

## Maryland Mortgage Program Standard Pre-Closing Compliance Loan Package #1

**FOR USE WITH 1<sup>st</sup> TIME ADVANTAGE, HOMEABILITY, SMARTBUY, OR ANY LOAN WITH A MARYLAND HOMECREDIT (MCC).**

- Effective Immediately, fees for the Maryland HomeCredit Program/Mortgage Credit Certificates (MCC's) will be processed via electronic transaction in lieu of payment by check. The directive detailing this change can be found here:  
<https://mmp.maryland.gov/Lenders/Directives/Directive2020-06.pdf>
- This pre-closing compliance package includes the MMP forms and attachments **always** required for any 1<sup>st</sup> Time Advantage product, SmartBuy, HomeAbility, and **ALL** transactions under the Maryland HomeCredit Program (including MCC Only). The documents have been assembled into one package for your convenience; they were previously listed separately under PRE-CLOSING: DOCUMENTS THAT ARE ALWAYS REQUIRED. Review the checklist to determine what additional documentation is required.
- To submit the completed documentation using Lender Online, it is a two-step process, UPLOAD and SUBMIT. Normally the package will be reviewed within 48 hours. Check in Lender Online for conditions/approval.
- Reserving the loan locks the rate and funds for 105 days—no extensions. After that the loan will be cancelled. Lender compensation is based on the number of days between reservation and purchase by the master servicer. The directive is here:  
<http://mmp.maryland.gov/Lenders/Directives/Directive2017-03.pdf>.
- A guide to the program codes is found here:  
<http://mmp.maryland.gov/Lenders/Documents/CDAPROGRAMCODEGUIDE.pdf>
- Changes to a loan reservation—name, code, loan amount, DPA, etc.—requires an Attachment R, which gets emailed to the address included at the top of the page. Changing the type of loan may change the rate. An Attachment R is downloaded from the loan documentation page:  
<http://mmp.maryland.gov/Lenders/Pages/Loan-Documentation.aspx>
- After a loan has been approved for pre-closing compliance, the lender will have access to download the closing package, which would include the loan documents for the second lien (or grant), if applicable.
- Post-closing compliance is also required for all loan products.

**MARYLAND MORTGAGE PROGRAM (MMP)**  
**MARYLAND HOMECREDIT PROGRAM (MHCP)**

**MCC FEE VERIFICATION FORM**

- Required for all loans with an MCC, including MCC Only and MCC Refinances
- Must be submitted via eDocs on Lender Online in the Pre-Closing Compliance Package

Reservation Number:	Lender Name:
Borrower Name(s):	Contact Name:
MCC Type:	Phone Number:
MCC Fee Amt:	Email:

Please note that the Maryland Mortgage Program is no longer accepting checks as payment for fees associated with the issuance of Mortgage Credit Certificates (MCC's). Effective immediately, MCC fees must be paid via electronic transaction (ACH or wire transfer).

Instructions for all electronic payments are shown below.

<b>Incoming ACH Transactions</b>
ABA #02200046
M&T Bank
DDA #16629825
MCC Fee – Borrower Name – CDA loan #

<b>Incoming Wires</b>
ABA #022000046
MFRS BUF
A/C 3088001950200
A/C Name: Trust Division
f/f/c: GBR 000 99
Address: One Light Street 14 <sup>th</sup> Floor Baltimore, MD 21202
Attn: Farrah Welsh
MCC Fee – Borrower Name – CDA loan #

**MMP Income Eligibility Worksheet and Lender Certification**

1. **Residents and Income.** Income from all household members, except the income of full-time high school or undergraduate students, unless such a person is a borrower (**See MMP Lender's Manual**) must be included in the total calculation to determine income eligibility in accordance with the definition of income as stated in Section 143 of the Internal Revenue Code of 1986, as amended. Total household income for MMP may not exceed the program maximums.

Income, as it applies to each household member who will reside in the mortgaged property, must be entered on the corresponding lettered column for each resident listed in the MMP Buyer's Affidavit. Income for eligibility purposes is the total household income anticipated for the 12 month period commencing on the expected date of occupancy of the mortgaged property.

