

Georgia Department of Community Affairs  
Community HOME Investment Program

**CHIP DOWN PAYMENT ASSISTANCE ACTIVITY SET UP FORM**

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Revision <input type="checkbox"/> Cancelled	Name and Phone Number of Person Completing Form:
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**A. General Information**

1. Name of State Recipient/Sub-recipient:	2. DCA Project Number:	3. Activity Name: Down Payment Assistance
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**B. Activity Information**

1. Activity Type (enter code): _____ <b>Choose "3"</b> for "Acquisition Only" if the home buyer will be purchasing a unit that received an initial certificate of occupancy at least 13 months before the scheduled loan closing.  <b>Choose "5"</b> for "Acquisition & New Construction" if the home buyer will be purchasing a unit that received an initial certificate of occupancy within the past 12 months prior to the scheduled loan closing.			
2. Home Buyer's Name(s):	3. Street:		
4. City:	5. State:	6. Zip Code:	7. County Code:
Activity Estimates: 8. HOME Units: <u>1</u> 9. HOME Cost: \$ _____	10. Multi-Address (Y/N)? <u>N</u>	11. Loan Guarantee (Y/N)? <u>N</u>	

**C. CHDO Questions (Only if applicable)**

1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC) (Y/N)? <u>N</u> If Yes, STOP. DO NOT FILL OUT THIS FORM	2. Will activity be funded with CR (Y/N)? <u>N</u> If yes, CHDO Acting as (enter code) _____  (1) Owner                      (2) Sponsor                      (3) Developer
3. Will initial funding be a CHDO Site Control and/or Seed Money Loan (Y/N)? <u>N</u> (If yes, answer Item 4)	4. Is the activity going forward? (Y/N): <u>N/A</u> (if "Y", fill out the rest of the form. If "N", only the cost information is needed)

**D. Objective and Outcome**

1. Objective (enter code): <u>2</u> (1) Create suitable living environments (2) Provide decent affordable housing (3) Create economic opportunities	2. Outcome (enter code): <u>2</u> (1) Availability/accessibility (2) Affordability (3) Sustainability
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**E. Special Characteristics**

<b>1. Faith-Based Organization</b> Will this activity be carried out by a faith-based organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. HUD Activity Location</b> Type "Y" next to any that apply: (1) ___ CDBG strategy area (2) ___ Local target area (3) ___ Presidentially declared major disaster area (4) ___ Historic preservation area (5) ___ Brownfield redevelopment area (6) ___ Conversion of non-residential to residential use (7) ___ Colonia (For AZ, Ca, NM, TX)		
<b>3. DCA Program Type Specific Design Elements</b> Type "Y" next to any that apply: (1) ___ Sets-a sets-aside funding for at least one (1) household at or below: ___ 60% AMI ___ 50% AMI ___ 30% AMI (2) ___ Design includes post-purchase home buyer education of no less than one year using local or non-CHIP resources. (3) ___ Sets-aside assistance to at least one (1) household which includes a family member with a disability. (4) ___ Sets-aside funding for the purchase of at least one (1) foreclosed property by an eligible home buyer. (5) ___ Incorporates a demonstrated partnership with a public housing authority or a targeted special need population to move individuals into homeownership. (6) ___ Limits assistance only to First-Time Home Buyers.		
<b>5. Match Commitment</b> Documentation of match commitment attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		

**F. Beneficiaries (Use codes indicated below)**

Unit #	# of Bdrms	Occupant	Household					# of Special Needs Person with a Disability in Household	Total Monthly Rent
			%Med	Hispanic Y/N	Race	Size	Type		
		2						N/A	

<b>1. Homebuyer Counseling</b> Homebuyer received (enter code): _____ (1) No Counseling    (3) Post-counseling (2) Pre-counseling    (4) Both	<b>2. FHA Insured Y/N?</b> (For multi address activities)	<b>3. First-time homebuyer Y/N?</b>
<b>4. Coming from subsidized housing Y/N?</b>	<b>5. Lease Purchase Y/N?</b> If yes, date of agreement: (For multi address activities)	

**G. The following attachments are required for each unit proposed for Down Payment Assistance using CHIP Funds.**

	Attached?	
	Yes	No
Income Verification Form (CC-8):		
Good Faith Estimate		
Truth and Lending Disclosure Statement (CL-7)		
Lender Certification to Georgia Housing and Finance Authority (CD-5)		
Appraisal		
HUD-1 Settlement Statement		
Certificate of Occupancy		
Certification of Home Buyer Education Completion		
Lead-based Paint Visual Assessment Inspection Report if built prior to 1978		
Declaration of Citizenship Status (CC-3 and, if applicable, CC-4):		
If applicable, Homebuyers Clear Zone Notice (CD-2)		
URA Contract Addendum (CD-6)		
Down Payment Assistance Environmental Assessment Worksheet and supporting documentation		

<p><b># of Bdrms</b>            0 – SRO/Efficiency            1 – 1 bedroom            2 – 2 bedrooms            3 – 3 bedrooms            4 – 4 bedrooms            5 – 5 or more bedrooms</p>
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<p><b>Occupant</b>            1 – Tenant            2 – Owner            9 – Vacant Unit</p>
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<p><b>Household % Med</b>            1 – 0 to 30%            2 – 30+ to 50%            3 – 50+ to 60%            4 – 60+ to 80%</p>
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<p><b>Race of Head of Household</b>            11 – white            12 – Black/African American            13 – Asian            14 – American Indian/Alaska Native            15 – Native Hawaiian/Other Pacific Islander            16 – American Indian/Alaska Native &amp; White            17 – Asian &amp; White            18 – Black/African American &amp; White            19 – American Indian/Alaska Native &amp; Black/African American            20 – Other Multi Racial</p>
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<p><b>Household Size</b>            1 – 1 person            2 – 2 persons            3 – 3 persons            4 – 4 persons            5 – 5 persons            6 – 6 persons            7 – 7 persons            8 – 8 or more persons</p>
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<p><b>Household Type</b>            1 – Single, non-elderly            2 – Elderly            3 – Single parent            4 – Two parents            5 – Other</p>
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<p><b>Assistance Type</b>            1 – Section 8            2 – HOME TBRA            3 – Other federal, state or local assistance            4 – No assistance</p>
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