

# Kane County Office of Community Reinvestment FORECLOSURE REDEVELOPMENT PROGRAM Homebuyer Application Instructions

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All programs offered through the Office of Community Reinvestment are designed to assist applicants within certain income levels in order to meet regulations as set forth by U.S. Department of Housing and Urban Development (HUD). As such, the county must verify the income of all adult (18+) members of the household for the purpose of determining eligibility for assistance. HUD guidelines require that the county must project a household's (adjusted gross) income one year in the future - a "snapshot" of the household's current circumstances is used to project future income. Please review the information provided at the end of this application (*General Requirements related to Income Determination*) for an explanation of how the county determines household income.

### **To apply, Applicants must submit:**

- **Complete Application form with signed certifications**
- **Required documents for each household member age 18 and over:**
  - Federal tax returns for the past two years
  - Federal Tax Transcript issued by the IRS for past two years (*To get a copy of your Tax Transcript from previous years or to verify that you have not filed, please go to IRS.gov and click on "Get My Tax Record" or call 1-800-908-9946.*)
  - W-2s for the past two years (*or SSI benefit statements, or other statements to document income if you do not receive W-2s, i.e. 1099*)
  - Pay stubs for the past 90 days
  - If self-employed, year-to-date profit-and-loss statement
  - If an adult household member does not have income/paystubs, we will supply a certification form for signature by the household member
- ***PLEASE DO NOT submit ORIGINAL tax returns.***
- ***We cannot make copies for you.***
- ***Documents submitted with your application will not be returned.***

### **Application submittal options:**

- By email: [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us)
- By mail: Karen Zilly, Program Manager  
Kane County Office of Community Reinvestment  
719 South Batavia Avenue, 4th Floor  
Geneva, Illinois 60134
- In Person: Weekdays, 8:30 am to 4:30 pm, you are encouraged to make an appointment

Contact **Karen Zilly** at **(630) 444-3027** or [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us) if you have questions about the form.

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*It is the policy of the Kane County Office of Community Reinvestment to provide services without regard to race, color, religion, national origin, ancestry, age, sex, familial status, physical handicap or disability.*

**Kane County Office of Community Reinvestment  
FORECLOSURE REDEVELOPMENT PROGRAM  
Homebuyer Application Form**

**AFFIDAVIT CONCERNING HOUSEHOLD SIZE, INCOME AND ELIGIBILITY**

**Applicant Name(s):** \_\_\_\_\_

I (We) hereby state the following:

- A. That in order to determine my income eligibility for the Foreclosure Redevelopment Program, Kane County needs information about my household size and members; and
- B. The number of members constituting the household that will live at the property is: \_\_\_\_\_. The list of household members is provided below;
- C. **For all household members 18 years or older**, an information sheet must be completed, including the required income documentation, and must be attached to this application.
- D. I understand that in order to qualify for this program my household income as determined through this application process must not exceed the levels below as adjusted by household size.

| Household Size        | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8+       |
|-----------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>Maximum Income</b> | \$49,950 | \$57,050 | \$64,200 | \$71,300 | \$77,050 | \$82,750 | \$88,450 | \$94,150 |

*(Eff. 6/28/19)*

- E. List all household members including applicant *(list everyone who will be living in the home regardless of whether they will be listed on the deed/mortgage)*:

| Name          | Date of birth | Estimated Annual Gross Income |
|---------------|---------------|-------------------------------|
| 1.            |               | \$                            |
| 2.            |               | \$                            |
| 3.            |               | \$                            |
| 4.            |               | \$                            |
| 5.            |               | \$                            |
| 6.            |               | \$                            |
| 7.            |               | \$                            |
| 8.            |               | \$                            |
| <b>TOTAL:</b> |               | <b>\$</b>                     |

|   |  |   |  |
|---|--|---|--|
| <b>Total # of Adults (18+ years old):</b> |  | <b>Total # of Members Under 18 years old:</b> |  |
|---|--|---|--|

