



**REALTORS®
Care Foundation**

First-time Home Buyer Grant Program

HILLSBOROUGH, PASCO, PINELLAS, HERNANDO, POLK & MANATEE, COUNTIES

Thank you for your interest in Realtors Care Foundation, Inc. (RCF) – First Time Homebuyer Grant Program. The purpose of this program is to assist first time home buyers who purchase and reside in a home in Hillsborough, Pasco, Pinellas, Hernando, Polk, and Manatee Counties, and meet certain financial criteria; with a designated grant of up to \$7,500 that would assist first time home buyers with their efforts to purchase their first home (i.e., the applicant(s) have not owned a home within the last three (3) years) or displaced by divorce.

ABOUT THE REALTORS CARE FOUNDATION

The REALTORS® Care Foundation is a Non-Profit charitable organization that was formed to provide housing assistance programs and services for the citizens of Hillsborough, Pasco, Pinellas, Hernando, Polk, and Manatee Counties. Through this foundation, Florida's REALTORS® are continually making a difference in the neighborhoods in which they live, work, and serve.

Visit <http://RealtorsCareFoundation.org> for more information.

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**Down Payment / Closing Costs Assistance
Creating 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, manufactured home on a permanent foundation, condominium or a townhouse in Hillsborough, Pasco, Pinellas, Hernando, Polk, or Manatee County.
3. RCF (**does combine**) our Grant with any other Down Payment Assistance awarded program as well as seller contributions or a gift letter. (**All Grants are based on actual need**)!
4. The number of occupants in the home is based on info obtained on page 7 of packet and the most recently filed tax return.
5. All income is considered including but not limited to alimony, child support and all SSI income. Income is based on pay stubs, tax returns, W-2s, 1099s, bank statements and any other income documents.
6. Applicant must be a family or individual who meet the household (**140%**) Income Limit established by HUD as follows:

Hillsborough, Pasco, Pinellas & Hernando Counties	
# of Persons in Household	Maximum Household Annual Income
1	\$85,260
2	\$97,440
3	\$109,620
4	\$121,660
5	\$131,460
6	\$141,260
7	\$150,920
8	\$160,720
9	\$170,324
10	\$180,057

Polk County	
# of Persons in Household	Maximum Household Annual Income
1	\$70,000
2	\$80,080
3	\$90,020
4	\$99,960
5	\$108,080
6	\$116,060
7	\$124,040
8	\$132,020
9	\$139,044
10	\$147,941

Manatee County			
# Of Persons in Household	Maximum Household Annual Income	# Of Persons in Household	Maximum Household Annual Income
1	\$89,600	6	\$148,540
2	\$102,480	7	\$158,760
3	\$115,220	8	\$168,980
4	\$127,960	9	\$179,144
5	\$138,320	10	\$189,381

Eligibility Requirements Continued

The Buyer, Lender, and Realtor 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: _____



HUD HOC Reference Guide

First-Time Homebuyers

Chapter 3 Miscellaneous Policies Page 3-02

One of FHA's highest priorities is to assist homebuyers with the purchase of their first home.

FHA tracks the number of first-time buyers assisted by our programs. Consequently, it is very important that the information is entered accurately in FHA Connection.

In order to help lenders properly identify first-time homebuyers, we are clarifying the definition of what constitutes a first-time homebuyer. A first-time homebuyer is an individual who meets any of the following criteria:

- An individual who has had no ownership in a principal residence during the 3-year period ending on the date of purchase of the property. This includes a spouse (if either meets the above test, they are considered first-time homebuyers).
- A single parent who has only owned with a former spouse while married.
- An individual who is a displaced homemaker and has only owned with a spouse.
- An individual who has only owned a principal residence not permanently affixed to a permanent foundation in accordance with applicable regulations.
- An individual who has only owned a property that was not in compliance with state, local or model building codes and which cannot be brought into compliance for less than the cost of constructing a permanent structure.

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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 (may be notified) of the date and time that he/she will be scheduled to attend an interview via Zoom (if needed) to obtain answers to questions about your application by the RCF Selection Committee. All adults that will be residing in the home, regardless of them being "on" or "not on" the deed or mortgage, must attend the interview. This interview is approximately 30 to 60 minutes long.
3. The Lender and Realtor representing the Buyer must also be present on this Zoom interview.
4. Applications are processed on a first come, first serve basis. Failure to complete a full, accurate and complete application package will result in an inability for RCF to approve your application for a Grant. Please follow the checklist that is part of this application closely. (All items are required per the checklist and must be submitted at the same time, in one complete package. RCF does not approve partial packages).
5. After the interview and review of the application package 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 email with an attached Grant Letter stating the amount awarded to the first-time homebuyer.
6. RCF MUST receive the FINAL (title company computed) CD (Closing Documents) 72 hours in advance of closing. (This allows the RCF to arrange the wire of funds to the title company closing the transaction).
7. **NO EXCEPTIONS.** Closings occurring prior to the 72 hours will NOT be funded by RCF.
8. Buyer must contribute 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.
9. Applicant must be a US citizen or have a permanent resident card.
10. No non-occupant co-signer will be considered unless their income is included in the Maximum Income Limits in the tables on page 2 of this application.

The Buyer, Lender, and Realtor must sign, date, and acknowledge the application and return the 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. Driver's License, Government Photo ID 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 packetsigned and notarized.
- ☐ 9. Proof of additional income, i.e., Social Security award letters, Disability, retirement, pensionfunds, etc.
- ☐ 10. Last two months' bank statements on all depository accounts
- ☐ 11. Copy of gift letter or other Down Payment Assistance awarded funds (if applicable)
- ☐ 12. Copy of divorce decree (if applicable) if paying or receiving alimony/child support or if martial 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 theyare 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 receivinga first-time home-buyer grant.

BUYER: _____
Print Name

BUYER: _____
Print Name

REALTOR: _____
Print Name

LENDER: _____
Print Name

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 813-310-8200. You may email the completed application and additional required information to:

Tom@RealtorsCareFoundation.org

Attn: Tom Scaglione, President

Do not send your originals. RCF cannot make copies and will not be responsible for your originals. If you have any questions, please contact Tom Scaglione, (813) 310-8200

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

Zip Code

County

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

☐ Yes ☐ No ☐ If yes, when did you apply? _____

Are you a first-time home buyer?

☐ Yes ☐ No

Application

HOUSEHOLD INFORMATION (The following info is for HUD statistical information only)

Information About Family Members (Including Applicant)

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

Female Head of Household? ☐ Yes ☐ No

Name (Applicant First)	Age	Date of Birth	Photo ID Number	Gender	Relationship

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 monthly

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

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, 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 the 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, 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, 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, Inc., who will furnish you with a copy of the Appeals Procedure established by Florida Statutes.

Realtors Care Foundation, Inc., will not discriminate against any applicant based on 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 all claims for defamation, violation of privacy, or otherwise against RCF for 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

My Commission Expires: _____
Date

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:

☐ Wages from employment (including commissions, tips, bonuses fees, etc.).

☐ Income from operation of a business.

☐ Rental income from real or personal property, if any owned by applicants.

☐ Unemployment or disability payments;

☐ Public assistance payments.

☐ Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.

1. I currently have no income of any kind and there is no imminent _____ (Your Initials) change expected in my financial status or employment status during the next 12 months.

2. 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 (Seal)

My Commission Expires: _____
Date