

Return form, with attachments to:

PHB LTE/SDC Program 421 SW 6th Avenue, Suite 500 Portland, OR 97204

Fax: 503-865-3479

For additional information:

http://www.portlandonline.com/phb/lte

Phone: 503-823-3270

E-mail: Indirect@portlandoregon.gov

I am applying for: Homebuyer Eligibility for the System Development Charge Exemption Program (SDC) Homeowner Compliance Verification Form						
(check all that apply) Single Family New Construction Limited Tax Exemption (LTE) Program Application for Certificate of Qualification						
I. PROPERTY INFORMATION						
Property Address (street and zip)		Name of Condominium (if ap	oplicable)	Number of Bedrooms		
Title to be held in the names of:		Purchase Price		Target Closing Date		
Legal description (Lot, Block and Addition):		Property ID / R Number:		Owner Occupied Yes No		
II. MORTGAGE	LENDER CONTAC					
Mortgage Company Loan Office		Phone	Fa	ax		
	PLICANT INFORM		Applicant			
Applicant Name (include Jr. or Sr. if applicable) First-Time Homebuyer? Yes No		Co-Applicant Name (include Jr. or Sr. if applicable) First-Time Homebuyer? Yes No				
Mailing Address (if other than Property Address above)	Mailing A	Mailing Address (if other than Property Address above)				
Home Phone: Cell Phone:	Home Ph	one:	Cell Phone:	e:		
Fax: E-mail:	Fax:	Fax: E-mail:				
☐ Married ☐ Unmarried Dependents (not including Co-Applic	cant)	d □ Unmarried	Dependents (not i	including Applicant)		
(single/divorced no. ages	, <u> </u>	(single/divorced widowed) Separated widowed) Separated Separ		g. +F		
Name of Employer Yrs. on this job	Name of			Yrs. on this job		
Check if Self Employed Yrs. in this profession		Check if Self Employed Yrs. in this profession		Yrs. in this profession		
Previous and second job Employer Dates of Employment		Previous and second job Employer		Dates of Employment		
IV. TITLE HOI List household members:	LDER'S INCOME	INFORMATION				
Name:	Relations	hip (if other than applicant)	Monthly	y Income:		
2. Name:	Relations	Relationship (if other than applicant) Mor		y Income:		
3. Name:	Relations	Relationship (if other than applicant) Monthly		y Income:		
V DEMOGRAPHIC INFORMA	ATION FOR PROG	RAM MONITORING PU	IRPOSES			
V. DEMOGRAPHIC INFORMATION FOR PROGRAM MONITORING PURPOSES The following information is requested by the City of Portland in order to monitor program contribution to city-wide housing goals. You are not required to furnish this information, but are encouraged to do so. The law provides that the city may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, PHB will note the information on the basis of visual observation or surname. If you do not which to furnish the information, please check the box below.						
APPLICANT		Co-APPLICANT I do not wish to furnish this information				
Ethnicity: Hispanic or Latino Not Hispanic or Latino		Ethnicity: Hispanic or Latino Not Hispanic or Latino				
Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other:		Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other:				
Sex: Female Male Sex: Female Male						
VI. ESCROW INFORMATION						
Complete contact information for the party that will receive SDC Demand Statement and Release and Satisfaction. Escrow Officer Escrow Number						
Title Company Name	Phone nu	Phone number				
Street Address	Email Add	Email Address				
City, St and Zip	Fax Numl	per				

VII. SDC ACKNOWLEDGEMENT AND AGREEMENT

I/We certify that the information provided in this verification form is true and correct as of the date set forth opposite my/our signature(s) on this verification form and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this verification form may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seq. and liability for monetary damages to the Portland Housing Bureau (PHB), its agents, successors and assigns, and any other person who may suffer any loss due to reliance upon any misrepresentation which I/We have made in this verification form.

I/We understand PHB will retain this verification form whether or not it is approved, and completing the verification form is not a guarantee of approval or funding. PHB, its agents, successors and assigns are authorized at any time to verify or re-verify any information contained in this verification form, either directly or through a credit reporting agency, from any source named in this verification form.

This verification form information is confidential and submitted voluntarily to PHB. I/We understand that non-exempt information contained in this verification form is subject to disclosure under the Oregon Public Records Law, ORS 192.420.

this verification form is subject to disclosure under the Oregon Public Records Law, ORS 192.420.				
X				
Applicant	Date			
X				
Co-Applicant Co-Applicant	Date			
VIII. LTE ACKNOWLEDGEME	NT AND CERTIFICATION			
c) That my/our annual gross income is not greater than one hundre determined annually for the Portland Metropolitan Area by the Ur adjusted upward for a household of more than four persons. d) If approved by PHB, that I/we intend to occupy the property as out if, for any reason, I/we no longer occupy the property as my/our piff my/our application for tax exemption is approved, that during the structure must also intend to occupy the property as their principal greater than one hundred percent of the area median income for The information provided in this application is true and correct as	imposed by Portland City Code Chapter 3.102; alifies as an eligible property as outlined in Portland City Code 3.102. In the dependent of the area median income for a family of four as nited States Department of Housing and Urban Development as the ur principal residence principal residence, that the exemption will cease. The 10 year period of the exemption, subsequent buyers of the all residence AND have an annual gross household income not a family of four as defined in Portland City Code 3.102; as of the date set forth opposite my/our signature(s) on this application nation contained in this application may result in civil liability and/or, its agents, successors and assigns and/or in revocation of tax ursement of exemption amount and penalties.			

Attach required documentation copies (as applicable):

Income Verification:

Applicant

Co-Applicant

	☐ Current pay-stub(s) that cover at least the past 30 days and include year-to-date earnings, from all employers
	☐ Income Verification for other income such as Social Security, pension, disability, child support, alimony, etc.
	If self employed:
	Copy of past two years' complete signed Federal tax returns, including all schedules; and
	Year-to-date income and expense statement
Other I	Documentation Requirements:
	Copy of the Final Application for any loan used to purchase this property
	☐ Legal description including Property Tax ID Number (R#)

Date

Date

Additional LTE Program requirements:

•	·
Copy of Warran	ity Deed
Copy of HUD-1	Settlement Statement to verify the purchase price is within Code limits
Applicable fee (Check with builder and/or PHB for amount.) Total fee is \$750



REV. 7-01-2010 2 of 2