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

**Financial Information:**

A. Has the Applicant ever filed for a bankruptcy?  Yes  No If YES, provide the date discharged:  
\_\_\_\_\_

B. Do you currently owe any federal, state or local tax debts?  Yes  No  
If YES, please explain:  
\_\_\_\_\_

**By signing this application below, I (we) acknowledge:**

- I (we) have reviewed the Program Guidelines and any documents submitted will not be returned

**By:** \_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Print Co-Applicant Name

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

\_\_\_\_\_  
Co-Applicant Signature

# Program Eligibility Release Form

**Kane County Office of Community Reinvestment, 719 South Batavia Avenue; Geneva, Illinois 60134 (630-444-3027)**

**Purpose:** Your signature on this 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 participation in the Kane County housing program(s):

**Privacy Act Notice Statement:** The Dept. 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 NSP/HOME/CDBG Program and the amount of assistance necessary using these funds. This information will be used to establish level of benefit under the HOME/CDBG 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 of your eligibility determination or rejection of your application. The County 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. 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. Inquiries may be made about items listed below:

|                          | Verification Required |
|--------------------------|-----------------------|
| Income (all sources)     | XX                    |
| Assets (all sources)     | XX                    |
| Full time Student status | XX                    |

Additionally I authorize Kane County to discuss this real estate transaction with the following individuals:

|  |        |
|--|--------|
| <b>Realtor</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          |        |
| Name:  |        |
| Phone:   | Email: |
| <b>Mortgage Officer</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |        |
| Name:  |        |
| Phone:   | Email: |
| <b>Attorney</b> <input type="checkbox"/> Yes <input type="checkbox"/> No         |        |
| Name:  |        |
| Phone:   | Email: |

**Authorization:** I authorize Kane County and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the Program.

**I acknowledge that:** A photocopy of this form is as valid as the original. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me). I have the right to copy information from this file and to request correction of information I believe inaccurate. **All adult household members (18+) will sign this form and cooperate in this process.**

|                                      |       |
|--------------------------------------|-------|
| Primary Applicant Signature:         | Date: |
| Adult Household Member #2 Signature: | Date: |
| Adult Household Member #3 Signature: | Date: |
| Adult Household Member #4 Signature: | Date: |
| Adult Household Member #5 Signature: | Date: |

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN THIS FORM.**

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KANE COUNTY OFFICE OF COMMUNITY REINVESTMENT - 1432 DEAN STREET, ST. CHARLES IL 60174

**PLEASE COMPLETE THIS PAGE FOR THE PRIMARY APPLICANT**

**Adult Household Member #1 - Primary Applicant Information: (please print)**

|                  |  |
|------------------|--|
| Name:            | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male  |
| Date of Birth:   | U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Address: |  |
| City:            | Zip Code:  |
| Home Phone:      | Work Phone:  |
| Email Address:   |  |

**If you have moved within the past 3 years, list your prior home addresses and dates you lived there:**

|    |                                   |
|----|-----------------------------------|
| 1. | <u>Circle one:</u> Owned / Rented |
| 2. | <u>Circle one:</u> Owned / Rented |

**Employment/Income:**

|  |   |
|--|---|
| Current Employer:  | Date Hired:   |
| Employer Address:  |   |
| Job Title:   | If Self-Employed, years in business:                        |
| How many hours do you work per week?   |   |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice/Month <input type="checkbox"/> Other |   |
| Average Monthly Overtime Hours: _____ <input type="checkbox"/> N/A   | Average Annual Bonus: \$ _____ <input type="checkbox"/> N/A |
| Disability income (e.g. SSI or SSD) or Other income - Monthly Amount \$ _____ <input type="checkbox"/> N/A   |   |
| <i>If on your current job less than two years, provide Employer, Job Title, and Dates of Employment for prior two years:</i>   |   |
| 1.   |   |
| 2.   |   |

**These items are required as part of your submittal.**

- Federal tax returns for the past two years (***please do not submit Illinois State Tax Returns***)
- Federal Tax Return Transcript issued by the IRS for past two years (see 1<sup>st</sup> page for instructions)
- W-2s for the past two years (or disability/SSI statements/other statements i.e. 1099 if applicable)
- Most recent pay stubs covering the past 90 days (i.e. if you get paid every 2 weeks, you must attach your most recent 6 pay stubs; if you are paid weekly, 12 pay stubs, etc.)

