

Maryland Mortgage Program

Standard Pre-Closing Compliance Loan Package #1



FOR USE WITH ANY 1st TIME ADVANTAGE, HOMEABILITY, OR SMARTBUY LOAN

- This pre-closing compliance package includes the MMP forms and attachments **always** required for any 1st Time Advantage, SmartBuy, or HomeAbility transaction. The documents have been assembled into one package for your convenience. Review the applicable checklist (Attachment CC) to determine what additional documentation is required.
- Submitting completed documentation using Lender Online is a two-step process, UPLOAD and SUBMIT. Normally the package will be reviewed within two business days. Check in Lender Online for conditions/approval.
- Reserving the loan locks the rate and funds for 105 days—no extensions. After that the loan will be cancelled. Lender compensation is based on the number of days between reservation and purchase by the master servicer. The directive is here:
<http://mmp.maryland.gov/Lenders/Directives/Directive2017-03.pdf>.
- A guide to the program codes is found here:
<http://mmp.maryland.gov/Lenders/Documents/CDAPROGRAMCODEGUIDE.pdf>
- Changes to a loan reservation—name, code, loan amount, DPA, etc.—requires an Attachment R, which gets emailed to the address included at the top of the page. Changing the type of loan may change the rate. An Attachment R is downloaded from the loan documentation page:
<http://mmp.maryland.gov/Lenders/Pages/Loan-Documentation.aspx>
- After a loan has been approved for pre-closing compliance, the lender will have access to download the closing package, which would include the loan documents for the second lien (or grant), if applicable.
- Post-closing compliance is also required for all loan products.

MMP Income Eligibility Worksheet and Lender Certification

1. **Residents and Income.** Income from **all household members**, except the income of full-time high school or undergraduate students, unless such a person is a borrower (**See MMP Lender’s Manual**) must be included in the total calculation to determine income eligibility in accordance with the definition of income as stated in Section 143 of the Internal Revenue Code of 1986, as amended. Total household income for MMP may not exceed the program maximums.

Income, as it applies to **each household member who will reside in the mortgaged property**, must be entered on the corresponding lettered column for each resident listed in the MMP Buyer's Affidavit. Income for eligibility purposes is the total household income anticipated for the 12 month period commencing on the expected date of occupancy of the mortgaged property.

2. **Income from Remaining Assets After Loan Closing** **Name of Borrower(s):** _____

(Include asset information for **BORROWERS only**)

<u>Value of:</u>	(a)	(b)	(c)	(d)	(e)
2.1 Checking Accounts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.2 EMD & Prepays (POC)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.3 Savings Accounts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.4 Gifts (non-recurring)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.5 Stocks and Bonds	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.6 IRA & 401K’s (only if cashed)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.7 Equity in Real Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.8 Other Capital Investments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

IF BORROWERS' LIQUID ASSETS ARE EQUAL TO OR EXCEED 20% OF THE PURCHASE PRICE, THE ASSET TEST WORKSHEET MUST BE COMPLETED TO DETERMINE IF THEY ARE ELIGIBLE FOR MMP.

2.9 Less Borrowers Assets Used to Close	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
2.10 Net Value of Assets After Closing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2.11 Anticipated Income:
 Income anticipated from Net Value of Assets listed in 2.10 above for the 12 months following occupancy (**enter "0" if net assets less than \$5,000**): _____

2.12 Imputed Income:
 Enter .21% of Net Value of Assets listed on Line 2.10 above (**enter "0" if net assets less than \$5,000**): _____

2.13 Enter greater of Line 2.11 or 2.12 here and on Line 3.4 below: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

3. Gross ANNUAL Income for Eligibility

(Include ANNUAL income received **by or for ALL HOUSEHOLD MEMBERS** listed on Buyer's Affidavit)

	(a)	(b)	(c)	(d)	(e)
3.1 <u>Base Wages, Salaries, etc.</u>	_____	_____	_____	_____	_____
3.2 <u>Overtime, Bonus, Commissions, etc.</u>	_____	_____	_____	_____	_____
3.3 <u>Business Income</u>	_____	_____	_____	_____	_____
3.4 <u>Interest, Dividends, etc.</u> (from 2.13 above)	_____	_____	_____	_____	_____
3.5 <u>Insurance, Pensions, Social Security, Workmen's Comp. and Other Periodic Pymts</u>	_____	_____	_____	_____	_____
3.6 <u>Alimony* and Child Support*</u>	_____	_____	_____	_____	_____
3.7 <u>Public Assistance</u>	_____	_____	_____	_____	_____
3.8 <u>Gifts (recurring)</u>	_____	_____	_____	_____	_____

