



Down Payment & Closing Cost Assistance Program

In partnership with the City of Providence, the Housing Network of Rhode Island is providing Down Payment and Closing Cost Assistance to income eligible homebuyers in the City of Providence.

Program Requirements:

Applicants to this program must:

- have a signed Purchase and Sales agreement;
- have a household income at or below 80 percent of Area Median Income (AMI) based on household size;
- be purchasing a single, two or three family home in the City of Providence;
- use the home as their primary residence;
- complete eight (8) hours of HUD approved Homebuyer Education prior to closing;
- if purchasing a multi-family, complete a three (3) hour Landlord class <u>and</u> a three (3) hour Lead Hazard Awareness Seminar;
- contribute \$1,500 of their own funds to the transaction;

Assistance Details:

- Assistance up to a maximum of \$20,000, based on demonstrated need, for applicants with household income at or below 70% of AMI (income limits can be found on Housing Network's website);
- Assistance **up to maximum of \$10,000**, based on demonstrated need, for applicants with household income above 70% of AMI but below 80% of AMI (income limits can be found on the Housing Network's website);
- Requests for assistance below \$2,500 will not be considered;
- Assistance is given as a 0% interest, forgivable loan if the property is held for the duration of the compliance period.

Underwriting Guidelines:

Applicants receiving Down Payment and Closing Cost Assistance must satisfy HUD's current underwriting requirements for front (38%) – and back- end (45%) ratios. The *Underwriting Template Form*, which can be found on the Housing Network's website, should be completed by the Lender and submitted as part of the application package.

Term of Compliance:

During the compliance period, the unit must remain owner occupied. Each year the applicant will be required to submit proof of residency to the Housing Network of Rhode Island.

- 5 year compliance period if assistance is less than \$15,000.
- 10 year compliance period if assistance is \$15,000 or more.

Housing Network of Rhode Island 1070 Main Street Pawtucket, RI 02886 401-721-5680 www.housingnetworkri.org **Repayment of Assistance:**

If the property is sold or refinanced prior to the expiration of the restriction period, the full amount of assistance is required to be repaid.

Allowable Property Types:

- Single family housing;
- Two and three family housing unit;
- Condominiums

HOME Purchase Price Limit:

Property purchase price as stated in the Purchase and Sales agreement cannot exceed the following limits:

Unit #	Existing Homes:	New Construction:	
1 Unit	\$290,000	\$352,000	
2 Units	\$371,000	\$450,000	
3 Units	\$449,000	\$545,000	

Allowable Ownership Structure:

- Ninety- nine year lease
- Fee simple

Property Standards:

- Selected housing unit(s) must pass a required City home inspection with a score of 80 or above;
- Housing must meet and comply with state and local building codes;
- Must submit Smoke Alarm Certificate;
- Property must pass a visual inspection for lead-based paint hazards. Properties will be evaluated in accordance with UPCS standards and will be <u>ineligible</u> for assistance if chipping and peeling paint exceeds "de minimus" levels (over 20 square feet)

Application Fee:

The application fee check made out to the City of Providence for \$200.00 is due at the time of application. The fee is only refundable if:

- The applicant successfully closes on the property identified within the application.
- The home does not pass the City of Providence inspection and the seller is unwilling to make necessary repairs to successfully pass inspection.

Right to Withdraw Form:

Must be completed by applicant, signed by seller, and submitted as part of the application. A sample is provided on the Housing Network's website.

APPLICATION PROCESS OVERVIEW:

The entire application process may take between **45 to 60 days** to complete. Once the application, including all the required documentation is deemed complete, the Housing Network of Rhode Island will review the application. Client will be notified by mail as to the outcome of their application. The applicant must allow at least (30) days' from receipt of the approval letter when scheduling their closing. This timeframe allows for adequate time to process the Down Payment & Closing Cost Assistance loan documents and release of funds.

• Application packets can be downloaded from www.housingnetworkri.org or picked up at:

