

Department of Community Development

Carrie Gugliuzza
Program Administrator

Lockport Municipal Building
One Locks Plaza
Lockport, NY 14094
(716) 439-6686
cgugliuzza@lockportny.gov

Re: City of Lockport First Time Homeownership

Dear Potential Homeowner:

The City of Lockport was recently awarded a New York State HOME grant through the Office of Homes and Community Renewal for assistance with down payment and closing cost for first-time homeowners. The reason for this letter is we have on file an application you submitted for a First Time Home Buyer Program. Enclosed is the fact sheet. **Please read the fact sheet carefully and provide copies last 2 months of paystubs and last 2 months of corresponding bank statements for all individuals in the household, as soon as possible**, for this program will be determined from total gross household income based on total number of residents in the home.

Niagara County 80% Low Income Limits	
1 Person	\$ 44,200.00
2 Person	\$ 50,500.00
3 Person	\$ 56,800.00
4 Person	\$ 63,100.00
5 Person	\$ 68,150.00
6 Person	\$ 73,200.00
7 Person	\$ 78,250.00
8 Person	\$ 83,300.00

*****Please provide copies of last two (2) months of paystubs and last 2 months of corresponding bank statements*****

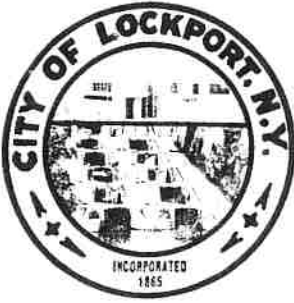
The expected amount of down payment assistance per unit is up to \$20,000 and we determined this by verifying that the purchase price for the type of single-family housing cannot exceed 95% of the median purchase price for the area (\$166,000.00), as defined by HUD's Homeownership Sales Price Limits.

Please do not hesitate to contact the Department of Community Development with any questions.

Sincerely,

Carrie Gugliuzza

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CITY OF LOCKPORT FIRST TIME HOMEOWNERSHIP PROGRAM FACT SHEET

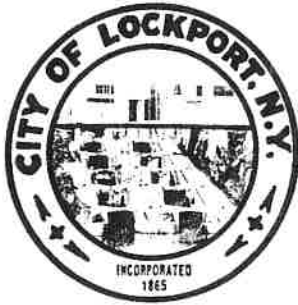
PROGRAM DESCRIPTION

The New York State HOME Program is administered by the New York Office of Homes and Community Renewal and recently awarded funds to the City of Lockport for qualified low income first-time homebuyers with much needed financial assistance for a down payment on a house and closing costs.

GENERAL ELIGIBILITY REQUIREMENTS

- The subsidy will be for up to \$20,000 per household and will cover a portion of the down payment and most closing costs. The purchase price for a single family house cannot exceed 95% of the median purchase price for the area (\$166,000.00), as defined by HUD's Homeownership Sales Price Limits. The HOME funds invested will be secured with a recapture note and mortgage.
- The first-time homeowner applicant must cover the cost of a credit report, the appraisal, and first year's homeowners insurance.
- Mortgage pre-approval is not needed at the time of application but will be required to move on to the next step.
- Homeowners must live in the house they purchase as their primary residence for at least ten(10) years or they will be required to pay back all or some of the funds they are awarded. If the home is sold or the owner no longer resides as principal resident, the pro-rated portion of the lien must be repaid as follows:

Year 1	-	100%	Year 7	-	40%
Year 2	-	90%	Year 8	-	30%
Year 3	-	80%	Year 9	-	20%
Year 4	-	70%	Year 10	-	0%
Year 5	-	60%			
Year 6	-	50%			



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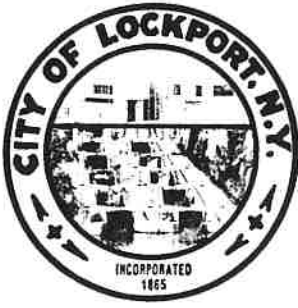
- Each applicant must receive a Certificate of Completion for pre-purchase homeownership counseling through a HUD certified counseling agency.
- The homebuyers housing debt to income ratio: max 35%, total debt to income ratios: max 45%, the housing debt ratio can be a maximum of 40%, provided there is no other total debt
- The home to be purchased must meet NYS and/or Local Code at the time of purchase. The code inspection cannot take place more than 90 days before the execution of the purchase agreement. To ensure that the housing is decent, safe and sanitary, and meets all applicable New York State and/or Local Code requirements at sale to the homebuyer. This will be performed and documented by the City of Lockport Building Inspection Department.