***\* Failure to submit required information will delay the application review process\****

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KANE COUNTY OFFICE OF COMMUNITY REINVESTMENT - 1432 DEAN STREET, ST. CHARLES IL 60174

**PLEASE COMPLETE THIS PAGE FOR THE 2<sup>nd</sup> ADULT MEMBER OF THE HOUSEHOLD**

**Adult Household Member #2 (complete if 18 years or older): (please print)**

|                  |  |
|------------------|--|
| Name:            | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male  |
| Date of Birth:   | U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Address: |  |
| City:            | Zip Code:  |
| Home Phone:      | Work Phone:  |
| Email Address:   |  |

**Employment/Income:**

|  |   |
|--|---|
| Current Employer:  | Date Hired:   |
| Job Title:   | If Self-Employed, years in business:                        |
| How many hours do you work per week?   |   |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice/Month <input type="checkbox"/> Other |   |
| Average Monthly Overtime Hours: _____ <input type="checkbox"/> N/A   | Average Annual Bonus: \$ _____ <input type="checkbox"/> N/A |
| Disability income (e.g. SSI or SSD) or Other income - Monthly Amount \$ _____ <input type="checkbox"/> N/A   |   |
| <i>If on your current job less than two years, provide Employer, Job Title, and Dates of Employment for prior two years:</i>   |   |
| 1.   |   |
| 2.   |   |

**These items are required as part of your submittal.**

- Federal tax returns for the past two years (***please do not submit Illinois State Tax Returns***)
- Federal Tax Return Transcript issued by the IRS for past two years (see 1<sup>st</sup> page for instructions)
- W-2s for the past two years (or disability/SSI statements/other statements i.e. 1099 if applicable)
- Most recent pay stubs covering the past 90 days (i.e. if you get paid every 2 weeks, you must attach your most recent 6 pay stubs; if you are paid weekly, 12 pay stubs, etc.)

If the above listed **ADULT HOUSEHOLD MEMBER #2** is not working, please contact Karen Zilly at 630-444-3027 or [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us) who will provide you with additional forms to complete in order to document that you have zero income or are a full-time student.

Regardless of income, you must still obtain and submit the Federal Tax Return Transcripts noted above. Even if you do/did not file, the transcript will show that status.

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KANE COUNTY OFFICE OF COMMUNITY REINVESTMENT - 1432 DEAN STREET, ST. CHARLES IL 60174

**PLEASE COMPLETE THIS PAGE FOR THE 3<sup>rd</sup> ADULT MEMBER OF THE HOUSEHOLD**

**Adult Household Member #3 (complete if 18 years or older): (please print)**

|                  |  |
|------------------|--|
| Name:            | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male  |
| Date of Birth:   | U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Address: |  |
| City:            | Zip Code:  |
| Home Phone:      | Work Phone:  |
| Email Address:   |  |

**Employment/Income:**

|  |   |
|--|---|
| Current Employer:  | Date Hired:   |
| Job Title:   | If Self-Employed, years in business:                        |
| How many hours do you work per week?   |   |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice/Month <input type="checkbox"/> Other |   |
| Average Monthly Overtime Hours: _____ <input type="checkbox"/> N/A   | Average Annual Bonus: \$ _____ <input type="checkbox"/> N/A |
| Disability income (e.g. SSI or SSD) or Other income - Monthly Amount \$ _____ <input type="checkbox"/> N/A   |   |
| <i>If on your current job less than two years, provide Employer, Job Title, and Dates of Employment for prior two years:</i>   |   |
| 1.   |   |
| 2.   |   |

**These items are required as part of your submittal.**

- Federal tax returns for the past two years (***please do not submit Illinois State Tax Returns***)
- Federal Tax Return Transcript issued by the IRS for past two years (see 1<sup>st</sup> page for instructions)
- W-2s for the past two years (or disability/SSI statements/other statements i.e. 1099 if applicable)
- Most recent pay stubs covering the past 90 days (i.e. if you get paid every 2 weeks, you must attach your most recent 6 pay stubs; if you are paid weekly, 12 pay stubs, etc.)

