



## County of Lexington

Community Development Department  
HOME Program  
212 South Lake Drive, Suite 401  
Lexington, SC 29072  
Telephone (803) 785-8121- Fax (803) 785-8188

Dear Applicant:

Thank you for requesting information about the Lexington County Homebuyer Assistance Program. The funding for this program is provided by the US Department of Housing and Urban Development.

All applications will be processed on a first come, first served basis. If you wish to participate in this program, return the completed application, and the documents listed in the application checklist to our office in person or by mail.

Please read the attached guidelines carefully. If you have any questions with regard to the application or required information, please call our office (803)785-8121.

Sincerely,

Lexington County Grants Division



## COUNTY OF LEXINGTON HOMEBUYER ASSISTANCE PROGRAM

212 South Lake Drive, Ste. 401 • Lexington, SC 29072 • (803) 785-8121 • (803) 785-8188 fax

### Checklist for submitting your application

**Before submitting your application for Homeownership Assistance, please use and submit the following checklist:**

- Completed application with all appropriate signatures.
- Completed and signed Verification of Employment form
- Current years Social Security Benefits Statement, if applicable.
- Signed and notarized affidavit and disclosure form.
- Last two years State and Federal tax returns.
- Copy of pay stubs for past two months for each source of employment/income.
- Copies of previous 6 month's bank statements, including checking, savings, and all other accounts except retirement accounts. (If self-employed, provide past 2 years monthly bank statements, both personal and business).
- Copies of drivers' licenses/identification for all household members over 18 years of age.
- Copies of social security cards (front & back) for all household members.



LEXINGTON COUNTY  
HOMEBUYER ASSISTANCE PROGRAM  
APPLICATION

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**I. PERSONAL INFORMATION – MUST BE PURCHASING A HOUSE IN LEXINGTON COUNTY**

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LAST NAME FIRST NAME MI MAIDEN

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SOCIAL SECURITY NUMBER BIRTHDATE (MM/DD/YY) AGE

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HOME ADDRESS APT.NO. DAY TELEPHONE # EVENING TELEPHONE #

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CITY COUNTY STATE ZIP

**FORMER ADDRESS (IF LESS THAN TWO YEARS AT PRESENT ADDRESS)**

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STREET ADDRESS APT. NO. CITY COUNTY STATE ZIP

MARRIED  SINGLE  DIVORCED

**HOUSEHOLD MEMBER INFORMATION:**

NAME:	AGE:	RECEIVES INCOME	
1. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. _____	_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NUMBER OF DISABLED LIVING IN THE HOUSEHOLD: \_\_\_\_\_

SPOUSE'S NAME AND SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**II. HOUSEHOLD INCOME - PLEASE ATTACH LATEST INCOME TAX FORM**

**INCOME FROM EMPLOYMENT (GROSS MONTHLY INCOME)**

NAME OF FAMILY MEMBER (PLEASE PRINT)	#1	#2	
TYPE	MONTHLY AMOUNT FOR #1	MONTHLY AMOUNT FOR #2	TOTAL MONTHLY AMOUNT
BASE EMPLOYMENT	\$	\$	\$
OVERTIME	\$	\$	\$
BONUSES	\$	\$	\$
COMMISSIONS	\$	\$	\$
SELF EMPLOYMENT	\$	\$	\$

**HOUSEHOLD INCOME FROM OTHER SOURCES**

TYPE	MONTHLY AMOUNT	TYPE	MONTHLY AMOUNT
PENSION	\$	AFDC	\$
SSI	\$	CHILD SUPPORT	\$
DISABILITY INCOME (OTHER THAN SOCIAL SECURITY)	\$	BUSINESS/INSURANCE	\$
FOSTER CARE	\$	ALIMONY	\$
SOCIAL SECURITY	\$	RENTAL PROPERTY	\$

### III. ASSETS

#### *CHECKING*

BANK, S&L, OR CREDIT UNION	ADDRESS	ACCOUNT #	AMOUNT
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#### *SAVINGS*

BANK, S&L, OR CREDIT UNION	ADDRESS	ACCOUNT #	AMOUNT
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#### *LIFE INSURANCE*

COMPANY NAME	ADDRESS	ACCOUNT #	CASH VALUE
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#### *STOCKS & BONDS*

COMPANY NAME	ADDRESS	ACCOUNT #	TYPE	CASH VALUE
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COMPANY NAME	ADDRESS	ACCOUNT #	TYPE	CASH VALUE
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#### *RETIREMENT FUND*

COMPANY NAME	ADDRESS	ACCOUNT #	VESTED INTEREST
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### IV. LIABILITIES

\*Liabilities include all outstanding debt including credit card debt, loans, alimony payment, child support, childcare, and job related expense.

