



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 applicable) | 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: R _ _ _ _ _ | Owner Occupied Yes <input type="checkbox"/> No <input type="checkbox"/> |

II. MORTGAGE LENDER CONTACT INFORMATION

| | | | |
|------------------|--------------|-------|-----|
| Mortgage Company | Loan Officer | Phone | Fax |
|------------------|--------------|-------|-----|

Applicant

III. APPLICANT INFORMATION

Co-Applicant

| | | | |
|--|---|--|--|
| Applicant Name (include Jr. or Sr. if applicable) | First-Time Homebuyer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Co-Applicant Name (include Jr. or Sr. if applicable) | First-Time Homebuyer? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Mailing Address (if other than Property Address above) | Mailing Address (if other than Property Address above) | | |
| Home Phone: | Cell Phone: | Home Phone: | Cell Phone: |
| Fax: | E-mail: | Fax: | E-mail: |
| <input type="checkbox"/> Married <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (single/divorced/widowed) Dependents (not including Co-Applicant) no. ages | <input type="checkbox"/> Married <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (single/divorced/widowed) Dependents (not including Applicant) no. ages |
| Name of Employer <input type="checkbox"/> Check if Self Employed | Yrs. on this job Yrs. in this profession | Name of Employer <input type="checkbox"/> Check if Self Employed | Yrs. on this job Yrs. in this profession |
| Previous and second job Employer | Dates of Employment | Previous and second job Employer | Dates of Employment |

IV. TITLE HOLDER'S INCOME INFORMATION

List household members:

| | | | |
|----|-------|--|-----------------|
| 1. | Name: | Relationship (if other than applicant) | Monthly Income: |
| 2. | Name: | Relationship (if other than applicant) | Monthly Income: |
| 3. | Name: | Relationship (if other than applicant) | Monthly Income: |

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 wish to furnish the information, please check the box below.

| | |
|---|---|
| APPLICANT <input type="checkbox"/> I do not wish to furnish this information | Co-APPLICANT <input type="checkbox"/> I do not wish to furnish this information |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino |
| Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: | Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: |
| Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | Sex: <input type="checkbox"/> Female <input type="checkbox"/> 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 number |
| Street Address | Email Address |
| City, St and Zip | Fax Number |

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.

X _____
 Applicant Date

X _____
 Co-Applicant Date

VIII. LTE ACKNOWLEDGEMENT AND CERTIFICATION

Acknowledgement; Read carefully and sign below. Acknowledgement of these provisions is required by Portland City Code 3.102.020.

I/We, the undersigned Applicant(s) acknowledge and certify that:

- a) Applicant is aware of all requirements of the limited assessment imposed by Portland City Code Chapter 3.102;
- b) I/We further certify that the property I've made application for qualifies as an eligible property as outlined in Portland City Code 3.102.
- c) That my/our annual gross income is not greater than one hundred percent of the area median income for a family of four as determined annually for the Portland Metropolitan Area by the United States Department of Housing and Urban Development as adjusted upward for a household of more than four persons.
- d) If approved by PHB, that I/we intend to occupy the property as our principal residence
- e) If, for any reason, I/we no longer occupy the property as my/our principal residence, that the exemption will cease.
- f) If my/our application for tax exemption is approved, that during the 10 year period of the exemption, subsequent buyers of the structure must also intend to occupy the property as their principal residence AND have an annual gross household income not greater than one hundred percent of the area median income for a family of four as defined in Portland City Code 3.102;
- g) The information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application
- h) My/our intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties and liability for monetary damages to the PHB, its agents, successors and assigns and/or in revocation of tax exemption status and penalties including but not limited to reimbursement of exemption amount and penalties.

The undersigned hereby applies for a Certificate of Qualification for a Limited Tax Exemption under Chapter 3.102 of Portland Code for the above-described property.

X _____
 Applicant Date

X _____
 Co-Applicant Date

Attach required documentation copies (as applicable):

Income Verification:

- Current pay-stub(s) that cover at least the past 30 days and include year-to-date earnings, from all employers
- W-2 forms for the past two years 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 Documentation Requirements:

- Copy of the Final Application for any loan used to purchase this property
- Legal description including Property Tax ID Number (R#)

Additional LTE Program requirements:

- Copy of recorded Warranty Deed with legal description
- Applicable fee up to \$600 payable to PHB (ask the builder or PHB for the exact amount).