If the above listed **ADULT HOUSEHOLD MEMBER #3** is not working, please contact Karen Zilly at 630-444-3027 or [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us) who will provide you with additional forms to complete in order to document that you have zero income or are a full-time student.

Regardless of income, you must still obtain and submit the Federal Tax Return Transcripts noted above. Even if you do/did not file, the transcript will show that status.

**PLEASE COMPLETE THIS PAGE FOR THE 4<sup>th</sup> ADULT MEMBER OF THE HOUSEHOLD**

**Adult Household Member #4 (complete if 18 years or older): (please print)**

|                  |  |
|------------------|--|
| Name:            | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male  |
| Date of Birth:   | U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Address: |  |
| City:            | Zip Code:  |
| Home Phone:      | Work Phone:  |
| Email Address:   |  |

**Employment/Income:**

|  |   |
|--|---|
| Current Employer:  | Date Hired:   |
| Job Title:   | If Self-Employed, years in business:                        |
| How many hours do you work per week?   |   |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice/Month <input type="checkbox"/> Other |   |
| Average Monthly Overtime Hours: _____ <input type="checkbox"/> N/A   | Average Annual Bonus: \$ _____ <input type="checkbox"/> N/A |
| Disability income (e.g. SSI or SSD) or Other income - Monthly Amount \$ _____ <input type="checkbox"/> N/A   |   |
| <i>If on your current job less than two years, provide Employer, Job Title, and Dates of Employment for prior two years:</i>   |   |
| 1.   |   |
| 2.   |   |

**These items are required as part of your submittal.**

- Federal tax returns for the past two years (***please do not submit Illinois State Tax Returns***)
- Federal Tax Return Transcript issued by the IRS for past two years (see 1<sup>st</sup> page for instructions)
- W-2s for the past two years (or disability/SSI statements/other statements i.e. 1099 if applicable)
- Most recent pay stubs covering the past 90 days (i.e. if you get paid every 2 weeks, you must attach your most recent 6 pay stubs; if you are paid weekly, 12 pay stubs, etc.)

If the above listed **ADULT HOUSEHOLD MEMBER #4** is not working, please contact Karen Zilly at 630-444-3027 or [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us) who will provide you with additional forms to complete in order to document that you have zero income or are a full-time student.

Regardless of income, you must still obtain and submit the Federal Tax Return Transcripts noted above. Even if you do/did not file, the transcript will show that status.

**PLEASE COMPLETE THIS PAGE FOR THE 5<sup>th</sup> ADULT MEMBER OF THE HOUSEHOLD**

**Adult Household Member #5 (complete if 18 years or older): (please print)**

|                  |  |
|------------------|--|
| Name:            | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male  |
| Date of Birth:   | U.S. Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Current Address: |  |
| City:            | Zip Code:  |
| Home Phone:      | Work Phone:  |
| Email Address:   |  |

**Employment/Income:**

|  |   |
|--|---|
| Current Employer:  | Date Hired:   |
| Job Title:   | If Self-Employed, years in business:                        |
| How many hours do you work per week?   |   |
| How often are you paid? <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice/Month <input type="checkbox"/> Other |   |
| Average Monthly Overtime Hours: _____ <input type="checkbox"/> N/A   | Average Annual Bonus: \$ _____ <input type="checkbox"/> N/A |
| Disability income (e.g. SSI or SSD) or Other income - Monthly Amount \$ _____ <input type="checkbox"/> N/A   |   |
| <i>If on your current job less than two years, provide Employer, Job Title, and Dates of Employment for prior two years:</i>   |   |
| 1.   |   |
| 2.   |   |

**These items are required as part of your submittal.**

- Federal tax returns for the past two years (***please do not submit Illinois State Tax Returns***)
- Federal Tax Return Transcript issued by the IRS for past two years (see 1<sup>st</sup> page for instructions)
- W-2s for the past two years (or disability/SSI statements/other statements i.e. 1099 if applicable)
- Most recent pay stubs covering the past 90 days (i.e. if you get paid every 2 weeks, you must attach your most recent 6 pay stubs; if you are paid weekly, 12 pay stubs, etc.)

