



REALTORS®
Care Foundation
OF GTR, INC.



First-time Home Buyer Grant Program

HILLSBOROUGH, PASCO, PINELLAS, POLK & MANATEE COUNTIES

Thank you for your interest in REALTORS® Care Foundation of GTR, Inc. (RCF) - Home Buyer Grant Program. The purpose of this program is to assist first time homebuyers who reside in Hillsborough, Pasco, Pinellas, Polk and Manatee Counties, and meet certain financial criteria; with a designated grant of up to \$5,000 that would assist first time homebuyers with their efforts to purchase their first home (i.e. the applicant(s) have not owned a home within the last three (3) years).

ABOUT THE REALTORS® CARE FOUNDATION

The REALTORS® Care Foundation is a charitable organization that was formed to provide educational housing programs and services for the citizens of Hillsborough County. Through this foundation, Tampa's REALTORS® are continually making a difference in the neighborhoods in which they live, work and serve. Visit www.rcfgtar.org for more information.

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Education. Assistance. Development. Care.

Four corners to a stronger community.

Eligibility Requirements

1. Homebuyer must be a first time homebuyer who is a U.S. citizen or a permanent resident alien.
2. Property to be purchased must be an owner-occupied single family home, condominium or townhome in Hillsborough, Pasco, Pinellas, Polk or Manatee County.
3. RCF does NOT combine our grant with any other grant or down payment assistance award other than seller contributions or a gift letter.
4. The number of occupants in the home is based on info obtained on page 7 of packet.
5. All income is considered. Income is based on pay stubs, tax returns and W-2s and any other income documents.
6. Applicant must be a family or individual who meet the household (120%) Income Limits established by HUD as follows:

Hillsborough, Pasco & Pinellas Counties	
# of Persons in Household	Maximum Household Annual Income
1	\$53,760
2	\$61,440
3	\$69,120
4	\$76,680
5	\$82,920
6	\$89,040
7	\$95,160
8	\$101,280
9	\$107,352
10	\$113,486

Polk County	
# of Persons in Household	Maximum Household Annual Income
1	\$45,120
2	\$51,480
3	\$57,960
4	\$64,320
5	\$69,480
6	\$74,640
7	\$79,800
8	\$84,960
9	\$90,048
10	\$95,194

Manatee County			
# of Persons in Household	Maximum Household Annual Income	# of Persons in Household	Maximum Household Annual Income
1	\$59,160	6	\$97,920
2	\$67,560	7	\$104,640
3	\$75,960	8	\$111,360
4	\$84,360	9	\$118,840
5	\$91,200	10	\$124,653

Eligibility Requirements Continued

The Buyer, Lender and REALTOR® ALL must sign, date and acknowledge the receipt of these **eligibility requirements** and return this signed document as part of the application package. **Failure to do so will result in a denial of the application.**

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____

REALTOR®: _____ DATE: _____

LENDER: _____ DATE: _____

Application Process

1. All items on the checklist must be submitted together with a completed RCF application. **An incomplete package will not be considered or reviewed.**
2. After the application has been reviewed and it has been determined that all the criteria have been met and the application is complete, the applicant will be notified of the date that he/she will be scheduled to attend an interview with the RCF Selection Committee. All adults that will be residing in the home regardless of if they are or are not on the deed or mortgage must attend this interview. This interview is approximately 15 minutes and is held at 2918 W. Kennedy Blvd, Tampa FL 33609 at 1.p.m. on the first Wednesday of the month prior to the stated closing date in the Contract for Sale.
3. The Lender and REALTOR® representing the Buyer must also be present at this interview.
4. On the Wednesday prior to this interview the buyer must submit to RCF no later than 3 p.m. (attention Laura Izzo) the final 1003 form and the most recent loan estimate.
5. On the Wednesday prior to this interview any changes or updates to the initial application must be submitted to RCF no later than 3 p.m. (attention Laura Izzo). This includes but is not limited to; complete contract, appraisal, seller contributions, loan estimates, gift letter, buyer income changes, and any and all other documentation related to the purchase of the home or the grant application.
6. After the interview the buyer must allow one week for a final decision to be made by the RCF Selection Committee. The Buyer will be notified of this decision via US Mail.
7. RCF MUST receive the FINAL CD (Closing Documents) 72 hours in advance of closing. **NO EXCEPTIONS. Closings occurring prior to the 72 hours will NOT be funded by RCF.**
8. A representative of RCF must attend the closing.
9. Buyer must contribute (from their OWN funds, NOT in the form of a gift or seller contribution) 1% of the purchase price or \$1,000, whichever is greater. Proof of this expenditure must be provided to RCF no later than the time of the scheduled interview
10. Applicant must be a US citizen or have a permanent resident card.