COMPANY NAME & ACCOUNT	MONTHLY PAYMENT	UNPAID BALANCE
<b>TOTAL:</b>		

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## V. EMPLOYMENT HISTORY

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<b>1. Name of family member (primary):</b>	<b>Name and address of employer (include zip code):</b>
<b>Years/Months on Job:</b>	<b>Position:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>2. Name of family member (secondary):</b>	<b>Name and address of employer (include zip code):</b>
<b>Years/Months on Job:</b>	<b>Position:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>
<b>3. Name of family member/Other:</b>	<b>Name and address of employer (include zip code):</b>
<b>Years/Months on Job:</b>	<b>Position:</b>
<b>Phone Number:</b>	<b>Fax Number:</b>

I understand that Lexington County will disqualify me from participating in the Homeownership Assistance Program if false information is reported or if information has been omitted from this application. I authorize the Lexington County Homeownership official to obtain information pertinent to program eligibility concerning statements made in this application in regard to income, employment, assets, deposits, debts (including credit history). I agree that the application shall remain the property of Lexington County Homeownership Assistance Program. I further understand that information obtained will be used only for the purpose of determining eligibility and will not be disclosed to any other organization or individual.

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APPLICANT'S SIGNATURE

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DATE

**RETURN TO:**  
LEXINGTON COUNTY  
COMMUNITY DEVELOPMENT  
HOME PROGRAM  
212 SOUTH LAKE DRIVE, SUITE 401  
LEXINGTON, SOUTH CAROLINA 29072  
(803) 785-8121

Lexington County does not discriminate on the basis of age, color, race, religion, sex, national origin, familial status or disability in the admission, access to, or treatment or employment in its federally assisted programs or activities.

**FOR GOVERNMENT MONITORING PURPOSES (OPTIONAL)**

**Federal funding agencies require the collection of ethnicity and race data to track Fair Housing performance. This information will not be used to determine housing eligibility.**

**BORROWER**

I do not wish to furnish this information

**Ethnicity:**

- Hispanic or Latino  
 Not Hispanic or Latino

**Race:**

- White  
 Black/African American  
 Asian  
 American Indian/Alaskan Native  
 Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native & White

Asian & White

Black/African American & White

American Indian/Alaskan Native &

Black African American

Other Multi-Racial

**Sex:**  Female  Male

**FOR OFFICIAL USE ONLY**

Date Application Received:	
Date of Application Review:	
Total Income:	
Income Limit for HH size:	
LMI %:	
Amount of Assistance:	
Type of Assistance (grant or loan):	
Approved or Rejected (include date) :	
Reason (s), if rejected:	

## Affidavit & Disclosure Form

I/We understand and agree to the following conditions and guidelines regarding the distribution of the Lexington County HOME funds:

1. The annual household income for my family does not exceed the allowable limits as follows:

Household Size	1	2	3	4	5	6	7	8
Max Allowable Income	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

Income from all household members must be included.

2. I/We have not individually or jointly owned a single family home, town home, condominium or co-ops a principal residence within the past three (3) years.

3. I/We certify that my/our total assets do not exceed the \$20,000 asset limit and understand a portion or the full value of retirement accounts are included in determining the \$20,000 asset limit. Applicants sixty-two (62) years or older however, may have liquid assets up to a maximum of \$30,000.

4. The household size listed on the application form includes only and all the people that will be living in the residence.

5. I/We certify all data supplied on the application is true and accurate to the best of my/our knowledge and belief under full penalty of perjury. I/We understand that perjury will result in disqualification from further consideration and/or repayment of funds.

6. 7. I/We understand that it is my/our obligation to secure the necessary mortgage for the home purchase through a bank experienced with first time homebuyer programs.

8. I/We further authorize Lexington County/Grants Division to verify any and all income, assets and other financial information, to verify any and all household, resident location and workplace information and direct any employer, landlord or financial institution to release any information to Lexington County/Grants Division and consequently the project's monitoring agency, for the purpose of determining eligibility.

