

NEVADA COUNTY DOWN PAYMENT ASSISTANCE PROGRAM (DAP)

FIRST-TIME BUYER AFFIDAVIT

THERE ARE IMPORTANT LEGAL CONSEQUENCES TO THIS LEGAL AFFIDAVIT; READ IT CAREFULLY BEFORE SIGNING.

I(We) the undersigned, as part of my (our) application for the Nevada County Down Payment Assistance Program (DAP) from Nevada County Housing and Community Services Division ("County") administrator of such program state the following:

For this purpose, a principal residence includes a single-family residence, condominium, share in a housing cooperative, any manufactured home or mobile home (as defined under federal and state law), or occupancy in a multifamily residence owned by me (us). For this purpose, an ownership interest means ownership by any means, whether outright or partial, including property subject to mortgage or other security interest. An ownership interest also means a simple ownership interest, a joint ownership interest by joint tenancy in common, or tenancy the entirety, or a life estate interest.

I/We qualify as a first-time home buyer by one of the following reasons:

CHECK/COMPLETE ONLY ONE SECTION

\*\*\*\*\*

First-time Buyer: I/We are first-time home buyers and have not held individually or together an ownership interest in a residence within three (3) years prior to the application date. It is also understood that I/we cannot have an ownership interest in a residence between the date of application and closing. I/We certify that all places of residence, whether owned or not, for a three (3) year period prior to application date have been disclosed to the DAP representative. (See declaration, question #2 on the application.)

\*\*\*\*\*

Displaced Homemaker: I understand that I am eligible for DAP if I am a single parent, with one or more dependents, displaced from the household that I held an ownership interest in anytime during the last three (3) years prior to the application date:

address city state zip

As a displaced homemaker, I also certify that the following dependent(s) reside with me, and will continue to reside with me if I am approved for DAP:

Name Age

\_\_\_\_\_

\*\*\*\*\*

Signature of Applicant Date

**COUNTY OF NEVADA  
HEALTH & HUMAN SERVICES AGENCY**

950 Maidu Ave.  
Nevada City, CA 95959

Telephone (530) 265-1645  
Fax (530) 265-2295

*Agency Director  
Michael Heggarty*

Department Directors  
Rebecca Slade, MFT, Interim Behavioral Health  
Jill Blake, Interim Public Health  
Tex Ritter, JD, Child Support Services/Collections/Housing & Community Services  
Mike Dent, MPA, Social Services

Pre-Qualification Letter

A pre-qualification letter must accompany the application for the Nevada County First-time Homebuyer Program.

The applicant must borrow the maximum they can, from a lender, to be used as the first place loan. The Mortgage Broker must certify that the amount to be borrowed is the maximum the applicant can borrow, staying within the guidelines of the First-time Homebuyer Program.

I \_\_\_\_\_ of \_\_\_\_\_ do certify  
Mortgage Broker/Agent Mortgage Company/Bank

that \_\_\_\_\_ has been pre-qualified for a loan amount for the first  
Name of Applicant

mortgage of \$ \_\_\_\_\_. This is the maximum \_\_\_\_\_  
Amount of 1st loan Name of Applicant

can borrow, based on the First-time Homebuyer guidelines.

\_\_\_\_\_  
Signature of Broker/Lender Date

State HCD Division of Financial Assistance



**Program  
Eligibility Release Form**

Nevada County NHSA  
950 Muldu Ave  
Nevada City, CA 95959

Contact: Housing & Community Services (530)265-1645

**Purpose:** Your signature on this Housing Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

Nevada County Homeowner Rehabilitation Program  
Nevada County TBRA Program  
Nevada County HOME Down Payment Assistance Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a Housing Program and the amount of assistance necessary using Housing funds. This information will be used to establish level of benefit on the Housing Rehabilitation 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.

**Instructions:** Each adult member of the household must sign a Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

**NOTE:** THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Date: \_\_\_\_\_

**Information Covered:** Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Child Care Expense		
Handicap Assistance expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

**Authorization:** I authorize the above-named CalHOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the CalHome Program.

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.

Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

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## FAIR LENDING NOTICE

Under the Housing Financial Discrimination Act of 1977, it is unlawful for a financial institution to refuse to make a loan to or to offer less favorable terms than normal (such as a higher interest rate, larger down payment or shorter maturity) based on any of the following:

- 1 Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood) except to the limited extent necessary to avoid unsafe and unsound business practice.
- 2 Race, sex or color, religion, marital status, national origin or ancestry.

