

# **ATTACHMENT B**

## **PRA HOMEBUYER APPLICATION PACKAGE**

- Homebuyer Eligibility Form
- Homebuyer Eligibility Form (Max. 115% AMI)
- Certification of Zero Income
- Declaration of Evidence of Citizenship or Eligible Immigration Status
- Conflict of Interest

RDA APPROVAL	DATE

## Homebuyer Eligibility Form

*This property is being developed in part with federal funds that restrict use to low income persons. In order to verify appropriate use of these funds, this form must include all household income, in accordance with CFR Part 92.203(b) and signed by all homebuyers. Please be advised that all households must be income eligible at the time of settlement. The Redevelopment Authority reserves the right to verify income directly prior to settlement.*

HOME BUYER INFORMATION		
PROPERTY ADDRESS REQUESTED:	DEVELOPER ORGANIZATION:	
HOME BUYER(s):	HOUSEHOLD SIZE (Total Number of Persons)	
CURRENT ADDRESS OF HOME BUYER:	SALE PRICE OF THE HOUSE	
ANNUAL INCOME	PERCENTAGE OF MEDIAN INCOME	Maximum Income Limits: Family Size: 1-\$48,950, 2-\$55,950, 3-\$62,950, 4-\$69,900, 5-\$75,500, 6-\$81,100, 7-\$86,700

Household Member Name	Annual Income	Age	Full Time Student (Y/N)
<b>Income From Assets</b>			
<b>Total Household Income</b>		\$	-

**NOTES:**

All income reported must be supported by most recent copy of Federal Tax Return and two current pay stubs along with any required independent verifications (i.e. verification of Social Security Benefits, Disability, Pensions, etc.)

All income from assets must be supported by the appropriate documentation

Full-time students must provide verification from the recognized institution

Any member of the Household that does not have income must sign the Certification of Zero Income, if under the age of 18 must be signed by parent/guardian

<p><b>I hereby certify that :</b> 1. This form reflects the size of the household and income of all household members ; 2. I do not own any other real estate; 3. I am current, or under agreement, for all taxes due to the City of Philadelphia; 4. I will notify the developer if household income changes prior to settlement; 5. I understand that if it is later discovered that I supplied false information, I will become immediately ineligible and all subsidy funds provided to me will be due and payable; 6. I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. <b>Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</b></p>			
_____ HOMEBUYER	_____ DATE	_____ HOMEBUYER	_____ DATE
<p><b>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</b></p>			
_____ HOUSING COUNSELOR	_____ DATE		

RDA APPROVAL	DATE

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HOME BUYER INFORMATION		
PROPERTY ADDRESS REQUESTED:		DEVELOPER ORGANIZATION:
HOME BUYER(S):		HOUSEHOLD SIZE (Total Number of Persons)
CURRENT ADDRESS OF HOME BUYER:		SALE PRICE OF THE HOUSE
ANNUAL INCOME	PERCENTAGE OF MEDIAN INCOME	Maximum Income Limits- <b>115% AMI</b> : Family Size:1-\$70,380, 2-\$80,500, 3-\$90,505, 4-\$100,510, 5-\$108,560, 6-\$116,610, 7-\$124,660

Household Member Name	Annual Income	Age	Full Time Student (Y/N)
<b>Income From Assets</b>			
<b>Total Household Income</b>		\$	-

**NOTES:**

All income reported must be supported by most recent copy of Federal Tax Return and two current pay stubs along with any required independent verifications (i.e. verification of Social Security Benefits, Disability, Pensions, etc.)

All income from assets must be supported by the appropriate documentation

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<p>_____ HOMEBUYER</p>	<p>_____ DATE</p>	<p>_____ HOMEBUYER</p>	<p>_____ DATE</p>
<p><b>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</b></p>			
<p>_____ HOUSING COUNSELOR</p>	<p>_____ DATE</p>		

**CERTIFICATION OF ZERO INCOME**

*(To be completed by each household member, if appropriate)*

**Name of Household Member:** \_\_\_\_\_

**Address of Development:** \_\_\_\_\_

**Development Name:** \_\_\_\_\_

1) *I hereby certify that I do not individually receive income from any of the following sources:*