Lead Based Paint: The State Recipient shall comply with lead-based paint requirements per 24 CFR Part 35; however, the Program no longer allows the "presumption" of lead paint and requires related testing and certification.

INCOME GUIDELINES

- All households assisted in the program must be under 80% of the median low income limit per HUD guidelines.

Niagara County 80% Low Income Limits	
1 Person	\$ 44,200.00
2 Person	\$ 50,500.00
3 Person	\$ 56,800.00
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City of Lockport - Homeownership Program Application

Application Information:

Name of Applicant: _____

Social Security Number: _____

Telephone Number: _____

Date of Birth: _____

Present Address: _____

Name of Co-Applicant: _____

Social Security Number: _____

Telephone Number: _____

Date of Birth: _____

Present Address: _____

Marital Status: Married
 Separated
 Unmarried (inc. single,
divorced, widowed)

Marital Status: Married
 Separated
 Unmarried (inc. single,
divorced, widowed)

Race/Ethnicity: American Indian
 Asian
 Black/African American
 Native Hawaiian
 White
 Hispanic/Latino
 Not Hispanic/Latino

Race/Ethnicity: American Indian
 Asian
 Black /African American
 Native Hawaiian
 White
 Hispanic/Latino
 Not Hispanic/Latino

Total Number of Dependents, including applicant and co-applicant: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Name of Household Member: _____ Age: _____

Employment Information:

Name of Employer: _____

Name of Employer: _____

Address of Employer: _____

Address of Employer: _____

Telephone Number: (____) _____

Telephone Number: (____) _____

Position/Title: _____

Position/Title: _____

Years on this job: _____

Years on this job: _____

Years employed here: _____

Years employed here: _____

Financial Information:

Gross Annual Income:

Base Employment Income

Applicant

Co-Applicant

Total

Overtime

Bonus

Commissions

Dividends/Interest

Net Rental Income

Other Income (see below)

Describe Other Income:

(i.e. Alimony, Child Support,

Social Security, Pensions,

Unemployment, Rental Assistance,

Section 8 Voucher, etc.)

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Housing Expenses:

Monthly Rent: \$ _____

Monthly Utilities: \$ _____

Previous Real Estate Ownership:

Applicant: Have you ever owned any residential real estate? _____

Co-Applicant: Have you ever owned any residential real estate? _____

If yes, please explain: _____

General:

List any individuals and their income living with you not included as dependents on page 1:

Do any members of the household have disability conditions? _____

If yes, please explain: _____

Conflict of Interest:

The Agreement between the City of Lockport and the U.S. Department of Housing and Urban Development (HUD) requires the City to establish guidelines to avoid a conflict of interest for City officials. If the applicant or co-applicant is related by blood or marriage to a City official or an employee of the City, please indicate the nature of the relationship. The City will determine if a conflict of interest exists. _____

Assets and Liabilities:

Assets:

1. Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

Checking and Savings Accts.

Name of Bank: _____

Address: _____

\$ _____

2. Stocks and Bonds:

Do you own any stocks/bonds? _____

If yes, list the following:

_____ Number of Shares

\$ _____ Price Per Share

Liabilities:

1. Auto Loan: \$ _____ Mo. Payment

\$ _____ Unpaid Bal.

2. Credit Card(s):

Name of Company: _____

Address: _____

Type: _____

\$ _____ Mo. Payment

\$ _____ Unpaid Bal.

Name of Company: _____

Address: _____

Type: _____

\$ _____ Mo. Payment

\$ _____ Unpaid Bal.

Name of Company: _____

Address: _____

Type: _____

\$ _____ Mo. Payment

\$ _____ Unpaid Bal.

3. Alimony Payment: \$ _____

Child Support Pay: \$ _____

Other: \$ _____

3. Other Assets:

Do you own any property? _____
If yes, List its current value: \$ _____

Explain: _____

Certification:

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application. I/We understand that if the information is not correct that my/our application could be rejected for the Homeownership Program. I/We hereby authorize the City of Lockport, Department of Community Development to verify the information listed above.