It is unlawful to consider, in appraising a residence, the racial, ethnic or religious composition of a particular neighborhood, or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint or if you have any questions about your rights, contact:

U.S. Office of Comptroller of the Currency  
Consumer Complaint Department  
50 Fremont Street, Suite 3900  
San Francisco, California 94105  
(415) 545-5900

When you file a complaint, the law requires that you receive a decision within 30 days.

\*\*\*\*\*

I/We have received a copy of this notice.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Disclosure to Seller with Voluntary, Arm's Length Purchase Offer**

**DECLARATION**

This is to inform you that \_\_\_\_\_ would like to purchase the property, located at \_\_\_\_\_, if a satisfactory agreement can be reached. We are prepared to pay \$\_\_\_\_\_ for a clear title to the property under conditions described in the attached proposed contract of sale.

Because Federal funds may be used in the purchase, however, we are required to disclose to you the following information:

1. The sale is voluntary. If you do not wish to sell, the buyer, \_\_\_\_\_, thru the agency, County of Nevada will not acquire your property. The buyer does not have the power of eminent domain to acquire your property by condemnation (i.e. eminent domain) and the County of Nevada will not use the power of eminent domain to acquire the property.

2. The estimated fair market value of the property is \$\_\_\_\_\_ and was estimated by \_\_\_\_\_, to be finally determined by a professional appraiser prior to close of escrow.

Since the purchase would be a voluntary, arms length, transaction you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation. Also, as indicated in the contract of sale, this offer is made on the condition that no tenant will be permitted to occupy the property before the sale is completed.

Again, please understand that if you do not wish to sell your property, we will take no further action to acquire it. If you are willing to sell the property under the conditions described in the attached contract of sale, please sign the contract and return it to us at: Nevada County HHSA, Housing and Community Services, 950 Maidu Ave, Nevada City CA 95959

If you have any questions about this matter, please contact Nevada County Housing and Community Services at (530) 265-1645.

\_\_\_\_\_  
*Buyer*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Buyer*

\_\_\_\_\_  
Date

## Disclosure to Seller with Voluntary, Arm's Length Purchase Offer

### Acknowledgement

As the Seller I/we understand that the County of Nevada will inspect the property for health and safety deficiencies. I/we also understand that public funds may be involved in this transaction and, as such, if the property was built before 1978, a lead-based paint disclosure must be signed by both the buyer and seller, and that a Visual Assessment will be conducted to determine the presence of deteriorated paint.

As the Seller, I/we understand that under the County of Nevada's HOME program, the property must be currently owner-occupied, vacant for three months at the time of submission of purchase offer, new (never occupied), or renter purchasing the unit. I/we hereby certify that the property is:

Vacant at least 3 months;  Owner-occupied;  New; or  Being Purchased by Occupant

***I/we hereby certify that I have read and understand this "Declaration" and  a copy of said Notice was given to me prior to the offer to purchase. If received after presentation of the purchase offer, I/We choose  to withdraw or  not to withdraw, from the Purchase Agreement.***

\_\_\_\_\_  
Seller

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller

\_\_\_\_\_  
Date

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## SELLER CERTIFICATION

The acquisition of the property listed below must adhere to the requirement of two federal laws.

The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended by the Uniform Relocation Act Amendments of 1987 (URA), and Section 104(d) of the Housing and Community Development Act of 1974, as amended.

The following certification must be signed by the seller verifying the subject home was either owner-occupied or vacant prior to signing the Real Estate Purchase Contract.

I/We hereby certify that the home located at:

\_\_\_\_\_

was either owner-occupied or vacant (90) days immediately prior to the execution of the Real Estate Purchase Contract dated \_\_\_\_\_.

\_\_\_\_\_  
Seller

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller

\_\_\_\_\_  
Date

NOTE: A sale to an existing tenant is exempt.  
Seller, sign the form and check the box.



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Nevada City, California  
95959

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The Nevada County Housing and Community Services Division is pleased to be given the opportunity to assist you with your housing needs. In order to continue the success of our programs the County often provides the media with public announcements and press releases. It is our hope that you will assist us with these endeavors. We are seeking your permission to use information about the assistance that you may receive in the advancement of our programs. Please rest assured that your participation in this request will not affect any benefits you may be qualified to receive through the County.

I authorize the Nevada County Housing Division to discuss/release/use demographic and case information in regard to the Housing and Community Services assistance I receive.

I do not authorize the Nevada County Housing Division to discuss/release/use demographic and case information in regard to the Housing and Community Services assistance I receive.

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date