

Homebuyer Checklist Packet

CITY OF HOUSTON

HOUSING AND COMMUNITY
DEVELOPMENT DEPARTMENT

2100 Travis Street | 9th floor | Houston, TX 77002 | 832.394.6200



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Attention Affordable Home Applicants:

Before application submission, please review the attached Homebuyer Document Checklist and confirm you have all required documents for all household members.

COMPLETED applications are processed on first come first serve basis. INCOMPLETE applications will be placed on HOLD. If additional city documents are required, you will be notified by a program specialist.

Proof of Income must be submitted at the time of your initial application. Please read the homebuyer document checklist to determine which income documents are appropriate for each household member's situation.

If you have technical issues submitting your application, please contact our Call Center at 832-394-6200. For general questions send your inquiries to newhomebuyer@houstontx.gov.

We look forward to assisting you in the purchase of your new home.

Sincerely,

Single Family Eligibility Program

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AREA MEDIAN INCOME (AMI)

The Area Median Income (AMI) is generated by the U.S. Department of Housing and Urban Development (HUD) to determine the eligibility of applicants for certain federal housing programs. Median income is the midpoint of local incomes. HUD calculates AMI on an annual basis for each metropolitan area and non-metropolitan county, making adjustments for household size. Below is a table outlining Houston's current AMI income limits for 80% and 120% of AMI.

2023 Houston/The Woodlands/Sugar Land Region HUD Maximum Annual Household Income Limits*

Household Size	80% Area Median Income (AMI)	120% Area Median Income (AMI)
1-person	\$52,200	\$78,300
2-person	\$59,650	\$89,450
3-person	\$67,100	\$100,650
4-person	\$74,550	\$111,850
5-person	\$80,550	\$120,800
6-person	\$86,500	\$129,750
7-person	\$92,450	\$138,700
8-person	\$98,450	\$147,650

* Household income limits are subject to annual changes.

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP) INCOME AND ASSET CERTIFICATION



The Housing and Community Development Department utilizes Part 5 annual income to determine household annual income and eligibility to receive assistance. Income is not solely determined by your employment or benefit income. Income calculations also include your checking, savings, investment and retirement accounts plus any other income you might receive, such as child support, recurring gifts, etc. The table below lists income and asset documentation that will be required for a complete application, if it is applicable. (This list may not be all inclusive). This form must be completed for anyone in the household 18 years of age or older if they are receiving any form of income or have any assets.

Program				Application #			
Applicant Name:		Co-Applicant Name:					
Is this form being completed for a listed household member:		Yes	No	If YES, list HH Name:			
Home Address		City	State	Zip Code			

Please select all sources of income that apply to you and the frequency. If a source of income does not apply to you please select "N/A"

Identify income from any of the following sources, including periodic payments:	Monthly	Twice a month	Bi-weekly	Weekly	Other
Salary	N/A				
Overtime Pay	N/A				
Commissions/Fees	N/A				
Tips and Bonuses	N/A				
Salary from 2nd job	N/A				
Temporary Income	N/A				
Income from Military	N/A				
Interest/Dividends	N/A				
Business Net Income	N/A				
Net Rental Income	N/A				
Social Security	N/A				
Supplemental Security Income	N/A				
Pension	N/A				
Retirement Funds	N/A				
Familial Support	N/A				
Unemployment Benefits	N/A				
Workers' Compensation	N/A				
Alimony	N/A				
Child Support (Select Type)	N/A				
Anticipated Voluntary Court Ordered <i>(regardless if paid)</i>					
AFDC/TANF	N/A				
Welfare Assistance for Rent	N/A				
Full-time student employment income - \$480 max	N/A				
Adoption Subsidy - \$480 per adopted child max	N/A				
Other:	N/A				
Explain: _____					

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP) INCOME AND ASSET CERTIFICATION



Please select all accounts that apply to you.

