and email for each employer)



CROSSROADS HOMEBUYER APPLICATION AND INCOME DETERMINATION
CHECKLIST/COVER SHEET

- ___ Zero Income Affidavit (if applicable)

- ___ One copy of all paystubs for the most recent two month period. If you do not receive paystubs, ask us about other options.

- ___ One **SIGNED** copy of the most recent tax return. For homes that close after April 15, submit the previous year's tax return. Returns must be the final, signed, and submitted return. Alternatively, buyer may submit a Tax Return Transcript from the Internal Revenue Service.

- ___ IRS Form 4506-T Request for Transcript of Tax Return

- ___ One copy of the most recent W2

- ___ Most recent statements for all deposit and investment accounts, including but not limited to: checking, savings, money market, brokerage, and retirement accounts.

- ___ Most recent statement or most recent IRS Form 1099 to show income from the following sources: Social Security, disability, retirement, child support, death benefits, interest or dividend income from real estate or personal property, business income, annuities, insurance policies, unemployment, worker's compensation, welfare or needs based payments, alimony, contributions or gifts, all pay and allowances of a member of the Armed Forces.



CrossRoads Corporation for Affordable Housing and Community Development, Inc.
Homebuyer Application

Please check one of the following (Por favor, Marque uno de los siguientes):

- I understand and am able to complete this application provided in English
- No entiendo la solicitud prevista en Ingles y pedir una solicitud en espanol _
(I do not understand the application provided in English and request an application in Spanish)

Date _____

How did you hear of CrossRoads's homes in **Elizabeth Heights**? _____

Applicant's Name _____ Email Address _____

Co-applicant's Name _____ Email Address _____

Current Address _____ Zip _____ How long? _____

Previous Address (if at current address for less than 2 years) _____ How long? _____

Borrower : Home Phone # _____ Work Phone _____ Cell Phone _____

Co-borrower: Home Phone # _____ Work Phone _____ Cell Phone _____

Number of People in Household _____ Current Monthly Rent Amount: \$ _____

Borrower's Employer _____ How long? _____ Position _____

Borrower's Prior Employer (if in current job less than 2 years) _____ How long? _____

Co-borrower's Employer _____ How long? _____ Position _____

Co-borrower's Prior Employer (if in current job less than 2 years) _____ How long? _____

Are you planning to use House Charlotte funds? _____ If yes, who is your lender? _____

Your Home Purchase Plans

Have you taken a homebuyer course? YES NO Have you owned a home before? YES NO

Borrower Signature

Date

Co-Borrower Signature

Date



SELF-HELP COMMUNITY DEVELOPMENT CORPORATION

AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

Please check one of the following (Por favor, Marque uno de los siguientes):

- I understand and am able to complete this application provided in English
- No entiendo la solicitud prevista en Ingles y pedir una solicitud en espanol _
(I do not understand the application provided in English and request an application in Spanish)

I, _____, am seeking assistance to purchase a home and for my housing/mortgage needs by choice. I agree to provide true, complete, and accurate information to be used to obtain such information. I understand that at any time I may revoke this authorization by providing the request in writing.

I hereby authorize Self-Help Community Development Corporation (Self-Help CDC) to obtain information pertaining to my file (i.e., rental history, credit history, payment history, employment/income history, bank accounts, and criminal background history). Further, I authorize Self-Help CDC to release information about me to any organization or company involved in assisting me with my housing-mortgage needs. This release of information includes but is not limited to sharing information with North Carolina Housing Finance Agency, and any lenders or organizations evaluating a mortgage approval on my behalf.

Applicant's Signature

_____ Name

_____ Date



HUD Compliance Certification

Name(s) of homebuyer(s) _____

Address of home you want to buy: _____

Please list the name and age of each person who will live in the house you want to buy.

NAME	AGE	NAME	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach a copy of the most recent tax return for each member of the household, including all accompanying income statements, and your most recent check stub or other current income documentation.

Do you anticipate any changes in your household in the year ahead – for example a child on the way or someone moving in or out? If yes, please explain.

Buyers' Certification

I / we certify that the information above is complete and accurate. I / we understand that any misrepresentation or misstatement on this form may be a violation of federal law that could result in fines or criminal penalties.

Buyer Date

Buyer Date

This certification is required of HUD program beneficiaries to comply with 24 CFR Subtitle A, Section 92.203. It expires after 6 months from the date it is signed.