9. Program requirements are established by Lexington County/Grants Division. I/We agree to be bound by whatever program changes that may be imposed at any time throughout the process. If any program conflicts arise, I/we agree that any determination made by the Grants Division staff is final.

I/We have completed an application and have reviewed and understand the process that will be utilized to distribute HOME funds. I/We am qualified based upon the program guidelines and agree to comply with applicable regulations.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-Applicant

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

\* Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, proved to me on the basis of presentation of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_  
Notary Public

Seal:

## VERIFICATION OF EMPLOYMENT

<p style="text-align: center;"><b>LEXINGTON COUNTY COMMUNITY DEVELOPMENT</b></p> <p style="text-align: center;"><b>GRANTS DIVISION/HOME</b></p> <p>AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p><b>APPLICANT:</b> _____</p> <p><b>EMPLOYER:</b> _____</p>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: _____ Hours</p> <p>No. weeks _____, or No. weeks _____ worked/Year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected average number of hours overtime worked per week during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.):</p> <p>For: _____ \$_____ per _____</p> <p>Is pay received for vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, no. of days per year _____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, what amount can they get access to: \$_____</p>
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p>_____</p> <p><b>(Signature of Applicant)</b></p> <p>Date: _____</p>	<p>Signature of _____ or Authorized Representative</p> <p>_____</p> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING:</b> Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

**County of Lexington Homeownership Assistance Program**

212 South Lake Drive, Ste. 401 • Lexington, SC 29072 • (803) 785-8121 • (803) 785-8188 fax

**NOTICE TO REAL PROPERTY OWNER/SELLER**

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

Owner(s)/Seller(s): \_\_\_\_\_

Buyer(s): \_\_\_\_\_

Address of Property Under Consideration: \_\_\_\_\_

Dear Owner/Seller:

Property believed to be owned by you is being considered for purchase, as referenced above. Because federal funds in the form of down payment and closing cost assistance to the Buyer may be used in the purchase of your property, we are required to disclose the following information by the U. S. Department of Housing and Urban Development (HUD) [Uniform Relocation Assistance and Real Property Acquisition Policies Act as amended (URA), Section 24.101(b) (2)]:

- 1. The proposed sale is voluntary. In the event negotiations fail to result in an agreement, the property will not be acquired via voluntary purchase or eminent domain.
- 2. The fair market value of the property is estimated to be \$\_\_\_\_\_. However, since this transaction is voluntary, current or future negotiations may result in a price that could be (a) commensurate with this estimate or, (b) for an amount that exceeds or is less than this estimate.

An owner-occupant who conveys his or her property under these terms does not qualify as a displaced person. Additionally, any person who occupies the property for the purpose of obtaining assistance under the URA does not qualify as a displaced person. However, tenant-occupants displaced as a result of a voluntary acquisition may be entitled to URA relocation assistance and must be informed in writing as soon as feasible. In accordance with HUD requirements, if the information provided above is disclosed after an option to purchase or contract has been executed between the Buyer and the Seller, the Seller must be provided the opportunity to withdraw from the agreement.

Any title deficiencies, liens, or encumbrances on the property must be cleared prior to any closing. Generally, this is a cost that is borne by the seller of the property. However, if approved by the participating jurisdiction (PJ), these costs may be fully paid by the seller, by the buyer or, as negotiated between the seller and the buyer, using their own funds. **No federal funds can be used to pay these costs.**

Should you have any questions, please feel free to contact the Grants Division at 803-785-8121.

Receipt acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Seller

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Seller

\_\_\_\_\_  
Witness

# **PROGRAM GUIDELINES-HOMEOWNERSHIP ASSISTANCE PROGRAM**

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## **LEXINGTON COUNTY HOME INVESTMENT PARTNERSHIP PROGRAM**

### **ADMINISTRATION**

The administration of the County's HOME Program will be carried out by the Community Development Office – Grants Division staff in conformance with the guidelines established herein. These Guidelines are established, and may be amended, by the Community Development Housing Advisory Committee and/or the County of Lexington. The administration and operation of the program will conform to all local codes and ordinances as well as requirements established by the U. S. Department of Housing and Urban Development (HUD) and the County of Lexington pertaining to the HOME Investment Partnerships Program.

### **PURPOSE OF PROGRAM**

- To provide down payment and closing cost assistance to homebuyers in Lexington County.
- To increase the opportunity of homeownership for low and moderate income persons/families.
- To increase awareness of the need for affordable housing within Lexington County.
- To educate citizens about homeownership, credit repair, and financing.