Identify All Asset Sources			Name of Financial Institution (Please also include the last four digits of the account number next to the financial institution: Example Chase #0134, Bank of Texas #9876)
Checking account	Yes	No	
Additional Checking Account(s)	Yes	No	
Savings Account	Yes	No	
Additional Savings Account(s)	Yes	No	
Credit Union Account	Yes	No	
Stocks, Bonds, Mutual Funds*	Yes	No	
Real Estate or Home	Yes	No	
IKA/Kwogh Account(s)	Yes	No	
Retirement/Pension Fund(s)*	Yes	No	
Trust Fund(s)	Yes	No	
Mortgage Note Held	Yes	No	
Whole Life Insurance Cash Value	Yes	No	
Real Estate/Land*	Yes	No	
Other:	Yes	No	
Explain: _____			

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant
Head of Household - Printed Name

Applicant
Head of Household - Signature

Date

Co-Applicant
Printed Name (If Applicable)

Co-Applicant
Signature (If Applicable)

Date

Household Member
Printed Name (If Applicable)

Household Member
Signature (If Applicable)

Date

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP) CERTIFICATE OF ZERO INCOME



This form must be completed by each household member age 18 or older who has no income.

Program		Application #			
Applicant Name:		Co-Applicant Name:			
Is this form being completed for a listed household member:		Yes	No	If YES, list HH Name:	
Home Address		City	State	Zip Code	

CERTIFICATION

1. I hereby certify that I do not individually receive any income from any of the following sources of income:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from the operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments (other than Food Stamps);
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- Sales from self-employment resources (Avon, Mary Kay, Pampered Chef, UBER, Lyft, Favor, Insta Cart, etc.);
- Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

3. Please explain the source of funds you will use to make the mortgage payments
(To be completed by the Applicant, Co-Applicant, and/or Non-Purchasing Spouse only):

If you are currently unemployed, confirmation of employment status from the Texas Workforce Commission will also be required.

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 understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of assistance.

Applicant
Head of Household - Printed Name

Applicant
Head of Household - Signature

Date

Co-Applicant
Printed Name (If Applicable)

Co-Applicant
Signature (If Applicable)

Date

Household Member
Printed Name

Household Member
Signature

Date

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP)



STATEMENT AND EXPLANATION OF FACTS FOR BANK DEPOSITS (FORM 1010)

Applicants must complete a Form 1010 and provide a statement/explanation for all bank deposits at or over a hundred dollars.

Program				Application #			
Applicant Name:			Co-Applicant Name:				
Is this form being completed for a listed household member:		Yes	No	If YES, list HH Name:			
Home Address			City	State	Zip Code		

SECTION 1: STATEMENT/EXPLANATION OF SUPPORTING DOCUMENTATION

Date of Deposit	Acct Number (last 4 digits only)	Amount	Explanation

SECTION 2: SIGNATURES

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant Signature

Date

Co- Applicant Signature
(If Applicable)

Date

Household Member Signature

Date

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP)

AFFIDAVIT OF CHILD SUPPORT: NON-DELINQUENT



Program		Application #			
Applicant Name:		Co-Applicant Name:			
Is this form being completed for a listed household member:	Yes	No	If YES, list HH Name:		
Home Address	City	State	Zip Code		

STATE NON-DELINQUENCY CERTIFICATION – TEXAS LAW

Household member certifies that he/she is not more than 30 days delinquent in the payment of child support under a valid court order and, therefore, is not barred from receiving the benefits of this grant under Section 231.006(a)(2) of the Texas Family Code.

Household member acknowledges that eligibility for assistance may be voided if this certification is false, or if delinquency is determined during the period in which assistance is being provided.

FEDERAL FRAUD CERTIFICATION – FEDERAL LAW

Under penalties of perjury, I certify that the information presented in this Affidavit is true and accurate to the best of my knowledge and belief. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in Programs that will accept this Affidavit. **WARNING: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.**

ACKNOWLEDGEMENTS

I, the below-listed household member, certify the following:

1. I am NOT more than 30 days delinquent in the payment of child support obligation and am eligible to receive the benefits of this program in accordance with Section 231.006(a)(2) of the Texas Family Code.
2. I acknowledge and understand that providing false representations herein constitutes an act of fraud and is punishable under 18 U.S.C. Section 1001 and that any application, grant, or loan agreement may be terminated, and payment may be withheld if this certification is inaccurate.