If the above listed **ADULT HOUSEHOLD MEMBER #5** is not working, please contact Karen Zilly at 630-444-3027 or [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us) who will provide you with additional forms to complete in order to document that you have zero income or are a full-time student.

Regardless of income, you must still obtain and submit the Federal Tax Return Transcripts noted above. Even if you do/did not file, the transcript will show that status.

## DEMOGRAPHIC INFORMATION

(Required for reporting to U.S. Department of Housing and Urban Development)

Applicant Name(s): \_\_\_\_\_

1. Type of household—please check the box that best applies:

- SINGLE/NON-ELDERLY
- ELDERLY
- SINGLE-PARENT
- TWO PARENTS
- OTHER

2. Female-headed household:  Yes  No

3. Race: **(check one only)**

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

4. Ethnicity: **(check one only)**

- Hispanic or Latino
- Not Hispanic or Latino

5. Did the Applicant come from subsidized housing?  Yes  No

**Kane County Foreclosure Redevelopment Program**  
**PROGRAM FINANCING FACT SHEET AND GUIDELINES**  
**1432 Dean Street, St. Charles IL 60174**

Program Contact: Karen Zilly, Program Manager - [zillykaren@co.kane.il.us](mailto:zillykaren@co.kane.il.us); (630) 444-3027

**Homebuyer Qualification:**

To qualify for the program, homebuyers:

- 1) Must complete HUD-certified Homebuyer Counseling from a HUD certified agency. Please note that an online course/workshop does not satisfy this requirement (See **Homebuyer Counseling**).
- 2) Must contribute a downpayment of at least 1% of the purchase price of the home they wish to purchase
- 3) Must not exceed Federal income limits (see table below). Gross income is calculated in accordance with HUDs guidelines (*not Net income*).

**Income Limits:**

Household income must not exceed these limits, as adjusted for household size.

| Household Size                          | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8+       |
|---|----------|----------|----------|----------|----------|----------|----------|----------|
| Maximum Household Income (eff. 6/28/19) | \$49,950 | \$57,050 | \$64,200 | \$71,300 | \$77,050 | \$82,750 | \$88,450 | \$94,150 |

**Homebuyer Counseling:**

Homebuyers must complete homebuyer counseling from a HUD certified counselor/agency\* prior to scheduling a closing for the purchase of the home. Please make sure that the agency can confirm that they are in compliant with HUD's guidelines for Homebuyer Counseling. Please be aware that while taking an online course such as Framework can provide valuable information, online courses/group workshops do not complete the Homebuyer Counseling requirement – counseling must include customized services to the homebuyer. Homebuyers will be required to provide a certification from the Housing Counselor.

\* Local HUD-certified Housing Counseling agencies include: The Neighbor Project (Aurora) (630-906-9400); DuPage Homeownership Center (Wheaton) 630-260-2500; Consumer Credit Counseling Service of Northern Illinois (Elgin) (815-338-5757).

**Monthly housing payment affordability:**

To receive the Kane County second mortgage, the monthly housing payment, including Principal, Interest, Property Taxes, Property Insurance, Mortgage Insurance, and including any association fees (i.e. condo or homeowner association fees) (*front-end ratio or housing expense ratio*) must be between **25% to 32%** of the total household monthly income as determined by Kane County. If the first mortgage housing payment is less than 25% of your household monthly income, your second mortgage from Kane County will be reduced to amount that brings your first mortgage housing payment to 25% of your total household monthly income. In the event that your first mortgage payment is over 32% of your household monthly income, Kane County will not be able to provide assistance and will cancel your qualification for a second mortgage.