### **ELIGIBLE PARTICIPANTS**

- Must be employed. If applicant is not employed, he/she must have income documentation supporting one of the following:
  - 1) Disability Benefits
  - 2) Social Security Benefits
  - 3) Other Retirement Benefits
  - 4) Proof of Job Displacement
  - 5) Proof of Registration with Employment Security Commission

- Must be qualified as a household of low to moderate income (Lexington County will use the Section 8 definition of income – based on 80% of the area median income with adjustments for household size – see below):

Number of Members in Family	Maximum Allowable Income
1	\$36,150
2	\$41,300
3	\$46,450
4	\$51,600
5	\$55,750
6	\$59,900
7	\$64,000
8	\$68,150

Source: 2012 HUD Income Limits

- Must be able to secure a home mortgage independent of a co-signer
- Must occupy the property as a principal residence
- Cannot presently own a home or land, nor have previously owned a home or land as principle residence in the last three (3) years.
- Must complete required homeownership counseling
- Must provide legal separation documents to support marital status if separated
- Applicants wishing to qualify for assistance may not have “liquid assets” in excess of \$20,000. Applicants sixty-two (62) years or older however, may have liquid assets up to a maximum of \$30,000.

## GRANT AMOUNT

The assistance typically shall not exceed \$5,000 per applicant or family. Exceptions to this assistance amount may be granted on a case-by-case basis. The assistance will be applied toward down payment and/or closing costs, which is specified by the lending institution. Grant funds will be provided on a first-come, first-served basis until all available funds are expended.

## **OTHER FUNDING SOURCES**

Other state/federal housing grant or loan assistance programs can be used in conjunction with Lexington County's assistance. These programs, however, cannot interfere with the County's program requirements.

## **LOAN MORTGAGE**

Lexington County is not responsible for processing loan mortgages. All mortgage loans must be approved through a certified financial institution. All mortgages will be placed in first position for repayment by a private mortgage institution and Lexington County must be placed in second position for repayment based on the Recapture Agreement. The acquired mortgage may be up to thirty (30) years, at a fixed rate.

## **INTEREST RATE**

Interest rates must be at or below the market rate. Lexington County reserves the right to consider, on a case-by-case basis, approval of assistance if the interest rate exceeds the market rate.

## **MORTGAGE AGREEMENT (BETWEEN APPLICANT AND LEXINGTON COUNTY)**

Lexington County will provide down payment and/or closing costs assistance in the form of a deferred forgivable loan (up to \$5,000). The applicant/homeowner must remain in the home as his/her legal residence for a minimum of five years from the date of closing, in order for the assistance to be 100% forgiven.

The County will place a second mortgage lien on the property for the five-year period (from the date of loan closing). The lien will be deferred and will require that the grant funds (down payment and/or closing costs) be repaid if the owner no longer resides in the home during the five-year period.

The following restrictions also apply:

- If the property owner dies during the five-year recapture period and the heir to the property meets the low to moderate income criteria and plans to reside in the home, all original mortgage terms apply. However, if the heir does not meet the low to moderate - income criteria or wishes to sell the property, the County must be notified within thirty (30) days in order to make arrangement for repayment of funds.

- Second mortgages are not prohibited. If a second mortgage is secured, the County must be notified within thirty (30) days in order to make arrangements for repayment of funds.

Assistance provided through the program shall be forgiven on a prorated scale based on the length of time the applicant maintains ownership and occupies the home as legal residence.

### **SATISFACTION OF MORTGAGE**

After the five - year period, the applicant will receive a “Satisfaction of Mortgage” letter from the Lexington County Community Development Department. This letter will officially release the applicant from any obligations to the County. In addition, the County will also submit a “Release of Lien” document to the Lexington County Register of Deeds (ROD) office. Once the ROD processes the Release of Lien, a copy of this document will be placed in the applicant’s file.