*If alimony or child support is received, it **must** be entered under the appropriate column. **If it is not received, "\$0" should be entered under the appropriate column.**

3.9	<u>Allowance, etc.</u>	_____	_____	_____	_____
3.10	<u>Tax Credits</u>	_____	_____	_____	_____
3.11	<u>Less Allowable Exclusions</u>	(_____)	(_____)	(_____)	(_____)
	TOTAL	\$_____	\$_____	\$_____	\$_____

TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS \$_____

CDA/MMP LENDER CERTIFICATION

CDA Lender certifies that the MMP loan has been underwritten for compliance with the Mortgage Subsidy Bond Tax Act as well as Maryland State law requirements as outlined in the current MMP Lender's Manual and that the loan is a complying and eligible loan under MMP. Further, CDA lender certifies, that in its opinion, based on information submitted by the borrower(s) and the Lender's knowledge of prevailing terms and standards of mortgage lending in the area, the borrower(s) could not obtain a mortgage loan for the property in the unassisted private lending market.

Name of Lender: _____

By: _____ Date: _____
 Signature of Authorized Representative

IVES Request for Transcript of Tax Return

Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Name shown on tax return (if a joint return, enter the name shown first)	1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a. If a joint return, enter spouse's name shown on tax return	2b. Second social security number or individual taxpayer identification number if joint tax return

3. Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4. Previous address shown on the last return filed if different from line 3 (see instructions)

5a. IVES participant name, address, and SOR mailbox ID

5b. Customer file number (if applicable) (see instructions)

Caution: This tax transcript is being sent to the third party entered on Line 5a. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request _____

- a. Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years
- b. Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns
- c. Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years

7. Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

8. Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions)
 _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Print/Type name		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	
	Print/Type name		

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Fresno Submission Processing Center	Fresno IVES Team 844-249-6239
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.

MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

**COMMUNITY DEVELOPMENT ADMINISTRATION
MARYLAND MORTGAGE PROGRAM (MMP)
MARYLAND HOMECREDIT PROGRAM (MHCP)**

BUYER'S AFFIDAVIT

Instructions to Lender.

Borrowers should use this form to apply for:

- an MMP mortgage loan to purchase a single-family residence;
- an MMP mortgage loan to purchase a single-family residence and a mortgage credit certificate ("MCC"); or
- an MCC.

Borrowers should **NOT** use this form if they are applying for a home improvement or rehabilitation loan. See Lender Statements requested on final page.

Instructions to Borrower.

- Check true statements and fill in blanks.
- Attach additional information as necessary.
- If you need help, ask your lender.
- Answer all questions accurately and completely.
- You are receiving a special loan at a below market rate of interest or with the benefit of mortgage credit certificates. The Lender and the Maryland Community Development Administration must rely on your statements in this affidavit to assure that you qualify for this loan.

False or Fraudulent Statements.

False, incomplete, or fraudulent statements may cause a penalty of \$10,000, default and foreclosure on the mortgage, or revocation of mortgage credit certificate in addition to other tax or state law penalties.

MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

**COMMUNITY DEVELOPMENT ADMINISTRATION
MARYLAND MORTGAGE PROGRAM (MMP)
MARYLAND HOME CREDIT PROGRAM (MHCP)
BUYER'S AFFIDAVIT**

A. Borrower

	<u>Borrower</u>	<u>Co-Borrower or Non Applicant</u>
Full Name:	_____	_____
Current address:	_____	_____
	_____	_____
Daytime telephone:	_____	_____
Social Security Number:	_____	_____

B. Location of Residence

We want to use the MMP or MHCP to finance the purchase of the following residence (the "Residence"):

Address: _____

County: _____
[or **check here** ___ for Baltimore City]

C. Occupants

Total Number of residents (household members) _____

Identify all persons who will live in the Residence:

	<u>Name</u>	<u>Age</u>	<u>Relationship (if any)</u>
Borrower	_____	_____	SELF
Co-Borrower or Non-Applicant Title	_____	_____	_____
Other Occupants	_____	_____	_____
	_____	_____	_____

D. Use of Residence

[Check if true:]