HUD Income Calculation Worksheet

Please list all income-earning assets and sources of income, including: retirement earnings, self-employment, construction and/or seasonal work, child support, unemployment and government assistance. *Please attach most recent statement for each asset or source.*

Calculating Annual Income					
1. Borrower Name: _____					
INCOME EARNING ASSETS					
Household Member	Asset Description	Current Cash Value of Assets		Actual Income from Assets	
2. Net Cash Value of Assets.....			\$0		
3. Total Actual Income from Assets.....				\$0	
ANTICIPATED ANNUAL INCOME					
Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Child Support
4. Totals	\$0	\$0	\$0	\$0	\$0
5. Total of items from 4a. through 4e and 3 is <i>Annual Income</i>					\$0

X _____
Applicant Signature *Date*

For Office Use Only

Household Income: _____
 Date of HUD income calcs used _____

No. of People in Household: _____
 % AMI (Income Level): _____

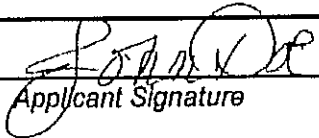
Signature of Certifying Staff



HUD Income Calculation Worksheet

Please list all income-earning assets and sources of income, including: retirement earnings, self-employment, construction and/or seasonal work, child support, unemployment and government assistance. **ALL HOUSEHOLD MEMBERS MUST BE LISTED ON THIS FORM.** If the household member does not have assets, savings, or income, write "0". Do not leave lines blank. *Please attach most recent statement for each asset or source.*

Calculating Annual Income					
1. Borrower Name: _____					
INCOME EARNING ASSETS/SAVINGS					
Household Member	Account/Asset Description	Current Cash Value of Account/Assets	Annual Income from Account/Assets		
John Doe	XYZ Checking Account	\$1,200	\$0		
John Doe	XYZ Savings Account	\$5,000	\$5.00		
Jane Doe	ABC Mutual Fund	\$12,587	\$136.00		
John and Jane's child		\$0	\$0		
2. Net Cash Value of Assets.....		\$18,787			
3. Total Actual Income from Assets.....			\$141.00		
ANTICIPATED ANNUAL INCOME					
Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Child Support
John Doe	\$35,000				
Jane Doe	\$28,000				
John and Jane's Child		\$4,000			\$6,000
4. Totals					
	\$63,000	\$4,000			\$6,000
5. Total of Items from 4a. through 4e and 3 is Annual Income.....					\$73,000

X 
Applicant Signature

1/1/13
Date

For Office Use Only

Household Income: _____
Date of HUD income calcs used _____

No. of People in Household: _____
% AMI (Income Level): _____

Signature of Certifying Staff



**The HOMEOWNERSHIP
CENTER of CHARLOTTE**

Homebuyer Education Class Referral Form

Buyer's Name _____ Male Or Female
 Date of Birth ___/___/___ Marital Status: Married Single Sep. Div. Widowed
 Race: (select only one of six options) American Indian/Alaskan Native Black, Non-Hispanic
 Asian or Pacific Islander Hispanic White, Non-Hispanic Other _____
 Highest Level of Education: High School/GED Associates Bachelors Masters Some College
 Vocational Did Not Finish High School Active Military: Yes or No
 Buyer's Mailing Address: _____
 City, State, Zip Code: _____
 Buyer's Home Number () _____ - _____ Work Phone () _____ - _____
 Email Address _____@_____

Co-Buyer's Name _____ Male Or Female
 Date of Birth ___/___/___ Marital Status: Married Single Sep. Div. Widowed
 Race: (select only one of six options) American Indian/Alaskan Native Black, Non-Hispanic
 Asian or Pacific Islander Hispanic White, Non-Hispanic Other _____

Referred by: Donnetta Collier Title Project Manager
 Company/Organization: Self-Help Community Development Corporation
 Phone Number (704) 409.5913 Fax Number (704) 943.0526
 Email Address donnetta.collier@self-help.org
 Closing Attorney To be determined

Financial Information (Please answer all sections)
 Total Family Size: _____ Current Rent/Mortgage:\$ _____ Gross Income:\$ _____/month
 Loan Amount: \$ _____ Estimated New Mortgage (PITI): \$ _____/month
 Loan Type: FHA/ VA/ CONV Interest Rate: 4.5% Fixed or Adjustable
 Anticipated Closing Date: _____
 Has the buyer/co-buyer owned a home within the past 3 years? Yes No

Within 5 days of closing, please provide our office with a signed copy of the HUD-1 Settlement Statement. Fax to 704-342-2745 ATTN: Shannon K. Burns.