2. **Income from Remaining Assets  
After Loan Closing**

Name of Borrower(s): \_\_\_\_\_

(Include asset information for **BORROWERS only**)

<u>Value of:</u>	(a)	(b)	(c)	(d)	(e)
2.1 Checking Accounts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.2 EMD & Prepays (POC)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.3 Savings Accounts	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.4 Gifts (non-recurring)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.5 Stocks and Bonds	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.6 IRA & 401K's (only if cashed)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.7 Equity in Real Property	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2.8 Other Capital Investments	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**IF BORROWERS' LIQUID ASSETS ARE EQUAL TO OR EXCEED 20% OF THE PURCHASE PRICE, THE ASSET TEST WORKSHEET MUST BE COMPLETED TO DETERMINE IF THEY ARE ELIGIBLE FOR MMP.**

2.9 Less Borrowers Assets Used to Close	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)	(\$ _____)
2.10 Net Value of Assets After Closing	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

2.11 Anticipated Income:

Income anticipated from Net  
Value of Assets listed in 2.10  
above for the 12 months  
following occupancy (**enter "0"**  
**if net assets less than \$5,000**):

\_\_\_\_\_

2.12 Imputed Income:

Enter .21% of Net Value of Assets  
listed on Line 2.10 above (**enter "0"**  
**if net assets less than \$5,000**):

\_\_\_\_\_

2.13 Enter greater of  
Line 2.11 or 2.12 here  
and on Line 3.4 below:

\$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_ \$\_\_\_\_\_

3. Gross ANNUAL Income for Eligibility

(Include **ANNUAL** income received **by or for ALL HOUSEHOLD MEMBERS** listed on Buyer's Affidavit)

	(a)	(b)	(c)	(d)	(e)
3.1 <u>Base Wages, Salaries, etc.</u>	_____	_____	_____	_____	_____
3.2 <u>Overtime, Bonus, Commissions, etc.</u>	_____	_____	_____	_____	_____
3.3 <u>Business Income</u>	_____	_____	_____	_____	_____
3.4 <u>Interest, Dividends, etc.</u> (from 2.13 above)	_____	_____	_____	_____	_____
3.5 <u>Insurance, Pensions, Social Security, Workmen's Comp. and Other Periodic Pymts</u>	_____	_____	_____	_____	_____
3.6 <u>Alimony* and Child Support*</u>	_____	_____	_____	_____	_____
3.7 <u>Public Assistance</u>	_____	_____	_____	_____	_____
3.8 <u>Gifts (recurring)</u>	_____	_____	_____	_____	_____

\*If alimony or child support is received, it **must** be entered under the appropriate column. **If it is not received, "\$0" should be entered under the appropriate column.**

3.9	<u>Allowance, etc.</u>	_____	_____	_____	_____	_____
3.10	<u>Tax Credits</u>	_____	_____	_____	_____	_____
3.11	<u>Less Allowable Exclusions</u>	(_____)	(_____)	(_____)	(_____)	(_____)
	TOTAL	\$_____	\$_____	\$_____	\$_____	\$_____

**TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS**    \$\_\_\_\_\_

### CDA/MMP LENDER CERTIFICATION

CDA Lender certifies that the MMP loan has been underwritten for compliance with the Mortgage Subsidy Bond Tax Act as well as Maryland State law requirements as outlined in the current MMP Lender's Manual and that the loan is a complying and eligible loan under MMP. Further, CDA lender certifies, that in its opinion, based on information submitted by the borrower(s) and the Lender's knowledge of prevailing terms and standards of mortgage lending in the area, the borrower(s) could not obtain a mortgage loan for the property in the unassisted private lending market.

Name of Lender: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
                     Signature of Authorized Representative

## Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**  
▶ **Request may be rejected if the form is incomplete or illegible.**  
▶ **For more information about Form 4506-T, visit [www.irs.gov/form4506t](http://www.irs.gov/form4506t).**

OMB No. 1545-1872

**Tip.** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> Customer file number (if applicable) (see instructions)	

**Note:** Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . . ☐
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days . . . . . ☐
- c Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days . . . . . ☐
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days . . . . . ☐
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days . . . . . ☐

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- |  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

- ☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

**Sign Here**

Signature (see instructions)	Date
Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506-T and its instructions, go to [www.irs.gov/form4506t](http://www.irs.gov/form4506t). Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

**What's New.** As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to [www.irs.gov](http://www.irs.gov) and search IVES.