### **ELIGIBLE PROPERTY**

- Property selected must be located within Lexington County
- Property must be the primary residence of the buyer
- Existing homes or currently under construction (no raw land construction permitted)
- Property selected must meet, at a minimum; Section 8 Housing Quality Standards (HQS) Housing Inspector will inspect home to determine compliance with quality standards.
- Corrective work must address all building code violations prior to the closing date. Down payment assistance funds cannot be used for minor repairs or to correct violations.
- Funds are to be used for units meeting the HUD Single Family Mortgage Limits under 203 (b) of the National Housing Act (12 U.S.C. 1709(b)). The County’s figures are \$200,160 for a single-family dwelling (95% of the median area’s purchase).
- Property must appraise for at least the purchase price
- Property selected must be built after 1977

### **NOTICE TO SELLER**

The “Notice to Seller” form allows the seller to know that the applicant (buyer) is seeking federal funds for down payment and/or closing costs to assist with the transaction. In addition, this form outlines the specifics of the voluntary sale. The seller should sign the form at the same time the contract is being executed. A copy of the signed form must be provided

to Lexington County. Any questions and/or clarifications about this form should be directed to the HOME Program Administrator.

### **LEAD-BASED PAINT**

It is a federal requirement that all homes built prior to 1978 be inspected for lead-based paint. This regulation requires corrective measures that cannot be avoided. The lead-based paint removal would be considered a rehabilitation expense, and is not included in the Lexington County Homeownership Assistance Program.

### **SUBORDINATION**

It is Lexington County's policy not to subordinate to subsequent mortgage loans except when the Grant Programs Division Staff determines that it is in the best interest of the homeowner.

### **HOUSING COUNSELING**

It is mandatory for each applicant to receive housing counseling. Please contact the County of Lexington Grant Programs Division For Information Regarding This Requirement.

### **OCCUPANCY**

Throughout the affordability period, the HOME-assisted housing must be occupied by income-eligible households.

If a home purchased with HOME assistance is sold during the affordability period, recapture provisions apply to ensure the continued provision of affordable homeownership.

### **RECAPTURE OF FUNDS**

The County of Lexington has adopted the recapture provisions for HOME funds. This is a mechanism to recapture all or a portion of the direct HOME subsidy if the HOME recipient decides to sell the house within the affordability period at whatever price the market will bear. Recaptures funds may be used for any HOME-eligible activity.

- The homebuyer may sell the property to any willing buyer.
- The sale of the property during the affordability period triggers repayment of the direct HOME subsidy that the buyer received when he/she originally purchased the home.

- The recapture of funds is on a prorated scale based on the length of time the applicant maintains ownership and occupies the home. The chart below is an example of the repayment schedule based on an affordability period of five (5) years with a HOME investment of no less than \$5,000.

HOME OCCUPANCY TIME LIMIT	REPAYMENT AMOUNT OF LOAN
1 Year or less	100%
Up to 2 years	80%
Up to 3 years	60%
Up to 4 years	40%
Up to 5 years	20%
5 years and over	0%

Enforcement of the recapture restrictions will be ensured through a lien (recorded deed of trust or mortgage securing repayment of the HOME subsidy).

### **APPLICATION PROCESS**

Citizens interested in participating in the Lexington County Homeownership Assistance Program may contact the County of Lexington, Community Development Department at (803) 785-8121 or at [cdcustomerservice@lex-co.com](mailto:cdcustomerservice@lex-co.com).

- Interested citizens must request an application from the Community Development office and submit it to the following address:

County of Lexington  
 Community Development Department – HOME Program  
 212 South Lake Drive – Suite 401  
 Lexington, SC 29072

Upon receipt of the application, the Community Development Department will review the application for income eligibility and will verify employment. If an incomplete application is submitted, a letter will be sent requesting additional information. The applicant will receive, in writing, the status of the application within 30 days of receiving the application. Note: Income eligibility is valid for six months from the date of notification, after which the household income will be need to be re-verified. Deferred forgivable loans are available on a

first come first served basis and borrowers must have an accepted sales contract and County inspection on a home prior to reserving funds.