**Monthly overall debt liability:**

To receive the Kane County second mortgage, the monthly housing payment, including Principal, Interest, Property Taxes, Property Insurance, Mortgage Insurance, and including any association fees (i.e. condo or homeowner association fees) plus other monthly debt payments (*back-end ratio or debt-to-income ratio*) must not exceed 50% of the total household monthly income. In the event that your back-end ratio or debt-to-income ratio is over 50% of your household monthly income, Kane County will not be able to provide assistance and will cancel your qualification for a second mortgage.

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KANE COUNTY OFFICE OF COMMUNITY REINVESTMENT - 1432 DEAN STREET, ST. CHARLES IL 60174

**Homebuyer asset review and cash reserve evaluation:**

The homebuyer must provide a copy of their First Mortgage loan application in order for the County to review assets and cash reserves to: 1.) assist in determining the amount of assistance to be offered, and 2.) ensure the homebuyer has cash reserves to address unanticipated emergencies or issues without impacting ability to stay current with housing payments.

**Downpayment:**

Not including any assistance provided by the County through this program, the applicant is required to contribute a minimum down payment of at least 1% of the purchase price. The County will require that the purchaser deposit a minimum 1% earnest money with contract to comply with this requirement. (*\*First mortgage lender may require more.*)

**Pre-Purchase/Contract Requirements:**

- 1) Homebuyers must complete homebuyer counseling from a HUD certified counselor/agency\* prior to scheduling a closing.
- 2) Homebuyers must have a downpayment of at least 1% of the purchase price of the home they wish to purchase (*to be deposited as earnest money with contract*). (*\*First mortgage lender may require more.*)
- 3) Before executing a Real Estate Contract, homebuyers must be sure that the real estate agent has the required **Real Estate Sales Contract Rider**. The Rider will be provided to Homebuyers with their Qualification Letter. The Real Estate Sales Contract Rider must be signed and dated by Buyer, and this document must be attached to/submitted with the Buyer's initial signed and dated offer/real estate contract.

**Kane County Assistance:**

- 1) Kane County may provide a second mortgage for a maximum of \$15,000 (minimum of \$1,000) to cover down payment and/or reasonable and customary closing costs. The amount of the loan will be finalized after evaluation of the homebuyer's monthly debt liability, homebuyer asset review and cash reserve evaluation.
- 2) The Kane County second mortgage is a 0% deferred-payment loan. This second mortgage is NOT A GRANT and is NOT A FORGIVABLE LOAN. It is a **DEFERRED PAYMENT LOAN** - it will be due when the home is sold, the title is transferred, or the household no longer occupies the home as their primary residence; the full amount of the loan will be due at that time of one of these events.
- 3) Kane County's assistance will be secured by a mortgage which must be recorded with the applicable County Recorder. **The buyer is responsible for the cost associated with document recording (contact your title company regarding applicable fees and charges).**
- 4) Recapture policy to meet HUD guidelines: The first 5-10 years of the deferred loan term will satisfy HUD's required affordability period. The deferred loan term will then continue, with the loan due when the home is sold, the title is transferred, or the household no longer occupies the home as their primary residence. The full amount of the loan will be due at that time, out of net proceeds.

**Title insurance:**

Kane County does not require a title policy for its second mortgage loan, however it is required that the First Mortgage Lender's Title Commitment include in Schedule B the mortgage from borrower to Kane County Office of Community Reinvestment, securing the principal amount of the loan.

**Hazard insurance:**

Prior to or at closing, homebuyer must provide proof of hazard insurance with Kane County as a Mortgagee, "Kane County, by and through its Office of Community Reinvestment, its successors and/or assigns, 719 South Batavia Avenue, Geneva Illinois 60134-3077".