- a. *Wages from employment (including commissions, tips, bonuses, fees, etc.*
- b. *Income from operation of a business*
- c. *Rental income from real or personal property*
- d. *Interest or dividends from assets*
- e. *Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits*
- f. *Unemployment or disability payments*
- g. *Public assistance payments*
- h. *Periodic allowances such as alimony, child support, or gifts received from persons not living in my household*
- i. *Sales from self-employed resources (e.g., Avon, Mary Kay, etc.)*
- j. *Any other source not named above*

2) *I currently have no income of any kind and there is no imminent change expected in my financial status or employment during the next 12 months.*

3) *I will be using the following sources of funds to pay for rent and other necessities:*

\_\_\_\_\_

***Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of homebuyer's eligibility.***

\_\_\_\_\_  
**Signature of Household Member**

\_\_\_\_\_  
**Printed Name of Household Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian (If under 18 yrs. Old)**

\_\_\_\_\_  
**Printed Name of Household Member**

\_\_\_\_\_  
**Date**

**DECLARATION OF  
EVIDENCE OF CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS**

Each family member, regardless of age, who is an U.S. Citizen or U.S. National, must sign below. For each child under the age of 18, the Declaration must be signed by an adult residing with the child who is responsible for the child.

I certify that I am an **U.S. Citizen** or **National** (**PLEASE CIRCLE APPROPRIATE STATUS**)

I hereby certify that all the information stated herein, as well as any information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31U.S.C. 3729, 3802)

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Signature

Date

**For all non-citizens please submit evidence of immigration status.**

## Conflict of Interest Forms

### *Instructions*

As a recipient of Community Development Block Grant (CDBG) and HOME funds from the U.S. Department of Housing and Urban Development, the City of Philadelphia (City) is responsible for compliance with all regulations governing the use of said funds, including but not limited to the provisions governing conflicts of interest.

#### **Conduct Prohibited**

Covered persons may not obtain a financial interest or benefit from the CDBG or HOME activity, or have an interest in any contract, subcontract or agreement with respect thereto.

#### **Covered Persons**

1. Persons who exercise or have exercised any functions or responsibilities with respect to CDBG or HOME activities or persons who are in a position to participate in a decision making process or gain inside information with regard to such activities.

*Persons* are defined as employees, agents, consultants, officers or elected officials of the City, or any designated public agency or subrecipient which receives and administers CDBG and HOME Funds.

2. Business and family relationships with those persons described in 1.

#### **Period of Coverage**

The conflict of interest provisions apply to Covered Persons during their employment and for a period of one year thereafter.

#### **Instructions for Applicants**

All applicants under this request are required to complete the Conflict of Interest Disclosure Statement (Form A). If the answer to all three questions on this form is "No," then this form and only this form is to be completed, signed and included in the proposal.

If an affirmative answer is provided to Question 1 on the Disclosure Statement, then **Form B** must be completed and signed by each covered person.

If an affirmative answer is provided to Question 2 on the Disclosure Statement, then **Form C** must be completed and signed by each covered person.

If an affirmative answer is provided to Question 3 on the Disclosure Statement, then **Form C** must be completed and signed by each covered person and, in addition, **Form D** must be completed.

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**Form A**  
**Conflict Of Interest Disclosure Statement**

*Must Be Completed by All Applicants*

All applicants for assistance involving CDBG or HOME funds are required to comply with federal regulations prohibiting conflicts of interest. The regulations concern the following groups of people:

- (A) Employees, consultants, officers or elected or appointed officials of the City of Philadelphia; or
- (B) Employees, consultants, or officers of any firm or agency receiving CDBG or HOME funds or participating in the CDBG or HOME program.

Please answer the following questions in order that we may determine if a conflict of interest exists:

1. Are you now (or have you been during the preceding year) in one of the categories (A or B) described above?

Yes      No      (circle one)      If "Yes," please complete **Form B** for each covered person.

2. Is any member of your family or your spouse's family now (or have they been during the preceding year) in one of the categories (A or B) described above? (Family members include spouses, parents, brothers, sisters, or children.)

Yes      No      (circle one)      If "Yes," please complete **Form C** for each covered person.

3. Is any person with whom you have a business relationship (or with whom you have had a business relationship during the preceding year) in one of the categories (A or B) described above? (A person with whom you have a business relationship includes your employees, partners, shareholders, officers or directors, joint ventures, landlords, lenders, sellers of real estate, major consultants, or major equipment lessors.)

Yes      No      (circle one)      If "Yes," please complete **Form C** for each covered person and in addition complete **Form D**.