Which class would you like to attend? (See Schedule) Month/ Year _____/_____
 Please e-mail or fax completed referral form to: Shannon K. Burns, Director of Homeownership Education
 E-mail: sburns@cmhp.org Phone: (704) 342-0933 Ext 205 Fax: (704) 342-2745

4601 Charlotte Park Drive, Suite 350 • Charlotte, North Carolina 28217
 www.cmhp.org

Phone: (704)342-0933 Fax: (704)342-2745

Equal Employment Opportunity and Affirmative Action Agency





**The HOMEOWNERSHIP
CENTER of CHARLOTTE**

Homebuyer Education Class Registration

Pre-registration is required for all Homebuyer Education Classes.

Please complete the referral form in its entirety.

Please note that we cannot hold a slot in class until we receive a completed referral form.

The cost of the Homebuyer Education Class is \$20 payable upon arrival to class. The customer should bring valid photo identification and a check or money order payable to "CMHP." Cash **will not** be accepted. Class confirmation letters along with directions to the class location will be e-mailed/mailed approximately one week prior to the class.

Class attendees will receive a Certificate of Completion at the end of the eight-hour class.

Referral forms should be e-mailed or faxed to:

Shannon K. Burns
Director of Homeownership Education
E-mail: sburns@cmhp.org
Phone: (704)342-0933 Ext 205 Fax: (704)342-2745

4601 Charlotte Park Drive, Suite 350 • Charlotte, North Carolina 28217
www.cmhp.org

Phone: (704)342-0933 Fax: (704)342-2745

Equal Employment Opportunity and Affirmative Action Agency



Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:

	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

**SELF-HELP COMMUNITY DEVELOPMENT CORPORATION
HOMEBUYER SCREENING AUTHORIZATION**

The policy of Self-Help CDC ("Self-Help") is to conduct a thorough background investigation on all homebuyer applicants for the purchase of the homes we sell. The investigation may include, but is not limited to, a criminal history check, credit screening, and a renter's history report. By signing this form, you are authorizing Self-Help to release information about you and all members of your household over the age of 16, to third parties in order to conduct such investigations. Your application for housing cannot be processed without signing this form.

DESIGNATION OF MEMBERS OF HOUSEHOLD

On the attached sheet is a complete list of all members of the household of the person applying for homeownership through Self-Help who are over the age of 16, including any persons (such as college students) who may from time to time reside in the home for a significant period, even though they may also reside elsewhere. Each such household member has signed this document to indicate his or her permission for Self-Help to conduct the background investigations described in this authorization.

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize Self-Help Community Development Corporation, its agents and employees, bearing this release or a copy of this release, to obtain any information or materials deemed necessary or relevant to the completion of my application for the purchase a home, or to maintain eligibility for the purchase of a home. This information may include, but is not limited to criminal, arrest and conviction records, credit reports and renter's history. I hereby direct you to release such information upon request of the bearer of this release. I understand that the information requested is for official use and may be disclosed to third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature, which may at any time result to me on account of compliance with this authorization.

I ACKNOWLEDGE AND AGREE THAT IF I PROVIDE FALSE INFORMATION TO SELF-HELP, OR FAIL TO REVEAL IMPORTANT INFORMATION, SUCH AS THE CRIMINAL BACKGROUND OF ANY RESIDENT, THAT WOULD AFFECT THE DECISION TO SELL ME THE HOME, I MAY FORFEIT MY RIGHT TO OWN A SELF-HELP HOME AND I MAY BE SUBJECT TO LEGAL PROCEEDINGS TO RECAPTURE THE HOME SOLD TO ME.

OPPORTUNITY TO PROVIDE MITIGATING INFORMATION

I acknowledge and agree that:

- (1) Self-Help will conduct the background investigation described above pursuant to its written policy. This may include a computer search of a Resident's history, or a current police report that Self-Help may require you to obtain from the local police department.
- (2) I have had the opportunity to state to Self-Help any adverse information in my history prior to Self-Help performing the background investigation.
- (3) Self-Help's policy provides that, if Self-Help learns of a criminal history or other adverse information involving a Resident of my household, I will have the opportunity to present information to mitigate such adverse information. Self-Help shall consider the time, nature and extent of the adverse information and the factors that might indicate a reasonable probability of favorable future conduct. Examples of mitigating circumstances might include evidence of successful rehabilitation, evidence of the applicant family's participation in social service or other appropriate counseling service or evidence of successful and sustained modification of previous disqualifying behavior. Mitigating circumstances might also include evidence of successful completion of court-ordered service or rehabilitation programs, compliance with parole and/or probation requirements, and successful and consistent employment.
- (4) A committee comprised of no less than three (3) members of the Self-Help staff will review any adverse background information and any mitigating information.
- (5) Self-Help's consideration of mitigating circumstances does not guarantee acceptance of my application. Self-Help will consider such circumstances in light of the applicant's ability to (1) verify the mitigating circumstances and prospects for improved future behavior; (2) the Resident's overall performance with respect to all the screening requirements; and (3) the nature and seriousness of any criminal activity, especially drug-related criminal activity, that appears in a Resident's record.