## General Instructions

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Purpose of form.** Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

**Note:** If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

**Customer File Number.** The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

## Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Mail or fax to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301  855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888  855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

## Chart for all other transcripts

If you lived in or your business was in:

Mail or fax to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409  855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999  855-821-0094

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, include it on this line.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note:** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

**Line 5b.** Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

**Note.** If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

**COMMUNITY DEVELOPMENT ADMINISTRATION  
MARYLAND MORTGAGE PROGRAM (MMP)  
MARYLAND HOMECREDIT PROGRAM (MHCP)**

**BUYER'S AFFIDAVIT**

**Instructions to Lender.**

Borrowers should use this form to apply for:

- an MMP mortgage loan to purchase a single-family residence;
- an MMP mortgage loan to purchase a single-family residence and a mortgage credit certificate ("MCC"); or
- an MCC.

Borrowers should **NOT** use this form if they are applying for a home improvement or rehabilitation loan. See Lender Statements requested on final page.

**Instructions to Borrower.**

- Check true statements and fill in blanks.
- Attach additional information as necessary.
- If you need help, ask your lender.
- Answer all questions accurately and completely.
- You are receiving a special loan at a below market rate of interest or with the benefit of mortgage credit certificates. The Lender and the Maryland Community Development Administration must rely on your statements in this affidavit to assure that you qualify for this loan.

**False or Fraudulent Statements.**

**False, incomplete, or fraudulent statements may cause a penalty of \$10,000, default and foreclosure on the mortgage, or revocation of mortgage credit certificate in addition to other tax or state law penalties.**



**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

**COMMUNITY DEVELOPMENT ADMINISTRATION  
MARYLAND MORTGAGE PROGRAM (MMP)  
MARYLAND HOME CREDIT PROGRAM (MHCP)  
BUYER'S AFFIDAVIT**

***A. Borrower***

	<u>Borrower</u>	<u>Co-Borrower</u>
Full Name:	_____	_____
Current address:	_____	_____
	_____	_____
Daytime telephone:	_____	_____
Social Security Number:	_____	_____

***B. Location of Residence***

*We want to use the MMP or MHCP to finance the purchase of the following residence (the "Residence"):*

Address: \_\_\_\_\_ County: \_\_\_\_\_  
\_\_\_\_\_  
[or **check here** \_\_\_ for Baltimore City]

***C. Occupants***

Total Number of residents (household members) \_\_\_\_\_

*Identify all persons who will live in the Residence:*

	<u>Name</u>	<u>Age</u>	<u>Relationship</u> <u>(if any)</u>
Borrower	_____	_____	_____
Co-Borrower	_____	_____	_____
Other Occupants	_____	_____	_____
	_____	_____	_____

***D.      Use of Residence***

***[Check if true:]***

1.        \_\_\_\_\_      We intend to move into the Residence as our principal residence (our home) within 60 days after closing and to continue it as our principal residence after moving into it. We will notify you as soon as the Residence becomes our principal residence or if we cease to use it as our principal residence for any reason.
2.        \_\_\_\_\_      We will not use the Residence in any business, including a home office or a child day care business. *If you intend to use any portion of the Residence in a business, **please check here** \_\_\_\_\_ and obtain and fill out an "Additional Buyers Affidavit Relating to Business Use of Residence" (Attachment N) obtained from your lender.*
3.        \_\_\_\_\_      We will not lease any portion of the Residence to any other person.
4.        \_\_\_\_\_      If the Residence includes a yard or other land as may be appropriate for basic livability, we will not use the land in any agricultural, nursery or landscaping business.
5.        \_\_\_\_\_      The Residence is a permanent building, either conventional construction or a prefabricated or manufactured housing (double-wide mobile home) on a permanent foundation that meets requirements of Program. It is not a cooperative or an investment property.
6.        \_\_\_\_\_      The Residence is a single-family residence.

***[Check (a) or (b):]***

- 7.a       \_\_\_\_\_      The Residence is newly constructed housing. We will be the first occupants.
- 7.b.       \_\_\_\_\_      The Residence is existing housing that other people have already occupied, either as owners or tenants.

***E.      Use of Mortgage Proceeds***

***[Check if true:]***

8.        \_\_\_\_\_      We will use the proceeds of our mortgage to finance the purchase of the Residence, or the construction of the Residence, if it is newly constructed housing.

9.        \_\_\_\_\_      We are not using the proceeds of our mortgage to purchase furniture or appliances other than fixtures sold to us as part of the Residence.