I/We have received a copy of the City of Lockport's Homeownership Program. I/We understand how the program works and agree to follow its procedures. I/We understand that the City must verify all sources of income in order to qualify for said program funds. I/We understand that program assistance depends upon my/our ability to receive a mortgage loan commitment from a financial lending institution. However, I/We understand that a written commitment must first come from the City of Lockport, Department of Community Development before that obligation of a financial institution can be approved.

I/We certify that I/we have the funds available to pay my/our obligated costs as explained to me/us and listed in the Homeownership Program.

I/We understand that the monies given to me/us under the Homeownership Program are to be repaid to the City of Lockport, Department of Community Development if the property is sold, transferred, foreclosed on, or is no longer occupied by me/us as a principal residence due to death or for any other reason, unless a written waiver is issued by the City, on the anniversary date of the recorded deed as per the following schedule:

Year 1	-	100%	Year 7	-	40%
Year 2	-	90%	Year 8	-	30%
Year 3	-	80%	Year 9	-	20%
Year 4	-	70%	Year 10	-	0%
Year 5	-	60%			
Year 6	-	50%			

Signatures:

Applicant

Date

Co-Applicant

Date

*****PLEASE PROVIDE LAST 2 MONTHS OF
PAYSTUBS AND LAST 2 MONTHS OF BANK
STATEMENTS (ALL CHECKING AND ALL
SAVINGS ACCOUNTS) FOR ALL HOUSEHOLD
MEMBERS.**

This listing is current as of 05/25/2021.

Agencies located in NEW YORK

Agency Name: BELMONT HOUSING RESOURCES FOR WOMEN INCORPORATED

Phone: 716-884-7791

Toll Free:

Fax: 715-884-8026

Email: specker@belmonthousingwny.org

Address: 2393 Main St

Buffalo, New York 14214-2365

Counseling Services:

- Financial Management/Budget Counseling
- Financial, Budgeting, and Credit Workshops
- Home Improvement and Rehabilitation Counseling
- Mortgage Delinquency and Default Resolution Counseling
- Non-Delinquency Post Purchase Workshops
- Pre-purchase Counseling
- Pre-purchase Homebuyer Education Workshops
- Predatory Lending Education Workshops
- Rental Housing Counseling
- Rental Housing Workshops
- Resolving/Preventing Mortgage Delinquency Workshops
- Reverse Mortgage Counseling
- Services for Homeless Counseling

Languages:

- English
- French
- German
- Hindi
- Other
- Polish
- Russian
- Spanish

Affiliation: NEW YORK STATE HOUSING FINANCE AGENCY

Website: <http://www.belmonthousingwny.org/>

Agency ID: 81769

Agency Name: BUFFALO URBAN LEAGUE, INC.

Phone: 716-250-2400

Toll Free:

Fax:

Email: N/A

Address: 15 Genesee St

Buffalo, New York 14203-1405

Counseling Services:

- Fair Housing Pre-Purchase Education Workshops
- Financial Management/Budget Counseling
- Financial, Budgeting, and Credit Workshops
- Mortgage Delinquency and Default Resolution Counseling
- Non-Delinquency Post Purchase Workshops
- Pre-purchase Counseling
- Pre-purchase Homebuyer Education Workshops
- Predatory Lending Education Workshops
- Rental Housing Counseling
- Rental Housing Workshops
- Resolving/Preventing Mortgage Delinquency Workshops

Languages:

- English
- Spanish

Affiliation: NATIONAL URBAN LEAGUE

Website: <http://www.buffalourbanleague.org>

Agency ID: 80373

Agency Name: CCCS OF BUFFALO, INC.

Phone: 716-712-2060

Toll Free: 800-926-9685

Fax: 716-712-2079

Email: cccs@cccsbuffalo.org

Address: 40 Gardenville Pkwy Ste 300

Buffalo, NY 14224

Buffalo, New York 14224-1387

Counseling Services:

- Financial Management/Budget Counseling
- Financial, Budgeting, and Credit Workshops
- Mortgage Delinquency and Default Resolution Counseling
- Pre-purchase Counseling
- Pre-purchase Homebuyer Education Workshops
- Reverse Mortgage Counseling

Languages:

- English
- Spanish

Affiliation: CONSUMER CREDIT COUNSELING SERVICE OF MARYLAND AND DELAWARE, INC. (CCCSMD)