The Buyer, Lender and REALTOR® ALL must sign, date and acknowledge this **application process** and return this signed document as part of the application package. **Failure to do so will result in a denial of the application.**

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____

REALTOR®: _____ DATE: _____

LENDER: _____ DATE: _____

Item Checklist

- 1. Completed RCF application packet
- 2. Completed and verified 1003 (mortgage application) along with HMDA Addendum
- 3. Copy of pre-approval letter from the lender
- 4. Initial & Final Loan Estimates
- 5. Social Security card, driver’s license and/or Permanent Resident Alien card
- 6. If employed by others, the most recent two years’ personal tax return (all pages) for all income earning members of the household along with two years of W-2s or 1099s and prior 30 days’ paystubs.
- 7. If self-employed, the most recent two years’ business tax return (all pages) for all income earning members of the household
- 8. If unemployed, please provide the attached affidavit included in the application packet signed and notarized.
- 9. Proof of additional income, i.e. Social Security award letters, Disability, retirement, pension funds, etc.
- 10. Last two months’ bank statements on all depository accounts
- 11. Copy of gift letter (if applicable)
- 12. Copy of divorce decree (if applicable) if paying or receiving alimony/child support or if marital status has changed from most recently filed tax return
- 13. Fully executed sales contract
- 14. Copy of escrow deposit check
- 15. Copy of appraisal
- 16. Copy of certificate of completion of attendance at a minimum eight (8) hour home buying course from a HUD certified course for ALL adults residing in the home regardless of if they are or are not on the deed or the mortgage (an adult is anyone over the age of 18). RCF reserves the right to determine which agencies and courses are approved
- 17. A letter written by the applicant indicating why the applicant should be eligible for receiving a first-time home buyer grant

The Buyer, Lender and REALTOR® ALL must sign, date and acknowledge this **item checklist** and return this signed document as part of the application package. **Failure to do so will result in a denial of the application.**

BUYER: _____ DATE: _____

BUYER: _____ DATE: _____

REALTOR®: _____ DATE: _____

LENDER: _____ DATE: _____

Application

Instructions

Please print clearly and complete this application, including all required signatures. If you need help in completing this application, please contact us at 813-879-7010. You may mail the completed application and additional required information to:

REALTORS® Care Foundation of GTR, Inc.

Attn: Laura Izzo
2918 W. Kennedy Blvd.
Tampa, FL 33609

Do not send your originals. RCF cannot make copies and will not be responsible for your originals. If you have any questions, please contact Dennis MacDonald or Laura Izzo at (813) 879-7010.

GENERAL INFORMATION

Applicant(s) must be the parties actually purchasing.

Applicant Name: _____
LAST FIRST MIDDLE INITIAL

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

Co-Applicant Name: _____
LAST FIRST MIDDLE INITIAL

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

Applicant Address: _____

(Must be a physical address - no P.O. Box)

Street Address

City State Zipcode County

Have you ever applied for assistance from the REALTORS® Care Foundation of GTR?

Yes No If yes, when did you apply? _____

Are you a first-time home buyer

Yes No If no, when did you own a home? _____

Application

HOUSEHOLD INFORMATION

Information About Family Members (Including Applicant)

Size of Household: Number of Adults _____ Number of Children (under 18) _____

Female Head of Household? Yes No

Name (begin with applicant)	Age	Date of Birth	Social Security Number	Gender	Relationship to Applicant

PERSONS WITH DISABILITIES & SPECIAL NEEDS

Is the applicant or anyone in your household disabled or handicapped? Yes No

Please check all that apply: Sight Impaired Hearing Impaired Wheelchair
 Walker Other: _____

Name of the person with a disability: _____

Relationship to the Applicant: _____

VETERAN'S STATUS

Are you or any member of your household a Veteran of the U.S. Military? Yes No

Name of the Veteran: _____

Relationship to the Applicant: _____

ETHNICITY

Please select your ethnicity: White African-American American-Indian
 Alaskan Native Hispanic Asian/Pacific Islander
 Other: _____

Application

VERIFICATION OF INCOME

Monthly Household Income Information			
Please provide all gross (before taxes) income received on a monthly basis			
Source	Applicant	Co-Applicant	Other Person
Wages/Salary	\$	\$	\$
Overtime	\$	\$	\$
Commission	\$	\$	\$
Bonus	\$	\$	\$
Interest Income	\$	\$	\$
Rental Income	\$	\$	\$
Social Security Benefits	\$	\$	\$
SSI or Disability Benefits	\$	\$	\$
Retirement Pension/Annuities	\$	\$	\$
Other Income*	\$	\$	\$
TOTAL GROSS INCOME	\$	\$	\$

*Alimony, Child Support, Dividends, etc.