1. _____ We intend to move into the Residence as our principal residence (our home) within 60 days after closing and to continue it as our principal residence after moving into it. We will notify you as soon as the Residence becomes our principal residence or if we cease to use it as our principal residence for any reason.
2. _____ We will not use the Residence in any business, including a home office or a child day care business. *If you intend to use any portion of the Residence in a business, please check here _____ and obtain and fill out an "Additional Buyers Affidavit Relating to Business Use of Residence" (Attachment N) obtained from your lender.*
3. _____ We will not lease any portion of the Residence to any other person.
4. _____ If the Residence includes a yard or other land as may be appropriate for basic livability, we will not use the land in any agricultural, nursery or landscaping business.
5. _____ The Residence is a permanent building, either conventional construction or a prefabricated or manufactured housing (double-wide mobile home) on a permanent foundation that meets requirements of Program. It is not a cooperative or an investment property.
6. _____ The Residence is a single-family residence.

[Check (a) or (b):]

- 7.a _____ The Residence is newly constructed housing. We will be the first occupants.
- 7.b _____ The Residence is existing housing that other people have already occupied, either as owners or tenants.

E. Use of Mortgage Proceeds

[Check if true:]

8. _____ We will use the proceeds of our mortgage to finance the purchase of the Residence, or the construction of the Residence, if it is newly constructed housing.

9. _____ We are not using the proceeds of our mortgage to purchase furniture or appliances other than fixtures sold to us as part of the Residence.

10. _____ We are not using our loan to refinance our debt under a prior loan.

*Note: If you are using your mortgage to retire construction financing, a bridge loan, or a "contract for deed" to land **please check here** _____ and attach description.*

11. _____ We are not using the proceeds of our mortgage to pay any settlement or financing costs related to the mortgage loan.

*Note: If your loan is guaranteed by RHS (and the appraised value exceeds the purchase price) and you are financing closing costs in your mortgage, **please check here** _____.*

12. _____ The sales contract submitted with our application is the only contract between the seller and us concerning the Residence. There are no side agreements or other arrangements.

F. Annual Household Income

- Include all income, whether or not subject to income tax, of the borrowers and other occupants of the Residence, and whether or not you wish to depend on it for evaluation of your credit.
- Our annual gross income at the present time is as follows:

<u>Item</u>	<u>Borrower</u>	<u>Co-Borrower</u>	<u>Other Occupant of the Residence</u>
13. Salary – state your annual income based on present salary. Do not deduct withholding taxes.	\$ _____	\$ _____	\$ _____
14. Overtime, bonuses, part-time job, self-employment	_____	_____	_____
15. Alimony, child support, public assistance, sick pay, unemployment compensation	_____	_____	_____
16. Pension and social security	_____	_____	_____
17. Interest, dividends or other investment income or trust income	_____	_____	_____
18. Income from rental of property or business activities	_____	_____	_____
19. Other income	_____	_____	_____
Description:	_____		
20. Total gross annual income	_____	_____	_____

F. Annual Household Income - Continued

<u>Item</u>	<u>Other Occupant of the Residence</u>	<u>Other Occupant of the Residence</u>	<u>Other Occupant of the Residence</u>
13. Salary – state your annual income based on present salary. Do not deduct withholding taxes.	\$_____	\$_____	\$_____
14. Overtime, bonuses, part- time job, self-employment	_____	_____	_____
15. Alimony, child support, public assistance, sick pay, unemployment compensation	_____	_____	_____
16. Pension and social security	_____	_____	_____
17. Interest, dividends or other investment income or trust income	_____	_____	_____
18. Income from rental of property or business activities	_____	_____	_____
19. Other income	_____	_____	_____
Description:	_____		
20. Total gross annual income	_____	_____	_____

G. Previous Residences

List all principal residences of each Borrower during the last three years and provide the other information requested:

Name of Borrower: _____

Last Three Years (Begin with most recent year)	Address	Type of Residence (Apartment, Single-family Dwelling, Townhouse)	Rent, Own, or Live Rent Free
From _____, 20__ To Present			
From _____, 20__ To _____, 20__			
From _____, 20__ To _____, 20__			

Name of Co-Borrower and/or Non-Applicant on Title: _____

Last Three Years (Begin with most recent year)	Address	Type of Residence (Apartment, Single-family Dwelling, Townhouse)	Rent, Own, or Live Rent Free
From _____, 20__ To Present			
From _____, 20__ To _____, 20__			
From _____, 20__ To _____, 20__			

Attach additional sheets if needed for additional borrowers.

