

## CHIP LOAN APPLICATION DISCLOSURE AND ESTIMATE OF CLOSING COSTS

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- 1) The CHIP Loan will lend money to me but cannot "grant" funds to me for my repairs;
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- 3) (SR) Varnadoe & Associates, Inc. is required to inspect my property and determine what repairs are needed in order to meet all local codes and State Minimum Property Standards;
- 4) I am responsible for choosing a contractor but (SR) Varnadoe & Associates, Inc. must approve the contractor and the total contract amount. My contractor cannot begin work until I have received a Notice of Commencement;
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- 6) Any additional work that was not included on my contract can only be added if it has been approved by (SR) Varnadoe & Associates, Inc.
- 7) I understand that there are closing costs and if I change my mind about accepting a loan before my loan is closed, I will be liable for any expenses incurred on my behalf;
- 8) As evidence of my interest in obtaining a CHIP loan, I understand that I will be required to pay \$35 at time application is made to Varnadoe & Associates, Inc.

The following is an estimate of the closing costs that are included in my loan and are required in order to close my loan:

Appraisal	300.00
Preliminary Title Opinion	300.00
Intangibles Tax	3.00 (per thousand/bank loan only)
Recording Fee (CHIP)	20.00
Other Fees	_____

The following is an estimate of processing costs that will be incurred by (SR) Varnadoe & Associates, Inc. and which will be covered at no cost to me with a grant.

Housing Counseling Activities	\$625.00
Work Specification Activities	625.00
Loan Processing Activities	625.00
Construction Management	<u>625.00</u>
Total	\$2,500.00

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER'S SELECTION OF BIDDING METHOD AND CONTRACTOR

I, \_\_\_\_\_, understand that I may select either one of the following bidding methods for the rehabilitation of my property located at \_\_\_\_\_.

( ) "Open, Free Competitive Bidding"

Property Owner will award the Construction Contract to the "qualified" low bidder referred by Ben Hill County / Varnadoe & Associates, Inc., provided Ben Hill County / Varnadoe & Associates, Inc. Offers the following technical assistance: (1) prepare a cost estimate (2) make available a list of current "Contractors Register" (3) Collect and summarize all bids (4) evaluation of low bidders "Bid and Proposals" (5) review of low bidders qualifications (i.e. past work and financial background) (6) prepare all necessary contract documents.

Property Owner also understands that Ben Hill County / Varnadoe & Associates, Inc. will only recommend a "Bid and Proposal" for award from a responsible firm whose proposal is "reasonable" and most advantageous to the program, with price and other factors considered.

\_\_\_\_\_  
Witness/Date

\_\_\_\_\_  
Owner Signature/Date

( ) "Negotiation"

Property Owner may select a General Contractor of his or her choice provided however, that the contractor qualifies under Ben Hill County / Varnadoe & Associates, Inc. eligibility criteria and agrees to perform the work according to the Bid Document Specifications. Property owner must also agree that the negotiated contract amount must prove to be "reasonable" and advantageous to the program as determined by Ben Hill County / Varnadoe & Associates, Inc.

\_\_\_\_\_  
Witness/Date

\_\_\_\_\_  
Owner Signature/Date

Contractor Selection (Competitive Bidding Only)

Ben Hill County / Varnadoe & Associates, Inc. conducted a bid opening for the rehabilitation of the property located at \_\_\_\_\_. I have reviewed the bids registered on the Bid Abstract: including the bid that Ben Hill County / Varnadoe & Associates, Inc. considers to be the most "reasonable" and advantageous to the program submitted by \_\_\_\_\_.

- ( ) I hereby select the above contractor recommended by Ben Hill County / Varnadoe & Associates, Inc. and am willing to enter into contract with them.
- ( ) I do not accept the \_\_\_\_\_ recommended contractor and hereby select \_\_\_\_\_ for the following reasons:

Note: I also understand that I must pay the difference in excess of the (Recipient) recommended bid and proposal and the contractor of my choice and bid any proposal, at the time contract award.