**First Mortgage Structure.** Financing must comply with guidelines stated below:

- 1) First mortgages must be fixed-rate loans for the entire term of the loan;
- 2) Interest rates on first mortgages cannot exceed the FNMA 30-year rate (60-day delivery) on the date of origination, plus 150 basis points (BPS);
- 3) Maximum Combined Loan-to-Value (CLTV): 99%. CLTV is the ratio of **all loans** compared to the appraised value of the property. Kane County's 0% deferred loan is a LOAN, and shall be considered in the calculation of the CLTV; Kane County's Loan is NOT A GRANT.
- 4) Any subordinate mortgages originated (in lieu of private mortgage insurance) must have the same interest rate as the first mortgage and must be fixed-rate loans for the entire term of the loan;
- 5) "Stated income" loans are not acceptable;
- 6) "Option" loans, wherein the borrower has the option of paying less than a fully amortizing principal and interest payment, are not acceptable, nor are any loans that would result in "negative amortization";
- 7) "Interest-only" loans, wherein the borrower has the option of paying only accrued interest on the loan, are not acceptable;
- 8) Prepayment penalties on first mortgages or subordinate mortgages are not acceptable;
- 9) Balloon payments on first mortgages or subordinate mortgages are not acceptable;
- 10) Total points and fees on any mortgage loan cannot exceed 5% of the total loan amount, including any yield spread premiums;
- 11) Any mortgage loan that results in a debt/income ratio for housing expense (including principal and interest payments on the first mortgage and any subordinate mortgages, property taxes, property insurance, and condominium or homeowner association fees) that exceeds 32% or is less than 25% (i.e. total housing expense divided by gross household income); OR any mortgage loan that results in a Combined Debt/Income ratio that exceeds 50% is not allowable by the program.
- 12) The homebuyer is not allowed cash back at closing. Payment of any other debt at closing is not allowed.

**Subordination Guidelines:**

The County may, in its sole discretion, subordinate a second mortgage issued under its Program. Such subordinations, however, must comply with the County's subordination guidelines which may be amended from time to time.

- 1) The borrower may not take any cash out. (The payment of credit card debt is considered cash.)
- 2) The borrower may roll into the new first mortgage only reasonable and customary closing costs associated with the refinancing. (This does not include points paid to buy-down the interest rate, but does include expenses such as the appraisal, credit report, and title charges.)
- 3) The new first mortgage principal balance cannot exceed the original first mortgage existing principal.
- 4) The borrower may refinance into a 15-year mortgage provided that they have the capacity to handle the higher payment. (Such situations will be reviewed on a case-by-case basis.)
- 5) The borrower must refinance into a fixed-rate mortgage.
- 6) The first mortgage lender must escrow taxes and insurance if the lender had been doing so prior to refinancing.
- 7) The County will not subordinate to home equity or reverse mortgage loans.

## APPLICATION AND CLOSING PROCESS

### Qualification

- Submit application with all required documentation. Note that the program evaluates HOUSEHOLD income, which includes the income of all household members that are 18+ years old. Include all members who will live in the home, regardless of whether they will be listed on any mortgage or deed.
- County staff will review complete applications; review will begin once all documents are submitted.
- If applicant meets the program requirements, a QUALIFICATION letter will be issued to the Applicant.
- Once you have been QUALIFIED, you may submit an offer/contract to purchase the property.

### Documentation needed before scheduling a closing:

- Copy of Homebuyers First Mortgage Loan Application
- Documentation of Homebuyer Counseling from HUD-certified counselor.
- Copy of First Mortgage Lender's Loan Estimate
- Copy of First Mortgage Lender's Commitment Letter
- Copy of your First Mortgage Lenders Appraisal
- Copy of First Mortgage Lender's Closing Disclosure
- Copy of property/hazard insurance including Kane County as a mortgagee: "Kane County, by and through its Office of Community Reinvestment, its successors and/or assigns, 719 South Batavia Avenue, Geneva IL 60134-3077"
- Copy of First Mortgage Lender's Title Commitment showing in Schedule B the mortgage from borrower to Kane County Office of Community Reinvestment, securing the principal amount of the loan

The County will perform a final underwriting based on first lender documentation to ensure that monthly payments will be within the allowable range and finalize the loan amount and loan documents. Kane County will then issue a Final Commitment Letter for the amount of the deferred loan and a clear to close.

