



EXHIBIT H

HOME PROGRAM
Applicant Certification Form

Name of Homebuyer(s) \_\_\_\_\_

New Property Address \_\_\_\_\_

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

I/we the undersigned hereby certify that the following information is true and accurate to the best of my/our knowledge and belief. This information is being provided to determine my/our preliminary eligibility for participation in the Lakewood HOME Program. I/we understand that this information must be verified by both the lender and the City of Lakewood to assure my/our participation in this program. I/we understand that any information that cannot be verified will be just cause for disqualification from participation in this program.

1. I/we are homebuyer(s) who:

Circle One

- a) have not owned a house in the last three (3) years
b.) meet the definition of single parent
c.) meet the definition of displaced homemaker

2. My/our household size is \_\_\_\_\_.

3. I am \_\_\_Single \_\_\_Married Widowed \_\_\_Divorced\*\* \_\_\_Separated\*\* (\*\*If divorced or separated, please provide a copy of your Divorce Decree or Separation Agreement)

4. Are you Hispanic/Latino? \_\_\_ Yes \_\_\_ No

5. I am \_\_\_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; \_\_\_Asian/Pacific Islander

6. My/our residency status is \_\_\_ U.S. Citizen(s) \_\_\_Permanent Resident Alien\* \_\_\_ Other\* \_\_\_\_\_. (\*Please provide copy of Green Card(s).)

7. My/our adjusted gross household income is \$\_\_\_\_\_.

8. I/we will use this property as our principal residence. I/we understand that if this property is used for investment purposes, that I/we will be required to repay the Lakewood HOME Program loan funds.

9. I/we will provide either 1.5% or 3% of the purchase price from my/our own funds.

10. I/we have received a copy of the lead-based paint booklet "Protect Your Family From Lead In Your Home."

11. I/we have a HUD Voluntary Acquisition/Notification Form signed by present owner.

12. I/we forwarded a copy of the Owner's Certification of NO Displacement to the Seller(s) for signature(s). This property does not contain a tenant eligible for relocation assistance.

13. The purchase price of the property is \$\_\_\_\_\_ and is located within the boundaries of the City of Lakewood.

Circle One

This property is a: a.) single family b.) two-family c.) condominium and has \_\_\_\_\_ bedrooms.

14. I/we currently receive a rent subsidy from a local, state, federal or private source: \_\_\_ Yes \_\_\_ No

(If yes, from what agency: \_\_\_\_\_)

15. I/we are 65 years of age or older: \_\_\_Yes \_\_\_No

Buyer Signature

Buyer Signature

Date

Date



City of Lakewood
Department of Planning and Development
Fax Number: 529-5907
HOME Program - Notice of Intent

Name of Applicant(s) :
Phone Number(s) : Day : Evening :
Current Address :
New Property Address :

Circle appropriate answer

Applicant has signed Purchase Agreement? yes no
Applicant has signed Certification Form? yes no

Lender Name :
Lender Representative :
Name & Signature :
Lender Phone Number :
Lender Fax Number :
Applicant(s) Signature :

Acknowledgement by \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_
that the City of Lakewood has reserved \$ \_\_\_\_\_\* for this applicant,
pending verification of the buyer(s) certification and credit decision or for a period of
60 days (whichever comes first), unless consent is granted by the City of Lakewood to
extend this reservation of funds
Signature
\* \$7,500 for condominiums, \$10,000 for single-families and \$14,000 for two-family housing types.

# OWNER'S CERTIFICATE OF NO DISPLACEMENT

Name of Project: \_\_\_\_\_ Lakewood HOME Program \_\_\_\_\_

Current Property Owner(s): \_\_\_\_\_

\_\_\_\_\_

Current Owner(s) Address: \_\_\_\_\_

\_\_\_\_\_

**RE: Property Address:** \_\_\_\_\_

At the time of sale was this property: \_\_\_ Owner Occupied \_\_\_ Vacant \_\_\_ Tenant Occupied

**PART 1: TO BE COMPLETED IF UNIT NON-OWNER OCCUPIED OR VACANT**

How Long Has Unit Been Vacant: \_\_\_\_\_

Current or Previous Tenant(s): \_\_\_\_\_

Current Address of Tenant: \_\_\_\_\_  
(If Known) \_\_\_\_\_

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

Reason for Move (if known): \_\_\_\_\_

\_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Retain copy of signed letter and submit original to the City of Lakewood, Division of Community Development, 12650 Detroit Avenue, Lakewood, Ohio 44107, ATTN: Mary E. Leigh, Programs Manager (529-7681). Thank you.