10.       \_\_\_\_\_      We are not using our loan to refinance our debt under a prior loan.

*Note: If you are using your mortgage to retire construction financing, a bridge loan, or a "contract for deed" to land **please check here** \_\_\_\_\_ and attach description.*

11.       \_\_\_\_\_      We are not using the proceeds of our mortgage to pay any settlement or financing costs related to the mortgage loan.

*Note: If your loan is guaranteed by RHS (and the appraised value exceeds the purchase price) and you are financing closing costs in your mortgage, **please check here** \_\_\_\_\_.*

12.       \_\_\_\_\_      The sales contract submitted with our application is the only contract between the seller and us concerning the Residence. There are no side agreements or other arrangements.

***F. Annual Household Income***

- *Include all income, whether or not subject to income tax, of the borrowers and other occupants of the Residence, and whether or not you wish to depend on it for evaluation of your credit.*
- *Our annual gross income at the present time is as follows:*

<u>Item</u>	<u>Borrower</u>	<u>Co-Borrower</u>	<u>Other Occupant of the Residence</u>
13. Salary – state your annual income based on present salary. Do not deduct withholding taxes.	\$ _____	\$ _____	\$ _____
14. Overtime, bonuses, part- time job, self-employment	_____	_____	_____
15. Alimony, child support, public assistance, sick pay, unemployment compensation	_____	_____	_____
16. Pension and social security	_____	_____	_____
17. Interest, dividends or other investment income or trust income	_____	_____	_____
18. Income from rental of property or business activities	_____	_____	_____
19. Other income	_____	_____	_____
Description:	_____		
20. Total gross annual income	_____	_____	_____

Item		Other Occupant <u>of</u> <u>the Residence</u>	Other Occupant <u>of</u> <u>the Residence</u>	Other Occupant <u>of</u> <u>the Residence</u>
13.	Salary – state your annual income based on present salary. Do not deduct withholding taxes.	\$ _____	\$ _____	\$ _____
14.	Overtime, bonuses, part- time job, self-employment	_____	_____	_____
15.	Alimony, child support, public assistance, sick pay, unemployment compensation	_____	_____	_____
16.	Pension and social security	_____	_____	_____
17.	Interest, dividends or other investment income or trust income	_____	_____	_____
18.	Income from rental of property or business activities	_____	_____	_____
19.	Other income	_____	_____	_____
	Description:	_____		
20.	Total gross annual income	_____	_____	_____

***G.      Previous Residences***

*List all principal residences of each Borrower during the last three years and provide the other information requested:*

Name of Borrower: \_\_\_\_\_

Last Three Years (Begin with most recent year)	Address	Type of Residence (Apartment, Single-family Dwelling, Townhouse)	Rent or Own
From _____, 20__ To _____, 20__			
From _____, 20__ To _____, 20__			
From _____, 20__ To _____, 20__			

Name of Co-Borrower: \_\_\_\_\_

Last Three Years (Begin with most recent year)	Address	Type of Residence (Apartment, Single-family Dwelling, Townhouse)	Rent or Own
From _____, 20__ To _____, 20__			
From _____, 20__ To _____, 20__			
From _____, 20__ To _____, 20__			

*Attach      additional      sheets      if      needed      for      additional      borrowers.*

**[Check if true:]**

21. \_\_\_\_\_ Borrower: I have not owned a principal residence in which I resided at any time in the past three years.
22. \_\_\_\_\_ Co-Borrower: I have not owned a principal residence in which I resided at any time in the past three years.

***H. Exceptions to 21 and 22***

**[Check if true:]**

23. \_\_\_\_\_ I [We] do not own any interest in any land, building, houses, or other real property, except as follows:
- a. \_\_\_\_\_ I [We] own an interest in a cemetery plot;
- b. \_\_\_\_\_ I [We] own an interest in the lot on which the Residence will be built;
- c. \_\_\_\_\_ I [We] own my [our] existing principal residence. It \_\_\_\_\_ is / \_\_\_\_\_ is not subject to a contract of sale, and will be conveyed by the time of the closing of this mortgage loan.