\_\_\_\_\_  
Witness /Date

\_\_\_\_\_  
Owner's Signature/Date

**Negotiation Affidavit.** I made application for housing assistance on \_\_\_\_\_ (application date). Ben Hill County / Varnadoe & Associates, Inc. a) offered me the option of selecting the method of receiving bids for work on my home, b) did not refer or recommend any one contractor to perform the work, c) the contractor selected must be approved by Ben Hill County and Varnadoe & Associates, Inc., d) My selection of the contractor was done under no duress or persuasion by Ben Hill County or Varnadoe & Associates, Inc.

\_\_\_\_\_  
Initial

**Conflict of Interest.** I (or we) are not aware of any conflict of interest that exist between my (or our) family and any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, or of Ben Hill County or Varnadoe & Associates, Inc. who are in a position to participate in a decision making process or are responsible for the administration or oversight of the Community HOME Investment Program.

\_\_\_\_\_  
Initial

**Certification as to income and principal residence.** I certify that my (or our) annual income does not exceed 80 percent of the median income for the area, as determined by HUD, for my (or our) family size. My (or our) family size is \_\_\_\_\_ number of persons. If my (or our) application for financial assistance through the GA Department of community Affairs Community HOME Investment Program (CHIP) is approved, that I (or we) will occupy the property for which we are receiving the CHIP funding as my (or our) principal residence throughout the required affordability period which has been defined as \_\_\_\_\_ years.

\_\_\_\_\_  
Initial

**Watch out for Lead-Based Paint Poisoning.** I received the pamphlet "Protect Your Family from Lead in Your Home" informing me of the potential risk of lead hazard exposure. I received this pamphlet within 60 days of the date of application for housing assistance.

\_\_\_\_\_  
Initial

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone Number

GENERAL RELEASE STATEMENT

\_\_\_\_\_ (Name) hereby authorize Ben Hill County / Varnadoe & Associates, Inc. or it's designated agents to obtain and receive all records and information pertaining to eligibility for the downpayment assistance program, including employment, income, (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives Ben Hill County / Varnadoe & Associates, Inc. the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to Ben Hill County Program / Varnadoe & Associates, Inc. for the purpose of the program. The term of this authorization shall commence on the date of signature and be in force for a period of 2 years. I (we) fully understand that it is a Federal Crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the information given in the application as applicable under the provisions of Title 18, United States Code, Section 1001, at seg.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do you have a checking account? \_\_\_\_\_ (Yes/No)      Average Balance \_\_\_\_\_  
Do you have a saving account? \_\_\_\_\_ (Yes/No)      Average Balance \_\_\_\_\_

Other Assets:

Stocks \_\_\_\_\_ (Value)  
Life Insurance \_\_\_\_\_ (Value)

Physical Address of Property to be repaired? \_\_\_\_\_  
\_\_\_\_\_

1. Do you have any outstanding judgments? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)
2. In the past seven (7) years, have you declared bankrupt? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)
3. Are you a party in a law suit? \_\_\_\_\_ (Yes) \_\_\_\_\_ (No)
4. Have you ever had CHIP/CDBG housing assistance in the past?  
\_\_\_\_\_ (Yes) \_\_\_\_\_ (No)
5. Type of home you own: \_\_\_\_\_ Site built home \_\_\_\_\_ mobile home
6. Do you currently have a mortgage on your home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, amount of monthly payment \$ \_\_\_\_\_  
Name of Lender & Phone No. \_\_\_\_\_
7. Are you related to any elected official or employee of Ben Hill County \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that all information stated above is true and correct to the best of my knowledge. I understand that any willful misstatement of material fact may be grounds for disqualification.

\_\_\_\_\_  
Applicant / Date

\_\_\_\_\_  
Co-Applicant / Date

Mail the following information with you application:

- 1) proof of income: Check Stub with year to date income or benefit letter from Social Security, etc.
- 2) Copy of Social Security Card
- 3) Copy of Drivers License
- 4) \$35 application fee payable to Varnadoe & Associates, Inc. for processing the application and credit report fee.
- 5) General Release Form (attached) signed.
- 6) Copy of Warranty Deed, Most current Paid Property Tax Receipt, Deed to Secure Debt & Note, Property Tax Assessment Record, Fire Insurance Policy

Applications will not be processed without the above information. Additional documentation will be needed in the event you qualify for housing assistance.