**Closing:** Kane County will provide a Second Mortgage and Note for signature at the closing

## General Requirements related to Income Determination

These overarching requirements include how to determine whose income to count, anticipate and verify income, and compare income to HUD income limits.

### Determining Whose Income to Count

Income determination regulations require that income of all household members be included in the determination of (adjusted gross) income.

### Anticipating Income

The regulations at 24 CFR 92.203(d)(1) require that, for the purpose of determining eligibility for assistance, **the County must project a household's income in the future**. To do so, a "snapshot" of the household's current circumstances is used to project future income. In general, the County assumes that today's circumstances will continue for the next 12 months, unless there is verifiable evidence to the contrary.

### Verifying Income

The regulations at 24 CFR 92.203(a) require that the County determine income eligibility of applicants by examining source documents (such as wage statements or interest statements) as evidence of annual income. The County may develop its own verification procedures provided that it collects source documentation and that this documentation is sufficient for HUD to monitor program compliance.

### Assessing Information

The County must assess all the facts underlying the income information collected. Below are some of the considerations it must take into account. The County should determine the basis on which employees are paid (hourly, weekly or monthly, and with or without overtime). An employee who gets paid "twice a month" may actually be paid either twice a month (24 times a year) or every two weeks (26 times a year). For applicants whose jobs provide steady employment (e.g., 40 hours a week, 52 weeks a year), it can be assumed that there will only be slight variations in the amount of earnings reflected in monthly or bi-weekly pay stubs. In such cases, three consecutive months' worth of income documentation is an appropriate amount upon which to base a projection of income over the following 12-month period. For those whose annual employment is less stable or does not conform to a twelve month schedule (e.g., seasonal laborers, construction workers, teachers), the County examines income documentation that covers the entire previous twelve-month period. Such workers can experience substantial variations in earned income over the course of a year. As such, an examination of three months' worth of income documentation may not provide an accurate basis upon which to project the applicant's income over the following 12 months. In addition to hourly earnings, the County must account for all earned income. In addition to the base salary, this will include annual cost of living adjustments (COLAs), bonuses, raises, and overtime pay. In the case of overtime, it is important to clarify whether overtime is sporadic or a predictable component of an employee's income. If it is determined that an applicant has earned and will continue to earn overtime pay on a regular basis, the County calculates the average amount of overtime pay earned by the applicant over the pay period the PJ is using to calculate income eligibility (3 months or 12 months). This average amount is then to be added to the total amount of projected earned income over the following 12-month period.

### Comparing Annual Income to Published Income Limits

Once household and income information has been established and verified, the County must compare the information to the appropriate HUD income limits to determine if the household is eligible for participation in the Program. To determine eligibility, the County must use a copy of the most recent HUD income limits, adjusted for family size and by geographic area (county or metropolitan area). The income limits are updated annually and are available through HUD offices or on the Internet at [www.hud.gov](http://www.hud.gov).

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WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

KANE COUNTY OFFICE OF COMMUNITY REINVESTMENT - 1432 DEAN STREET, ST. CHARLES IL 60174

**Determining Household Size**

The income limits are adjusted by household size; therefore, one of the first steps in determining eligibility is to determine the size of the applicant household. Some households may include persons who are not considered as family members for the purposes of determining household size and income eligibility, including: Foster children; Foster adults; Live-in aides; and Children of live-in aides. These persons should not be counted as household members when determining household size, and their income, if any, is not included when calculating annual income. A child who is subject to a shared-custody agreement in which the child resides with the household at least 50 percent of the time can be counted in the household.

**Timing of Income Certifications**

All households that receive assistance must be income-eligible at the time assistance is provided. Generally, the Program permits income verification dated no earlier than six months prior to receipt of assistance. Households must qualify as low-income at the time of occupancy or at the time funds are invested, whichever is later.