SIGNATURES (NOTARIZATION REQUIRED)

Household Member Printed Name:		Date	
Household Member Signature:			
State of _____ County of _____ Before me, a notary public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.			
_____ Signature of Notary		NOTARY SEAL	
_____ Notary Public State of Texas - Printed Name			
_____ Date of Notary's Commission Expires			

SINGLE-FAMILY ELIGIBILITY PROGRAMS (SFEP) NAME AFFIDAVIT



Program		Application #			
Applicant Name:		Co-Applicant Name:			
Is this form being completed for a listed household member:	Yes	No	If YES, list HH Name:		
Home Address	City	State	Zip Code		

SECTION 1: NAME AFFIDAVIT

Personally, came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the undersigned Affiant, who, after first being duly sworn on oath, states that she/he is one and the same person listed below and set forth in the application under the City of Houston Housing & Community Development Department.

Government ID:	
Name Variations:	
Other Known Names:	

SECTION 2: SIGNATURES (NOTARIZATION REQUIRED)

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government.

Applicant Signature:		Date	
Co-Applicant Signature (If Applicable):			
Household Member Signature:			

Before me personally appeared the person whose signature(s) appears above, who by being sworn, upon oath say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this _____ day of _____, 20____.

_____ Signature of Notary	NOTARY SEAL
_____ Notary Public State of Texas - Printed Name	
_____ Date of Notary's Commission Expires	



HOMEOWNERS & HOMEBUYERS

INFORMATION

Applicant Name

Co-Applicant Name
(if applicable)

Program

Address (if applicable)

DISCLOSURE

Are you, your immediate family member(s)*, or your business partner(s) currently or within the past year an employee, agent, consultant, officer, elected or appointed official, sub-recipient, or vendor of the City of Houston?

Yes (see below) No

*Includes, whether by blood, marriage, or adoption: spouse, parent (including a stepparent), child (including a stepchild), sibling (including a step-sibling), grandparent, grandchild, and in-laws.

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and City Department	Telephone Number

Please fill out additional forms as needed.

APPLICANT SIGNATURES

Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729. Under penalties of perjury, I/we certify that the information presented above is true and accurate to the best of my/our knowledge and belief. I/We further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in my ineligibility to participate in this program or any other programs that will accept this document. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a FELONY if he/she knowingly and willfully makes a false statement to any department of the United States Government. I/we understand that this application may be delayed or found ineligible if a conflict of interest is found to exist and no waiver is granted.

Applicant Signature

_____ Date

Co-Applicant Signature (if applicable)

_____ Date

FOR PROGRAM STAFF USE ONLY

Does applicant list a potential conflict of interest?

Yes
(Forward to PGM)

No
(STOP-process normally)

_____ Initials and Date



Keith W. Bynam
Director
2100 Travis, 9th Floor
Houston, Texas 77002

T. (832) 394-6200
F. (832) 395-9662
www.houstontx.gov/housing

Permission to Use Photograph/Video/Interview

I grant to the City of Houston’s Housing and Community Development Department (HCD), its representatives and employees, the right to take photographs/video of me and/or my property. I authorize HCD, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I further represent that any statements made by me during my interview are voluntary and truthful, to the best of my knowledge. I grant permission to HCD to quote or paraphrase all or any portion of the interview and I waive my right of inspection or approval of my story in any publication or media.

I agree that HCD may use such photographs/video/interview of me with or without my name and for any lawful purpose, including for example such purposes as news releases, public information purposes, and Web content.

I acknowledge and agree that I am not entitled to receive any form of compensation from HCD or the City of Houston.

I have read and understand the above statements:

Date _____

Signature _____

Printed Name _____

Organization Name _____

Address _____

Email Address _____

Phone Number _____

Children’s Name *(if applicable)* _____

Signature, parent or guardian *(if under 18)* _____