Unemployed Household Members		
Please list the names(s) of any members of your house who are currently unemployed. (Do not include individuals in grades K-12, retired individuals, or those receiving Social Security).		
Name	How long unemployed?	Age
	_____ Years _____ Months	
	_____ Years _____ Months	
	_____ Years _____ Months	
	_____ Years _____ Months	

RELEASE OF PERSONAL INCOME INFORMATION

In order to determine my eligibility for the First Time Home Buyer Grant Program, I certify that the income information given by me is true and correct. Further, I hereby grant permission to Realtors® Care Foundation of GTR, Inc., or its designee, to have access to my financial records in my possession or in the possession of any other entity, prior to, during, and after the qualification process. I WAIVE MY RIGHT TO PRIVACY OR CONFIDENTIALITY.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

For Office Use Only - Income Verification		
Income Source	Comments	Sign & Date

First-Time Home Buyer Agreement

1. I/We understand and acknowledge that we may not qualify for this program. The Realtors Care Foundation reserves the right to determine within its sole discretion, who qualifies for each program subject to all applicable laws both federal and state.
2. I/We hereby acknowledge and permit the use of information contained in this Application to be used to determine eligibility for participation in the **First-Time Home Buyer Grant Program**.
3. I/We hereby authorize Realtors® Care Foundation of GTR, Inc., its successors and assigns, to verify present income and related employment records, and property ownership documents to determine eligibility for the **First-Time Home Buyer Grant Program**.
4. I/We hereby agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.
5. I/We hereby certify that I/we will be the owner(s) of the property described in this Application of which assistance is needed.
6. I/We certify that the residence being purchased will be my/our principal place of residence.
7. I/We certify that all information in this Application and all information furnished in support of this Application is given for the purpose of obtaining a grant under the **First-Time Home Buyer Grant Program** and is true, correct, complete, and nothing has been omitted, to be best of the Applicant(s)' knowledge and belief.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

Note: If you are not the applicant, but are assisting the applicant(s) in completing this application, please provide the following information in addition to your signature:

PREPARER NAME: _____ SIGNATURE: _____

RELATIONSHIP TO THE APPLICANT: _____ DATE: _____

Application

HOLD HARMLESS CLAUSE

I shall indemnify and save harmless REALTORS® Care Foundation of GTR, Inc., its officers, agents, servants, employees and designees from all liability resulting from the Grant Program.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

NOTE: You are hereby informed that you have the right of appeal the decision made on this application, and you have the right to an expeditious review of your appeal. Should you want to appeal, please contact the Executive Director of REALTORS® Care Foundation of GTR, Inc., who will furnish you with a copy of the Appeals Procedure established by Florida Statutes.

Realtors® Care Foundation of GTR, Inc., will not discriminate against any applicant on the basis of race, color, religion, sex, national origin, handicap, age, familial status, or any other non-merit factor, as required by the Fair Housing Act, Civil Rights Act and any other regulatory acts or executive orders.

GENERAL RELEASE CLAUSE

I/We, hereby authorize RCF or its designated agents to obtain and receive all records and information pertaining to eligibility for the First Time Home Buyer Grant Program, including employment, income (including signed IRS returns), residency, and ownership information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives RCF the right to request all information that we can or could obtain from any persons, company or firms on any matter referred to above. I/we agree to waive any and all claims for defamation, violation of privacy, or otherwise against RCF or any person or firm or corporation by reason of any statement or information released by them to the RCF for the purposes of the program.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

NOTARY

Before me, the undersigned, A Notary Public, in and for said County and State, on _____ personally appeared _____ known to be the identical person(s) who enacted the within and foregoing instrument and acknowledged to me that executed the same as free and voluntary act and deed for the uses and purposes therein set forth. Given under my hand and seal the day and year last above written.

Notary Public Date (Seal)

My Commission Expires: _____

Certification of Zero Income

This form is to be completed by adult household members only, if appropriate).

NAME OF HOUSEHOLD MEMBER: _____

1. I hereby certify that I do not individually receive income from any of the following sources (check all that apply). Documentation should be provided for any unchecked items:

- | | |
|---|---|
| <input type="checkbox"/> Wages from employment (including commissions, tips, bonuses, fees, etc.); | <input type="checkbox"/> Unemployment or disability payments; |
| <input type="checkbox"/> Income from operation of a business; | <input type="checkbox"/> Public assistance payments; |
| <input type="checkbox"/> Rental income from real or personal property; | <input type="checkbox"/> Periodic allowances such as alimony, child support, or gifts received from persons not living in my household; |
| <input type="checkbox"/> Interest or dividends from assets; | <input type="checkbox"/> Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.); |
| <input type="checkbox"/> Social Security payments, annuities, insurance policies, retirement funds, pension, or death benefits; | <input type="checkbox"/> 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 status during the next 12 months. _____ (Your Initials)

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

- (a): _____
 (b): _____
 (c): _____

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 understands that providing a false representation herein constitutes an act of fraud.

APPLICANT SIGNATURE: _____ DATE: _____

NOTARY

Before me, the undersigned, A Notary Public, in and for said County and State, on _____ personally appeared _____ known to be the identical person(s) who enacted the within and foregoing instrument and acknowledged to me that executed the same as free and voluntary act and deed for the uses and purposes therein set forth. Given under my hand and seal the day and year last above written.

 Notary Public Date (Seal)

My Commission Expires: _____