HUD VOLUNTARY ACQUISITION/NOTIFICATION FORM

Date: \_\_\_\_\_, 200\_\_\_\_\_

**BUYER MUST COMPLETE PART I:**

**PART I:**

TO: _____ (Name of Current Property Owner)	Parcel No. _____ - _____ - _____
_____ (Name of Current Property Co-owner)	_____ (Address of Property Being Purchased)
_____ (Mailing Address of Property Owner If Different From Address of Property Being Purchased)	
_____ (City, State, Zip)	

Dear Current Property Owner:

Prior to entering into a purchase contract or option the U.S. Department of Housing and Urban Development (HUD) regulations require a person acquiring real property for a HUD-assisted project to, 1) inform the owner that they do not have the authority under state law to acquire the property by eminent domain and, 2) inform the owner of the amount they believe to be the estimated fair market value for the property,

**I(we) have estimated the Fair Market Value of your property to be \$\_\_\_\_\_.**  
**This amount was established by a multiplication of the Cuyahoga County Tax value by 2.86 (call Cuyahoga County Auditor's Office at 443-7092 to obtain this figure).** However, this value does not necessarily reflect the final amount that we negotiated as a purchase price. Informing you of the estimated Fair Market Value is only being done to satisfy the HUD acquisition requirements.

In addition, because you have freely elected to sell your property under the HUD regulations, you are ineligible for any relocation benefits or assistance as the result of the acquisition.

Therefore, after further consideration if you are not satisfied with either the purchase price that I(we) negotiate, or have negotiated, or the terms and conditions for the acquisition, you may withdraw from the agreement to sell your property.

Should you have any questions regarding this matter, please feel free to contact the Buyer(s) Real Estate Agent, \_\_\_\_\_, at \_\_\_\_\_.  
(Telephone Number)

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
(Buyer(s) Signature(s))

OVER 

**BUYER MUST COMPLETE PART II:**

**FORM TWO**

**PART II:**

_____	_____
Buyer(s) Name (please print or type)	Buyer(s) Name (please print or type)
_____	
Buyer(s) Current Address	
_____	
(City, State, Zip)	
Phone: _____	_____
(Day)	(Evening)

**PART III:**

**Buyer or Real Estate Agent may hand-delivered or mail this letter to Seller. Please indicate (by appropriate signatures) who delivered the letter and who received the letter.**

**FORWARDED TO OWNER(S) BY:** \_\_\_\_\_ (Buyer or Real Estate Agent Signature) \_\_\_\_\_ (Date)

**RECEIVED/ACKNOWLEDGED BY:** \_\_\_\_\_ (Owner Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Owner Signature) \_\_\_\_\_ (Date)

NOTE: **Retain copy of signed letter and submit original** to the City of Lakewood, Division of Community Development, 12650 Detroit Avenue, Lakewood OH 44107. Thank you.

**FORM ONE**

After carefully reading the booklet “Protect Your Family From Lead in Your Home,” **sign and detach this Receipt and return it to the City of Lakewood, Division of Community Development Office, 12650 Detroit Avenue.**

**RECEIPT OF BOOKLET**

I have received a copy of the booklet entitled:

**PROTECT YOUR FAMILY FROM LEAD  
IN YOUR HOME  
June 2003**

Print Full Name

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Signature

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Address and Apt. #

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Date:

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### Request for Copy of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

**Tip:** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T**, Request for Transcript of Tax Return, or you can call 1-800-829-1040 to order a transcript.

<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 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 if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax return.	

**Caution:** If a third party requires you to complete Form 4506, **do not** sign Form 4506 if lines 6 and 7 are blank.

**6 Tax return requested** (Form 1040, 1120, 941, etc.) and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ \_\_\_\_\_

**Note.** If the copies must be certified for court or administrative proceedings, check here.

**7 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 eight years or periods, you must attach another Form 4506.

____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

<b>8 Fee.</b> There is a \$39 fee for each return requested. <b>Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN or EIN and "Form 4506 request" on your check or money order.</b>	
<b>a</b> Cost for each return . . . . .	\$ <b>39.00</b>
<b>b</b> Number of returns requested on line 7 . . . . .	
<b>c</b> Total cost. Multiply line 8a by line 8b . . . . .	\$ _____

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here

**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 return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, 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 on behalf of the taxpayer.

<b>Sign Here</b>	Signature (see instructions)	Date	Telephone number of taxpayer on line 1a or 2a (    )
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

Section references are to the Internal Revenue Code.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate a third party to receive the tax return. See line 5.

**How long will it take?** It may take up to 60 calendar days for us to process your request.

**Tip.** Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

**Note.** If you are requesting a return for more than one year and the chart below shows two different service centers, mail your request to the service center based on the address of your most recent return.

### Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

## Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

## Specific Instructions

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

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

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

**Corporations.** Generally, Form 4506 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.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**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.

**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 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

### 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 return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. 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, and the District of Columbia 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 will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 16 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 simpler, we would be happy to hear from you. You can write to Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.