Note to Lender:                      *Exception (c) applies to a mortgage loan financing a Residence in a targeted area or for a "veteran" as defined in 23A below*

*Fill in 23A if you want to qualify as a "veteran" Buyer:*

**[Check if true]:**

- 23A. \_\_\_\_\_ Borrower or Co-Borrower is a veteran. The Borrower or Co-Borrower (indicate which \_\_\_\_\_) served in the active military, naval, or air service of the United States, was not dishonorably discharged, and has not previously applied for financing under the Maryland Mortgage Program (or an equivalent program in another state), using the special rule for veterans. A copy of DD Form 214 is attached.

***I. Purchase Price***

24. The contract price for purchase of the Residence is \$\_\_\_\_\_.
25. \_\_\_\_\_ A true and correct copy of the sales contract is attached to this affidavit.
26. This is \_\_\_\_\_ is not \_\_\_\_\_ the entire amount to be paid to the seller for the Residence. There are no side agreements.

**[Check (a) or (b):]**

27. a. \_\_\_\_\_ The Residence as purchased for the above price will be a completed residential unit. "Completed" means suitable for occupancy without the need for additional construction or improvement. Plans for minor repairs or redecorating do not mean the Residence is not completed.
- b. \_\_\_\_\_ The Residence as purchased will be incomplete. We estimate the cost of completing the Residence at \$\_\_\_\_\_.

*This estimate should not include the value of services to be performed without charge by the borrowers or family (children, parents, siblings) or other occupants of the Residence.*

***[Check if true:]***

28. \_\_\_\_\_ The purchase price of the Residence includes the cost of the land on which the Residence is located. *[If land was or will be purchased separately **please check here** \_\_\_\_\_ and attach description.]*
29. \_\_\_\_\_ The land is subject to a ground lease. *[If true, please attach a description of the ground lease, including the amount of the payments.]*

***J. Assets***

30. \_\_\_\_\_ The assets disclosed on the Fannie Mae Form 1003/Freddie Mac Form 65 Application are the total assets of all borrowers.

***K. Federal Income Tax Returns***

- Attach copies of your Federal income tax returns for the past three years.
- Attach returns for all borrowers.
- If you do not have copies of these returns, attach an executed Form 4506, Request for Copy of Tax Form. This Form authorizes the lender to obtain copies for you.

***L. MCC Not Limited to Particular Lenders (for MCCs only)***

***[check if true:]***

31. \_\_\_\_\_ The requested MCC is not limited to loans from particular lenders because a lender may participate in the MCC program by completing the Department's approval process.



***M.     Affidavit***

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the contents of this affidavit are true. We understand that we must re-execute a confirming affidavit at closing.

\_\_\_\_\_  
BORROWER (Date)

\_\_\_\_\_  
CO-BORROWER (Date)

*INTENTIONALLY LEFT BLANK*

**LENDER MUST COMPLETE THE FOLLOWING.**

**A.**     *[Check if true:]*

32.     a) \_\_\_\_\_ The Residence is located in a targeted area.  
       b) \_\_\_\_\_ We have given the Borrower a copy of the Recapture Tax Notice.

**B.**     *Calculate "Total Acquisition Cost":*

(1)	Sales contract price	\$ _____
(2)	Personal property (other than fixtures) included in sales contract	-\$ _____
(3)	Cost of completing residence	+\$ _____
(4)	Capitalized ground rent <sup>1</sup>	+\$ _____
(5)	Greater of cost or fair market value of land owned less than 2 years <sup>2</sup>	+\$ _____
TOTAL ACQUISITION COST		\$ _____

**C.**     *[Check if true (applies only for loans for which mortgage credit certificates will be issued):]*

33.     \_\_\_\_\_ We are not originating or financing this loan with proceeds of tax-exempt qualified mortgage bonds or qualified veteran's mortgage bonds issued by the Community Development Administration or any other entity.
34.     \_\_\_\_\_ The Borrower is not related to the Lender through ownership of more than 50% of the outstanding stock of the Lender by the Borrower and/or family relatives of the Borrower.

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the above Lender statements are true.

\_\_\_\_\_  
LENDER

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

<sup>1</sup>     Monthly ground rent multiplied by ground rent factor

<sup>2</sup>     List only if not included in "Sales contract price" above

## NOTICE TO BORROWERS

Your loan is being financed with a mortgage made available with the assistance of the Maryland Community Development Administration ("CDA"). This mortgage is made at an interest rate below what is usually being charged. Because of this, your mortgage provides that you cannot sell your home to a person ineligible for assistance from CDA, unless you pay your loan in full. If you sell your home to a party ineligible for CDA's assistance, and allow the buyer to make your payments for you (assume your loan), CDA may refuse to allow the sale and demand full repayment of the loan. This could result in foreclosure of your mortgage and repossession of the property. If the lender takes your home through foreclosure of the mortgage because of these reasons, the mortgage insurer or guarantor will not be able to help you.