[Check if true:]

21. _____ **Borrower:** I have not owned a principal residence in which I resided at any time in the past three years.
22. _____ **Co-Borrower:** I have not owned a principal residence in which I resided at any time in the past three years.

H. Exceptions to 21 and 22

[Check if true:]

23. _____ I [We] do not own any interest in any land, building, houses, or other real property, except as follows:
- a. _____ I [We] own an interest in a cemetery plot;
- b. _____ I [We] own an interest in the lot on which the Residence will be built;
- c. _____ I [We] own my [our] existing principal residence. It _____ is / _____ is not subject to a contract of sale, and will be conveyed by the time of the closing of this mortgage loan.

Note to Lender: *Exception (c) applies to a mortgage loan financing a Residence in a targeted area or for a "veteran" as defined in 23A below*

Fill in 23A if you want to qualify as a "veteran" Buyer:

[Check if true]:

- 23A. _____ Borrower or Co-Borrower is a veteran. The Borrower or Co-Borrower (indicate which _____) served in the active military, naval, or air service of the United States, was not dishonorably discharged, and has not previously applied for financing under the Maryland Mortgage Program (or an equivalent program in another state), using the special rule for veterans. A copy of DD Form 214 is attached.

I. Purchase Price

24. The contract price for purchase of the Residence is \$_____.
25. _____ A true and correct copy of the sales contract is attached to this affidavit.
26. This is _____ is not _____ the entire amount to be paid to the seller for the Residence. There are no side agreements.

[Check (a) or (b):]

[Check (a) or (b):]

27. a. _____ The Residence as purchased for the above price will be a completed residential unit. "Completed" means suitable for occupancy without the need for additional construction or improvement. Plans for minor repairs or redecorating do not mean the Residence is not completed.
- b. _____ The Residence as purchased will be incomplete. We estimate the cost of completing the Residence at \$_____.

This estimate should not include the value of services to be performed without charge by the borrowers or family (children, parents, siblings) or other occupants of the Residence.

[Check if true:]

28. _____ The purchase price of the Residence includes the cost of the land on which the Residence is located. *[If land was or will be purchased separately **please check here** _____ and attach description.]*
29. _____ The land is subject to a ground lease. *[If true, please attach a description of the ground lease, including the amount of the payments.]*

J. Assets

30. _____ The assets disclosed on the Fannie Mae Form 1003/Freddie Mac Form 65 Application are the total assets of all borrowers.

K. Federal Income Tax Returns

- Attach copies of your Federal income tax returns for the past three years.
- Attach returns for all borrowers.
- If you do not have copies of these returns, attach an executed Form 4506-C, Request for Copy of Tax Form. This Form authorizes the lender to obtain copies for you.

L. MCC Not Limited to Particular Lenders (for MCCs only)

[check if true:]

31. _____ The requested MCC is not limited to loans from particular lenders because a lender may participate in the MCC program by completing the Department's approval process.

M. Affidavit

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the contents of this affidavit are true. We understand that we must re-execute a confirming affidavit at closing.

BORROWER (Date)

CO-BORROWER (Date)

INTENTIONALLY LEFT BLANK

LENDER MUST COMPLETE THE FOLLOWING.

A. [Check if true:]

- 32. a) _____ The Residence is located in a targeted area.
- b) _____ We have given the Borrower a copy of the Recapture Tax Notice.

B. Calculate "Total Acquisition Cost":

(1)	Sales contract price	\$ _____
(2)	Personal property (other than fixtures) included in sales contract	-\$ _____
(3)	Cost of completing residence	+\$ _____
(4)	Capitalized ground rent ¹	+\$ _____
(5)	Greater of cost or fair market value of land owned less than 2 years ²	+\$ _____
TOTAL ACQUISITION COST		\$ _____

C. [Check if true (applies only for loans for which mortgage credit certificates will be issued):]

- 33. _____ We are not originating or financing this loan with proceeds of tax-exempt qualified mortgage bonds or qualified veteran's mortgage bonds issued by the Community Development Administration or any other entity.
- 34. _____ The Borrower is not related to the Lender through ownership of more than 50% of the outstanding stock of the Lender by the Borrower and/or family relatives of the Borrower.

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the above Lender statements are true.