Call Jenell or Mitch Varnadoe at (912) 345-0922 for questions pertaining to the application.

In house use only.

Date application Received \_\_\_\_\_ Date Pre-Qualified \_\_\_\_\_

Annual Gross Income \_\_\_\_\_ / \_\_\_\_\_ Low \_\_\_\_\_ Very Low (\_\_\_\_%)

Program Administrator: \_\_\_\_\_

Return to: Varnadoe & Associates, Inc.  
281 Primrose Lane  
Nicholls, GA 31554  
Email: [varnadoegrant@accessatc.net](mailto:varnadoegrant@accessatc.net)  
(912) 345-0922 / (912) 345-0923 fax

Ben Hill County 2009 CHIP Program (Rehabilitation Assistance)

Date: \_\_\_\_\_

Name/Address: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Homeowner) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_

Spouse: \_\_\_\_\_ Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Number of Persons In Household \_\_\_\_\_ ( \_\_\_\_\_ Adults / \_\_\_\_\_ Children under 18)

Name	Age	Relationship	Social Security No.
_____	_____	Head	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Race \_\_\_\_\_ 62 years or older \_\_\_\_\_ Yes \_\_\_\_\_ No

Monthly Gross Income \$ \_\_\_\_\_ Type of Income: \_\_\_\_\_ Salary \_\_\_\_\_ SS, SSI, etc.  
\_\_\_\_\_ Other

Employer Name/Address/Phone No: \_\_\_\_\_

Years Employed \_\_\_\_\_ Position/Title \_\_\_\_\_

Liabilities Name	Monthly Payment	Balance Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ben Hill County 2009 Housing Rehabilitation Program

Ben Hill County received a 2009 Community Home Investment Program (CHIP) Award in the amount of \$300,000 from the GA Department of Community Affairs on September 25, 2009 for housing rehabilitation assistance and downpayment and closing cost assistance for homebuyers.

**CHIP Funds will be available to leverage housing rehabilitation costs of owner-occupied properties for low and moderate income persons. Funds will be available to households residing in Ben Hill County.**

To apply for CHIP funds to leverage with bank loans, a household must meet the GA Department of Community Affairs low and moderate income guidelines to qualify for assistance. The homeowner must meet lending requirements of a financial institution or USDA Rural Development for home loans.

A very low or low income household may receive CHIP assistance not to exceed \$14,999. CHIP funds may leverage approximately 75% of the rehabilitation, including loan closing costs for each project. The CHIP loan will be forgiven 1/5<sup>th</sup> each year. After the five (5) year period the entire amount of the CHIP Loan will be forgiven.

Ben Hill County CHIP Program Policies and Procedures will be implemented in determining eligibility for these funds.

Who may apply: Low and moderate income homeowners of substandard housing residing in Ben Hill County. Owners of substandard mobile homes may also apply for assistance, certain restrictions apply for mobile homes.

To be eligible for funding assistance from this program, your household gross annual income cannot exceed the following limits for Ben Hill County:

<u><b>1 Person</b></u> Very Low Income 16200 Low Income 26000	<u><b>2 Persons</b></u> Very Low Income 18550 Low Income 29700	<u><b>3 Persons</b></u> Very Low Income 20850 Low Income 33400
<u><b>4 Persons</b></u> Very Low Income 23200 Low Income 37100	<u><b>5 Persons</b></u> Very Low Income 25050 Low Income 40100	<u><b>6 Persons</b></u> Very Low Income 26900 Low Income 43050
<u><b>7 Persons</b></u> Very Low Income 28750 Low Income 46050	<u><b>8 Persons</b></u> Very Low Income 30600 Low Income 49000	

**KEEP FOR YOUR INFORMATION.**

Jenell D Varnadoe, Varnadoe & Associates, Inc., 281 Primrose Lane, Nicholls, GA 31554 (912) 345-0922 / Fax (912) 345-0923 / email: varnadoegrant@atc.cc

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