- Applications will be processed to determine eligibility to participate; a staff member will then contact the eligible participants to set-up a date to attend the required homeownership counseling. Counseling will include topics such as financing, home selection process, budgeting, and credit, as well as home maintenance. The counseling is offered at no cost to participants. A copy of documentation indicating the completion of counseling must be filed with the Community Development Department for an application to be complete.
- Applicants should contact a lending institution of his/her choice. The program allows for fixed rate mortgages only.
- Once pre-qualified for a loan, the applicant should contact a real estate agent to begin the official search for a home. The realtor must be notified that Lexington County grant funds will be used in this process for down payment/closing costs.
- The realtor must acquire the applicant's and seller's signature on the "Notice to the Seller" form. The "Notice to the Seller" form must be submitted to the Community Development Department along with the purchase contract.
- Verification that sales price meets maximum allowable under the program must be documented.
- Once a home is selected for purchase, the applicant is responsible for contacting Lexington County Community Development staff to schedule the initial home inspection. This initial and final inspection is performed at no cost to the applicant. The County will inspect the property and provide an inspection report to the realtor. The realtor must notify the seller if repairs are needed. The County must be notified as soon as repairs are complete, so that the second and/or final inspection can be conducted.
- When the closing is scheduled every effort must be made to ensure that, Lexington County staff receives the HUD-1 form twenty-four (24) hours prior to the closing date to certify the program requirements are met.
- After the above requirements have been completed, the County of Lexington will then issue a **check** payable to the applicant. The applicant must also, at the time of closing, sign the Deferred Forgivable Mortgage documents.
- The County must receive a copy of all closing documents from the attorney within 15 days of closing.

The County of Lexington reserves the right to withdraw any funds for a closing that is not in compliance with the requirements/regulations of the HOME Investment Partnerships Program.

**Responsibilities of the Community Development Staff:**

- Provide information on the Homeownership Assistance Program
- Provide technical assistance and follow up with applicants
- Verify employment and income(s) to determine eligibility of each applicant
- Provide schedule for required classes
- Provide initial home inspections and report (s) to parties involved
- Provide down payment check at closing
- Ensure that each applicant follows all guidelines and requirements as outlined.

**Responsibilities of Applicant:**

- Maintain contact with Community Development staff throughout the process
- Ensure that all necessary program requirements are met
- Attend mandatory classes
- Contact staff for the required (initial and /or final) property inspection
- Share Homeownership Assistance Program guidelines with realtor and lender.
- Any other items listed under the Application Process section of this document

**Responsibilities of Realtor:**

- Be familiar with the Lexington County Homeownership Program guidelines
- Assist the applicant with the selection of a house that would meet the requirements of the program
- Provide “Notice to the Seller” form regarding buyer’s intent. In addition, provide seller with a list of any repairs for the selected property and request the seller to address and correct the repairs.
- Copy of HUD-1 must be provided to Lexington County not less than one business day prior to the scheduled closing date. NOTE: The HUD-1 must include the amount needed from Lexington County for the down payment and/or closing cost. The Lexington County Homeownership Program must be indicated as a separate line item, along with the amount needed.

### **Responsibilities of the Lender:**

- Assist applicant with loan information
- Provide CD staff with a copy of the loan application information in order to verify income information
- Provide CD staff with a letter to verify the applicant's loan inquiry and a copy of denial letter if applicant does not qualify for loan
- Provide CD staff with a copy of the applicant letter of loan approval including the loan amount

### **Responsibilities of the Closing Attorney:**

- Copy of the HUD-1 must be provided to CD staff at least one business day prior to the scheduled closing date
- HUD-1 must include the total amount needed from Lexington County for the down payment and/or closing cost. The Lexington County Homeownership Program must be indicated as a separate line item, along with the amount needed.
- The County of Lexington will provide a check in the amount of the approved assistance. If the total amount is not needed for the closing, the attorney will provide a reimbursement check made payable to the County of Lexington.
- Ensure that the Deferred Forgivable Mortgage document are filled out, signed and witnessed at the time of closing. This document will be provided to the attorney's office on or before the day of the closing.
- A copy of closing documents and reimbursement check (if applicable) must be provided to the County of Lexington within thirty (30) days of closing

### **Responsibilities of Inspector**

- The Home Inspector is required to inspect all homes as requests are made for program assistance
- Homes will be inspected according to County requirements, in addition to the Housing Quality Standards (HQS)
- Each home must have an initial inspection and follow-up visits until identified problems are addressed and corrected.
- The Home Inspector is responsible for contacting the real estate agent to get any additional information about the house in question.

- The Home Inspector is responsible for providing the inspection report to CD Staff and to the real estate agent. In addition, the home inspector is to ensure that the real estate agent understands what the identified problems are and the necessary corrective actions. This allows the real estate agent to ensure that the seller understands what needs to be addressed and corrected before closing.

Lexington County does not discriminate on the basis of age, color, race, religion, sex, national origin, familial status or disability in the admission, access to, or treatment or employment in its federally assisted programs or activities.