LENDER

By: _____
Name: _____

Title: _____
Date: _____

¹ Monthly ground rent multiplied by ground rent factor

² List only if not included in "Sales contract price" above

NOTICE TO BORROWERS

Your loan is being financed with a mortgage made available with the assistance of the Maryland Community Development Administration ("CDA"). This mortgage is made at an interest rate below what is usually being charged. Because of this, your mortgage provides that you cannot sell your home to a person ineligible for assistance from CDA, unless you pay your loan in full. If you sell your home to a party ineligible for CDA's assistance, and allow the buyer to make your payments for you (assume your loan), CDA may refuse to allow the sale and demand full repayment of the loan. This could result in foreclosure of your mortgage and repossession of the property. If the lender takes your home through foreclosure of the mortgage because of these reasons, the mortgage insurer or guarantor will not be able to help you.

If the money received from the foreclosure sale is not enough to pay the remaining amount of money you owe on the loan, CDA may obtain a deficiency judgment against you (a court ruling that you must pay whatever money is still owed on the loan after the foreclosure sale). Such judgment may be taken over by the mortgage insurer or guarantor if CDA files an insurance claim with the mortgage insurer or guarantor because of the foreclosure. The mortgage insurer or guarantor may then bring an action against you to collect the judgment.

(Name of Borrower)

(Date)

(Name of Borrower)

(Date)

MARYLAND DEPARTMENT OF HOUSING
AND COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT ADMINISTRATION
SINGLE FAMILY BOND PROGRAM
MARYLAND MORTGAGE PROGRAM (MMP)
MARYLAND HOMECREDIT PROGRAM (MHCP)

SELLER'S AFFIDAVIT

Instructions

- Please complete all questions on this Affidavit.
- Check true statements and fill in blanks.
- If you need help, please ask the Lender's representative.
- This Affidavit is an essential part of your Buyer's application to the Lender for a Mortgage Loan or for mortgage credit certificates.
- The Buyer's application cannot be accepted unless you complete and return this Affidavit to the Lender.
- You will be required to execute a second Affidavit on the date of closing confirming the information you give here.
- The Lender and the Maryland Community Development Administration must rely on your statements in this Affidavit to assure that the Buyer qualifies for the Mortgage Loan or the issuance of mortgage credit certificates. **False, incomplete, or fraudulent statements may cause a penalty of \$10,000, default and foreclosure on the mortgage, or revocation of mortgage credit certificate in addition to the other tax or state law penalties.**

A. Address of Residence to be Sold

B. Names of Buyers

C. Prior Use

I. Yes ___ No ___ The Residence has been used by us exclusively as our residence.
If No, please describe other uses, such as a model home, rental property or business office.

D. Purchase by Seller

2. We acquired the Residence in _____ (month and year).

[Check (a) or (b):]

3a. ___ We presently occupy the Residence.

3b. ___ We have not occupied the Residence since _____ (month and year).

E. Purchase Price

4. The contract price for purchase of the Residence is \$_____.

5. This is ___ is not ___ the entire amount to be paid for the Residence. There are no side agreements for the Residence.

6. Other than the amounts set forth in the Sales Contract, state whether there are any arrangements concerning the following:

(a) Yes___ No___ The sale of the Residence and any related personal property or fixtures.

(b) Yes___ No___ The furnishing of any services (e.g., painting, plastering, and landscaping) to be performed by any persons other than a spouse, parent, brother, sister or child of a Buyer in connection with the Residence.

(c) Yes___ No___ Completion, addition to, or re-equipping of the Residence.

(d) Yes___ No___ The purchase of any other real or personal property in connection with the purchase and occupancy of the Residence.

F. **Surrender of Residence**

7. Yes___ No___ Under the terms of the Sales Contract, we are obligated to surrender possession of the Residence to the Buyer at closing or no later than 60 days after the closing of the sale transaction.

G. **Commissions and Fees**

8. Name all real estate brokers, agents or other such persons who will be compensated with respect to the sale: _____
_____.

9. The total amount of such payment is \$_____ or _____% of the contract price.

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the contents of this Affidavit are true. We [I] understand that we [I] must re-execute this Affidavit at closing.

SELLER – INDIVIDUAL(S):

Printed Name Signature Date

Printed Name Signature Date

SELLER – ENTITY:

Name of Entity: _____
Date

By: _____
Name: _____
Title: _____