I do hereby declare that I have filed the foregoing Disclosure Statement and certify that the statements made in the foregoing are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of the Act of December 6, 1972, P.L. 1482 No. 334, as amended, 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form B**  
**Employee Statement Of Interest**

*To be completed by employees of the City of Philadelphia, quasi-city agencies or departments, and by elected or appointed officials.*

Name:

Address:

Day Phone:

Evening Phone:

Department/Agency:

Division:

Title:

1. Briefly describe your job duties and responsibilities.

2. Are you a member of an organization which receives funding from the Office of Housing and Community Development, Philadelphia Housing Development Corporation, Redevelopment Authority, Department of Commerce, or Philadelphia Industrial Development Corporation?

Yes No (circle one)

3. If the answer to question 2 above is "Yes", briefly describe your title and duties with respect to this organization.

4. If you are an elected or appointed official, state the level of government (city, state, or federal) and your title.

I do hereby declare that I have not used my position to receive assistance under the City of Philadelphia CDBG or HOME programs. Further, I do hereby declare that I have filed the foregoing Statement of Interest and certify that the statements made in the foregoing are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of the Act of December 6, 1972, P.L. 1482 No. 334, as amended, 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form C**  
**Family/Business Associate Statement Of Interest**

*To be completed by persons whose family members or business associates receive funding from the City of Philadelphia or a quasi-city agency or department*

Name:

Address:

Day Phone:

Evening Phone:

Organization:

Title:

1. If a family member is an employee of a City or a quasi-city agency or department, state the nature of your relationship to that person (i.e., spouse, parent, child, etc.)

2. If a business associate is an employee of a City or a quasi-city agency or department, state the nature of your relationship to that person (e.g., business partner, fellow employee, etc.)

3. If a business associate or family member is an employee of a City or a quasi-city agency or department, identify the department or agency and briefly describe their job duties and responsibilities.

4. Is a family member or business associate a member of an organization or business which receives funding from the Office of Housing and Community Development, Philadelphia Housing Development Corporation, Redevelopment Authority, Department of Commerce, Philadelphia Industrial Development Corporation, Council for Labor and Industry or Philadelphia Commercial Development Corporation?

Yes    No    (circle one)

5. If the answer to question 4 above is "Yes", briefly describe the person's title and duties with respect to the organization or business.

I do hereby declare that I have filed the foregoing Statement of Interest and certify that the statements made in the foregoing are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of the Act of December 6, 1972, P.L. 1482, No. 334, as amended, 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form D**  
**Business/Organization Statement Of Interest**

*To be completed by the applicant's businesses or organizations which have employees, officers, board members or principals who are employees, agents, elected officials or appointed officials of the City of Philadelphia or its delegate agencies, or consultants to the City of Philadelphia or its delegate agencies.*

*Delegate agencies of the City of Philadelphia include Philadelphia Commercial Development Corporation, Philadelphia Housing Development Corporation, Redevelopment Authority of the City of Philadelphia and Council for Labor and Industry.*

1. Identify the employees, officers, board members and principals of your business or organization who are employees, agents, elected officials or appointed officials of the City of Philadelphia or its delegate agencies, or consultants to the City or its delegate agencies. For each person identified, state the department of the City or its delegate agency for which the person works.
  
2. For each person identified in question 1 above, briefly describe the person's job title, duties and responsibilities with respect to the City or its delegate agency.
  
3. Identify any family member (spouse, parent, child, brother or sister) of an employee, officer, board member or principal of your business or organization who is an employee, agent, elected official or appointed official of the City or its delegate agencies, or consultant to the City or its delegate agencies. For each person identified, state the nature of the relationship and briefly describe the family members' position with the City or its delegate agencies.
  
4. Identify any business associate of an employee, officer, board member or principal of your business or organization who is an employee, agent, elected official or appointed official of the City or its delegate agencies or consultant of the City or its delegate agencies. For each person identified, state the nature of the relationship and briefly describe such business associate's position with the City or its delegate agencies.

I do hereby declare that I have not used my position to be selected to receive assistance under the City of Philadelphia CDBG or HOME program. Further, I do hereby declare that I have filed the foregoing Statement of Interest and certify that the statements made in the foregoing are true and correct to the best of my knowledge, information and belief. I understand that false statements made herein are subject to the penalties of the Act of December 6, 1972, P.L. 1482, No. 334, as amended, 18 Pa. C.S.A. 4904, relating to unsworn falsification to authorities.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date