Housing Network of Rhode Island, 1070 Main Street Suite 304, Pawtucket, RI 02860

- Applications must be completed in their entirety and submitted (via mail or in person to Housing Network of RI, 1070 Main Street, Pawtucket RI 02860) with all required documents to the Housing Programs Coordinator. EMAIL SUBMISSIONS ARE NOT ACCEPTED.
- The last page of the application includes a checklist of all required documents. The application fee must accompany application. The application will be reviewed for completeness before advancing application for income verification.
- In the event of an incomplete application, the applicant will be notified by mail of missing documents and the application will be placed on hold for 30 days pending receipt of the requested information. Applications that remain incomplete after 30 days will be closed out.
- Complete applications will be advanced for income verification.
- A decision letter will be mailed to the applicant regarding their eligibility for the program and a tentative award amount.
- If additional information is needed to make an accurate determination regarding income eligibility, the applicant will be notified via mail, and the application will be placed on hold pending receipt of the requested information.
- Applications that are not closed out within 6 months will be required to submit all new documents.
- Once an applicant is notified of the eligibility for the program, an inspection of the property will be scheduled
 with the City of Providence. This inspection is in addition to a standard inspection a homebuyer may do prior
 to purchasing a home.
- Upon completion of the City of Providence inspection, the Housing Programs Coordinator will notify the
 applicant if the unit passed or failed the City inspection, and if any additional actions were recommended by
 the City of Providence.
- If the unit passes inspection, the Housing Programs Coordinator will requisition the down payment assistance check from the City of Providence and begin drafting the closing documents.

 (Prior to requisitioning the down payment assistance check, the applicant must have submitted Certificates of Completion for a HUD approved Homebuyer Education class, and if purchasing a multifamily unit, the 3 hour Landlord class and the 3 hour Lead Hazard Awareness class. All other required supporting documents must also be received prior to requisition of assistance.)
- The Housing Programs Coordinator will schedule a one on one session with the applicant to review all of the closing documents, program restrictions and compliance requirements.
- At the time of closing, recorded documents will include: a mortgage, loan agreement and a promissory note outlining the terms of repayment of the assistance. (template versions of these documents are available on HNRI's website for review) The Housing Network of Rhode Island must review and approve the final Closing Disclosure, which shall include a \$75 recording fee for recording the City of Providence mortgage and reference the assistance received as "Loan from City of Providence DPA"
- The required \$1,500 contribution by the buyer can be met by the combination of any of the following: earnest money deposit funds, the upfront cost of any required education classes, upfront appraisal fees, upfront inspection fees, or cash required to close requirements.
- This program prohibits cash out/back to the buyer/borrower at the closing.





Down Payment & Closing Cost Assistance Application

** Please complete all sections. Mark sections that do not apply as N/A. ** Please make sure that all of the required documents are attached.

Incomplete applications will not be reviewed for program eligibility

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Name:	Name:
Address:	Address:
CityZip	Zip
Phone	Phone
Email	Email
Social Security #:/	Social Security #:/
Date of Birth:/ MARITIAL STATUS: _ Married _ Single _ Separ SEX: _ Male _ Female	Date of Birth:/
RACE OF APPLICANT:	RACE OF CO-APPLICANT:
☐ American Indian/Alaska Native	☐ American Indian/Alaska Native
 □ White/Caucasian □ Black/African American □ Native Hawaiian or Other Pacific Islander □ Asian □ Some other race □ Two or more races □ I do not wish to disclose this information 	 □ White/Caucasian □ Black/African American □ Native Hawaiian or Other Pacific Islander □ Asian □ Some other race □ Two or more races □ I do not wish to disclose this information
	Do you identify yourself as Hispanic? ☐ Yes ☐ No THAT WILL BE RESIDING IN HOME BEING PURCHASED: pentation listed on the last page of this application)
(1) = 1 / 1 3 . 3 p. 2 p. 2 p. 2 come docum	onship Age

			
OTAL HOUSEHOLD SIZE:			
URRENT EMPLOYMENT:			
<u>applicant</u>		<u>Co-Applicant</u>	
Company:		Company:	
Address:		Address:	
City	Zip	City	Zip
of years Phone # _		# of years Phone # _	
Position:		Position:	
Gross <u>Monthly</u> Income		Gross Monthly Income \$	
DDITIONAL MONTHLY INCO	ME:		
pplicant		Co-Applicant	
verage overtime earning	\$	Average overtime earning	\$
art Time/Seasonal Employ	\$	Part Time/Seasonal Employ	\$
etirement/Pension income	\$	Retirement/Pension income	\$
ocial Security SSI	\$	Social Security SSI	\$
hild Support/ Alimony	\$	Child Support/ Alimony	\$
IP Benefits	\$	FIP Benefits	\$
other Income	\$	Other Income	\$
xplain Other:		Explain Other:	
SSET INCOME:			

Checking Acct (current balance)