Signed this ____ day of _____, 20__.

Signature of Applicant: _____
Full Name (Printed): _____
Other Names Used: _____
Social Security No.: _____
Date of Birth: _____
Current Address: _____

Residents (even part-time residents) of the household of the applicant over the age of 16 must complete the following:

<u>Name</u>	<u>Relationship to Applicant</u>	<u>Other Names Used</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Current Address</u>	<u>Signature to Authorization</u>

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender - Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer, named in item 1.
 Employer - Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I - Request

1. To (Name and address of employer)

2. From (Name and address of lender)
 Donnetta Collier - Project Manager
 Self-Help Community Development Corporation
 926 Elizabeth Ave. Suite 302
 Charlotte, NC 28204

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender

4. Title
 Project Manager

5. Date

6. Lender's No. (Optional)

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)

8. Signature of Applicant

Part II - Verification of Present Employment

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period)

Annual Hourly
 Monthly Other (Specify)
 Weekly

\$

12B. Gross Earnings

Type	Year To Date	Past Year	Past Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

13. For Military Personnel Only

Pay Grade	Monthly Amount
Type	\$ _____
Base Pay	\$ _____
Flight or Hazard	\$ _____
Clothing	\$ _____
Quarters	\$ _____
Pro Pay	\$ _____
Overseas or Combat	\$ _____
Variable Housing Allowance	\$ _____

14. If Overtime or Bonus is Applicable, Is Its Continuance Likely?

Overtime Yes No
 Bonus Yes No

15. If paid hourly-average hours per week

16. Date of applicant's next pay increase

17. Projected amount of next pay increase

18. Date of applicant's last pay increase

19. Amount of last pay increase

20. Remarks (if employee was off work for any length of time, please indicate time period and reason)

Part III - Verification of Previous Employments

21. Date Hired

23. Salary/Wage at Termination Per (Year)(Month)(Week)

22. Date Terminated

Base Overtime Commissions Bonus

24. Reason for Leaving

25. Position Held

Part IV - Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer

27. Title (Please print or type)

28. Date

29. Print or type name signed in Item 26

30. Phone No.



Please check one of the following (Por favor, Marque uno de los siguientes):

- I understand and am able to complete this application provided in English
- No entiendo la solicitud prevista en Ingles y pedir una solicitud en espanol _____
(I do not understand the application provided in English and request an application in Spanish)

ZERO INCOME AFFIDAVIT

_____ has applied to purchase a home through a federally assisted Self-Help Community Development Corporation program. To determine each applicant's eligibility for this program, federal regulations require that each adult member of the applicant's household report all income and other benefits received for themselves and any children who will live in this household.

I affirm that:

___ *As soon as the applicant purchases this home, I plan to immediately occupy it as my principal permanent residence, and to live in it for at least the next year. I do not have any other lease, do not own another home, and will not live in any other residence except as described here:*

___ *I currently receive no income through full-time, part-time, or temporary employment, gifts, or any benefits like social security, unemployment, public assistance, educational stipends, or any other source, formal or informal.*

___ *I do not plan to earn or receive any income or apply for any income assistance in the next twelve months.*

Please explain how you currently pay, and during the next year plan to pay, for rent, utilities, food, transportation, phone, debts, and your other expenses:

If you receive no income of any kind but did receive income in the past year, please explain changes and plans for the year ahead:

I further affirm that the information above is complete and accurate. I understand that any misrepresentation or mis-statement on this form may be a violation of federal law that could result in fines or criminal penalties.

Beneficiary Signature

Today's Date

Beneficiary's Printed Name

Date of Birth

Please attach:

- _____ W-2s, 1099s, pay stubs, benefit determination letters, and any other records of income earned in this calendar year to date, and last year if you have not already filed your year's tax return.
- _____ The last tax return you filed, as filed, and after you have signed it.
- _____ IRS Form 4605, <http://www.irs.gov/pub/irs-pdf/f4506t.pdf> to send a copy of your tax return, as received by IRS to Self-Help.
- _____ Any further information to fully explain the questions above.



This certification is required of HUD program beneficiaries to comply with 24 CFR Subtitle A, Section 92.203. It expires after 6 months from the date it is signed.