

Homebuyer Opportunity Limited Tax Exemption (HOLTE)/ System Development Charge (SDC) Exemption Homebuyer Compliance Verification Form

THIS VERIFICATE									CUMEN [*] 10 DAYS						MUST
		_		-	-			_	on for the stem Dev			_		:) Exemp	tion
Homebuyer Opportunity Limited Tax Exemption (LTE) System Development Charge (SDC) Exemption Please note that not all properties will have both of the above programs in place. Contact PHB staff to confirm.															
					I. PRO	OPERTY I	NFO	RMATIO	N						
Property Address (number, area, street and zip):				-	Unit #:			Name of Condominium (if applicable):				Number of Bedrooms:			
Legal description (Lot, Block and Addition): Property Ta					x Account Number:			Purchase Price:				Target Closing Date:			
R					\$										
				l	II. HOM	EBUYER	INFC	RMATIC	ON						
All Homebuyers going o	n title to tl	he property	mus	t complete	e and sig	ın this form.				Homeb	uyers, a	second f	form s	should be c	ompleted.
HOMEBUYER 1:					HOMEBUYER 2:										
Name (include Jr. or Sr. if applicable):				First-Time Homebuyer?: Yes No			Name (include Jr. or Sr. if applica			plicable).	F			irst-Time Homebuyer?: Yes No	
Current Mailing Address:							Current Mailing Address:					1	1		
Home Phone:	Cell Phone:		Will you Live in the Home: Yes No			Home Phone:			Cell Phone:			Wi	Will you Live in the Home: Yes No		
E-mail:				Family Household Size:		E-m	E-mail:						mily Househ	old Size:	
☐ Married ☐ Unmar	ried	Dependent	s (not	including F	lomehuve	er 2)		Married	☐ Unmar	ried	Denend	ents (not		omebuyer 1) ing Homebuy	er 1)
Separated Orlinaried Dependents (not no.: ages:						<u> </u>				ages:	• ,				
					III. IN	ICOME IN	NFOF	RMATIO	N			1			
Non-occupying Co-Buy	ers must	complete a	nd si	gn this for						all Hom	ebuyers)	in lieu o	of inco	ome docum	entation.
HOMEBUYER 1:		·					ног	MEBUYER	2:						
Name of Employer: Check if Self Employed				Time at this Job:			Name of Employer: ☐ Check if Self Employed					Time at this Job:			
				Gross Monthly Income:							\$				
Name of 2 nd Employer: (or additional income source)				Time at this Job:			Name of 2 nd Employer: (or additional income source)					Time at this Job:			
				Gross Monthly Income:			Dravious Employer				\$		\$	ss Monthly Income:	
Previous Employer:				Dates of Employment:			Previous Employer:				Dates of Employment:				
IV. RACE AND ORI				GIN INFORMATION											
This form collects data or populations. To ensure a category intentionally, an	ccuracy,	and to mini	mize	the use o	of "other,"	please def	ine yo	our identity							
HOMEBUYER 1:		Sex:		Femal	le 🗌	Male	ног	MEBUYER	2:		Sex:		☐ Fe	emale	Male
What is your race or origin? Mark as many boxes as appropriate: African immigrant or refugee Asian Black/African American Pacific Islander				What is your race or origin? Mark as many boxes as appropriate: ☐ African immigrant or refugee ☐ Asian ☐ Native Hawaiian ☐ Black/African American ☐ Pacific Islander											
Latino/Hispanic Slavic					_	Latino/Hi		a	_] Slavic		1401			
☐ Middle Eastern ☐ White				☐ Middle Eastern ☐ White											
Please share your origin, you wish:	, ancestry	or Tribal a	ffiliat	ions in wh	atever of	ther way		ase share wish:	your origin,	ancestry	or Triba	al affiliati	ons ir	n whatever	other way
						SCROW IN									
Complete Escrow Officer:	tne conta	ct informati	on fo	or the party	y to recei	ve LTE Qua		tion and S	SDC Deman	d Statem	ent and	Release	Agre	ement.	
L3010W Officer.							LSC	TOW NUMBER							
Title Company Name:				Phone number:											
Street Address:					Email Address:										
City, St and Zip:					Fax Number:										

VI. 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, and completing the verification form is not a guarantee of eligibility. 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 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	
Homebuyer 1	Date
X	
Homebuyer 2	Date

VII. LTE ACKNOWLEDGEMENT AND CERTIFICATION

Acknowledgement; read carefully and sign below.

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

- a) I/We am/are aware of all requirements of the limited tax exemption imposed by Portland City Code Chapter 3.102;
- b) That my/our annual gross income is not greater than 100% median family income for a family of four, adjusted upward for households larger than 4 persons. For the purposes of this program, household income is the annual gross income of the titleholder(s) who will occupy the property;
- c) If approved by PHB, that I/we intend to occupy the property as our principal residence;
- d) If, for any reason, I/we no longer occupy the property as my/our principal residence, that the exemption will cease;
- e) If my/our application for tax exemption is approved, that during the period of the exemption, subsequent buyers of the structure must also intend to occupy the property as their principal residence in order to continue the exemption;
- f) The information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application; and
- g) My/our intentional or negligent misrepresentation(s) of the information contained in this verification form 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.

X	
Homebuyer 1	Date
X	
Homebuyer 2	Date

Return form and supporting documentation to:
PHB LTE/SDC Program
421 SW 6th Avenue, Suite 500
Portland, OR 97204

Fax: 503-865-3479 or Email: indirect@portlandoregon.gov

Fax. 505-665-5479 of Email. Indirect@portiandoregon.gov
The following documentation must be submitted to PHB along with this verification form at least 10 days prior to closing:
Income Verification (Copies are acceptable):
☐ Current pay-stub(s) covering at least the past 30 days and including year-to-date earnings, from all employers;
☐ Documentation of all other income sources such as social security, pension, disability, child support, alimony, etc.
If self employed:
Past two years' complete signed Federal tax returns, including all schedules; and
Year-to-date income and expense statement.
Co-Buyers going on title to the property who will not live in the home do not submit income documentation but must complete and sign the verification form and submit a letter of explanation signed by all Homebuyers.
There are additional LTE Program requirements due at closing:
 Copy of the recorded Warranty Deed or the Final HUD-1 Settlement Statement showing the final sale price and the names on title to the property; and
☐ Processing fee of \$300 payable to PHB.

For additional information:

http://www.portlandonline.com/phb/sdc http://www.portlandonline.com/phb/ltebuyer

Phone: 503-823-3270

E-mail: indirect@portlandoregon.gov