\$____

Savings Acct (current balance)	\$			
401(k)	\$			
IRAs	\$			
CDs	\$			
Other Assets Explain Other	\$			
The definition of annual income is to be received during the coming 12-recertification are true and correct to contained in this application and coas applicable, my/our loan applicate consent to the Housing Network of estate representative. I/We certify that I/we are a househ	the gross amount of imonth period. I/We to the best of my/our ertification is not truetion may be denied of Rhode Island to excl	certify that the statements con knowledge and belief. I/We ur e or correct, I/We may be subje r the property acquired may be	tained in this application that if an ect to criminal proses foreclosed upon.	cation and y statement ecution or, I /We give
Applicant Date H O U S I N G	e	Co-Applicant	Date	HOUSING
NETWORK Down Paym	nent & Closing C	ost Assistance Checklis	t	N E T W O R K
Please provide copies of the fol	llowing documents	<u>: (</u> as it pertains to your hous	ehold)	
		being purchased noted on the subjec	·	
1 (one) year personal TAX RETURNS v	with all schedules (2 years	s, if SELF-EMPLOYED);		
Current Profit and Loss Business Stat	tement and balance sheet		ou submit it)	
2 (two) month's most recent pay che	eck stubs for <u>all employed</u>	adults (18+);		

For students over age 18, documenta	tion of full or part time status;		
Documentation of other sources of in	come, (e.g., SSA/SSI benefit letters	, child support, etc.);	
6 (six) month's most recent checking	account statements for all adults (1	<u>.8+);</u>	
6 (six) month's most recent savings a	ccount statement <u>all adults (18+);</u>		
Retirement statements (e.g., 401(k),	RAs, etc.);		
Documentation of other asset source	s;		
Proof of legal separation or divorce;			
Certificate of Completion of 8 Hr. HU	D approved Homebuyer Education		
Certificate of Completeness of 3 hr. L	andlord Class (if purchasing a mult	i-family home);	
Certificate of Completion of 3 hr. Lea	nd Hazard Awareness Class (if purch	asing a multi-family home)Uniform	
Residential Loan Application;			
Down Payment Assistance Underwrit	ing Template (completed by lender)	
Executed Purchase and Sales;			
Copy of independent property apprai	sal;		
Right to Withdraw form (Sign and da	ited by Seller)		
Verification of Employment form for	all employed adults (18+) (Sign and	date ONLY);	
HOUSING NETWORK		HOUSING NETWORK	
VERIFICATION OF EMPLOYMENT FORM			
TO BE COMPLETED BY EMPLOYER (APPLICANT: SUBMIT WITH APPLICATION ONE FORM FOR EACH EMPLOYED ADULT SIGNED			
AND DATED ONLY. DO NOT SUBMIT TO YOUR EMPLOYER!)			
Employee Name:		Date of hire:	
Occupation:	Annual Salary:	Date of last increase:	

pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month Overtime pay rate: \$______/Hour Housing Network of Rhode Island · 1070 Main Street Pawtucket RI 02860 · 401.721.5680 · www.housingnetworkri.org

Base

Average hours/week at base pay rate: _	Hours	No. weeks	, or No. weeks	worked/Year
Expected average number of hours over	time worked p	er week during n	ext 12 months	Any
other compensation not included above	(specify for co	mmissions, bonu	ses, tips, etc.):	
For:\$per				
Is pay received for vacation? • Yes	• No			
If Yes, no. of days per year				
Total base pay earnings for past 12 mos.	\$			
Total overtime earnings for past 12 mos.	. \$			
Probability and expected date of any pay	y increase:			
Does the employee have access to a retirement account? • Yes	• No			
If Yes, what amount can they get access	to: \$			
Signature of Authorized Representative:				_
Title:				
Date:				
TELEPHONE:				
RELEASE: I HEREBY AUTHORIZE THE RELEASE OF	F THE REQUESTED	INFORMATION.		
SIGNATURE OF APPLICANT			Date:	
WARNING: TITLE 18, SECTION 1001 OF THE U.S. OF THE U.S			F A FELONY FOR KNOWING	LY AND WILLINGLY MAKING FALSE OR
	ı	MAYOR JORGE O. ELORZ. CITY OF PROVIDENCE	A	
RIGHT TO WITHD	RAW UND	ER UNIFORM	I RELOCATION	N ACT NOTICE
Date:				
Property Owner:				
Address:				
Subject Property:				

Dear	,			
On, we entered indicate that we made it clear amicable agreement and, the informed you that we believe	er to you that our crefore, without a	any threat of eminent don	operty is volunta nain (condemnati	ry in nature through an ion), and/or that we
Because we failed to advise from your agreement to sale sign, and return this letter	, and without per	nalty. Before we can pr	oceed, it is neces	ssary that you complete
If you have any questions ab phone number:	oout this notice, p	please contact the acquiri	ng buyer at the fo	ollowing address or
Sincerely,				
(Signature and title o	f Buyer Represer	ntative) (L	Date)	
•		if I/we have the right to so sale the subject propert		
□ I/we do not wish to we the subject property.	vithdraw from m	y/our agreement, withou	t penalty, to sale	
Signature of Owner	Date	Signature of Owner	Date	