If the money received from the foreclosure sale is not enough to pay the remaining amount of money you owe on the loan, CDA may obtain a deficiency judgment against you (a court ruling that you must pay whatever money is still owed on the loan after the foreclosure sale). Such judgment may be taken over by the mortgage insurer or guarantor if CDA files an insurance claim with the mortgage insurer or guarantor because of the foreclosure. The mortgage insurer or guarantor may then bring an action against you to collect the judgment.

---

(Name of Borrower)

---

(Date)

---

(Name of Borrower)

---

(Date)

MARYLAND DEPARTMENT OF HOUSING  
AND COMMUNITY DEVELOPMENT  
COMMUNITY DEVELOPMENT ADMINISTRATION  
SINGLE FAMILY BOND PROGRAM  
MARYLAND MORTGAGE PROGRAM (MMP)  
MARYLAND HOMECREDIT PROGRAM (MHCP)

SELLER'S AFFIDAVIT

Instructions

- Please complete all questions on this Affidavit.
- Check true statements and fill in blanks.
- If you need help, please ask the Lender's representative.
- This Affidavit is an essential part of your Buyer's application to the Lender for a Mortgage Loan or for mortgage credit certificates.
- The Buyer's application cannot be accepted unless you complete and return this Affidavit to the Lender.
- You will be required to execute a second Affidavit on the date of closing confirming the information you give here.
- The Lender and the Maryland Community Development Administration must rely on your statements in this Affidavit to assure that the Buyer qualifies for the Mortgage Loan or the issuance of mortgage credit certificates. **False, incomplete, or fraudulent statements may cause a penalty of \$10,000, default and foreclosure on the mortgage, or revocation of mortgage credit certificate in addition to the other tax or state law penalties.**

A. Address of Residence to be Sold

---

---

B. Names of Buyers

---

---

C. Prior Use

I. Yes\_\_\_\_ No\_\_\_\_ The Residence has been used by us exclusively as our residence.  
If No, please describe other uses, such as a model home, rental property or business office.

---

---

---

---

---

D. Purchase by Seller

2. We acquired the Residence in \_\_\_\_\_ (month and year).

[Check (a) or (b).]

3a. \_\_\_\_\_ We presently occupy the Residence.

3b. \_\_\_\_\_ We have not occupied the Residence since \_\_\_\_\_ (month and year).

E. Purchase Price

4. The contract price for purchase of the Residence is \$\_\_\_\_\_.

5. This is \_\_\_\_ is not \_\_\_\_ the entire amount to be paid for the Residence. There are no side agreements for the Residence.

6. Other than the amounts set forth in the Sales Contract, state whether there are any arrangements concerning the following:

(a) Yes\_\_\_\_ No\_\_\_\_ The sale of the Residence and any related personal property or fixtures.

(b) Yes\_\_\_\_ No\_\_\_\_ The furnishing of any services (e.g., painting, plastering, and landscaping) to be performed by any persons other than a spouse, parent, brother, sister or child of a Buyer in connection with the Residence.

(c) Yes\_\_\_\_ No\_\_\_\_ Completion, addition to, or re-equipping of the Residence.

(d) Yes\_\_\_\_ No\_\_\_\_ The purchase of any other real or personal property in connection with the purchase and occupancy of the Residence.

F. **Surrender of Residence**

7. Yes\_\_\_\_ No\_\_\_\_ Under the terms of the Sales Contract, we are obligated to surrender possession of the Residence to the Buyer at closing or no later than 60 days after the closing of the sale transaction.

G. **Commissions and Fees**

8. Name all real estate brokers, agents or other such persons who will be compensated with respect to the sale: \_\_\_\_\_.

9. The total amount of such payment is \$\_\_\_\_\_ or \_\_\_\_\_% of the contract price.

We [I] solemnly affirm under penalties of perjury and upon personal knowledge that the contents of this Affidavit are true. We [I] understand that we [I] must re-execute this Affidavit at closing.

SELLER – INDIVIDUAL(S):

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

SELLER – ENTITY:

Name of Entity: _____	_____
	Date

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_