

OKC "HOME" Down Payment and Closing Cost Assistance Program



The City of Oklahoma City

The City of Oklahoma City HOME Down Payment Assistance Program is funded by the City of Oklahoma City and HUD and administered by Community Action Agency of Oklahoma City and Oklahoma & Canadian Counties, Inc.

INCOME GUIDELINES (subject to change)

\$50,150	1
\$57,300	2
\$64,450	3
\$71,600	4
\$77,350	5
\$83,100	6
\$88,800	7
\$94,550	8



CAA 08-225 REV 09/2024



Community Action Agency of Oklahoma City and OK/CN Counties, Inc.

Want to Buy A New Home?

If you would like to buy a home in the Oklahoma City limits (see map), then CAA of OKC may be able to assist you with your down payment and closing costs not to exceed \$18,000.00. An additional \$5,000.00 can be provided to buy-down the interest rate to make the home more affordable. This is a needs-based program.

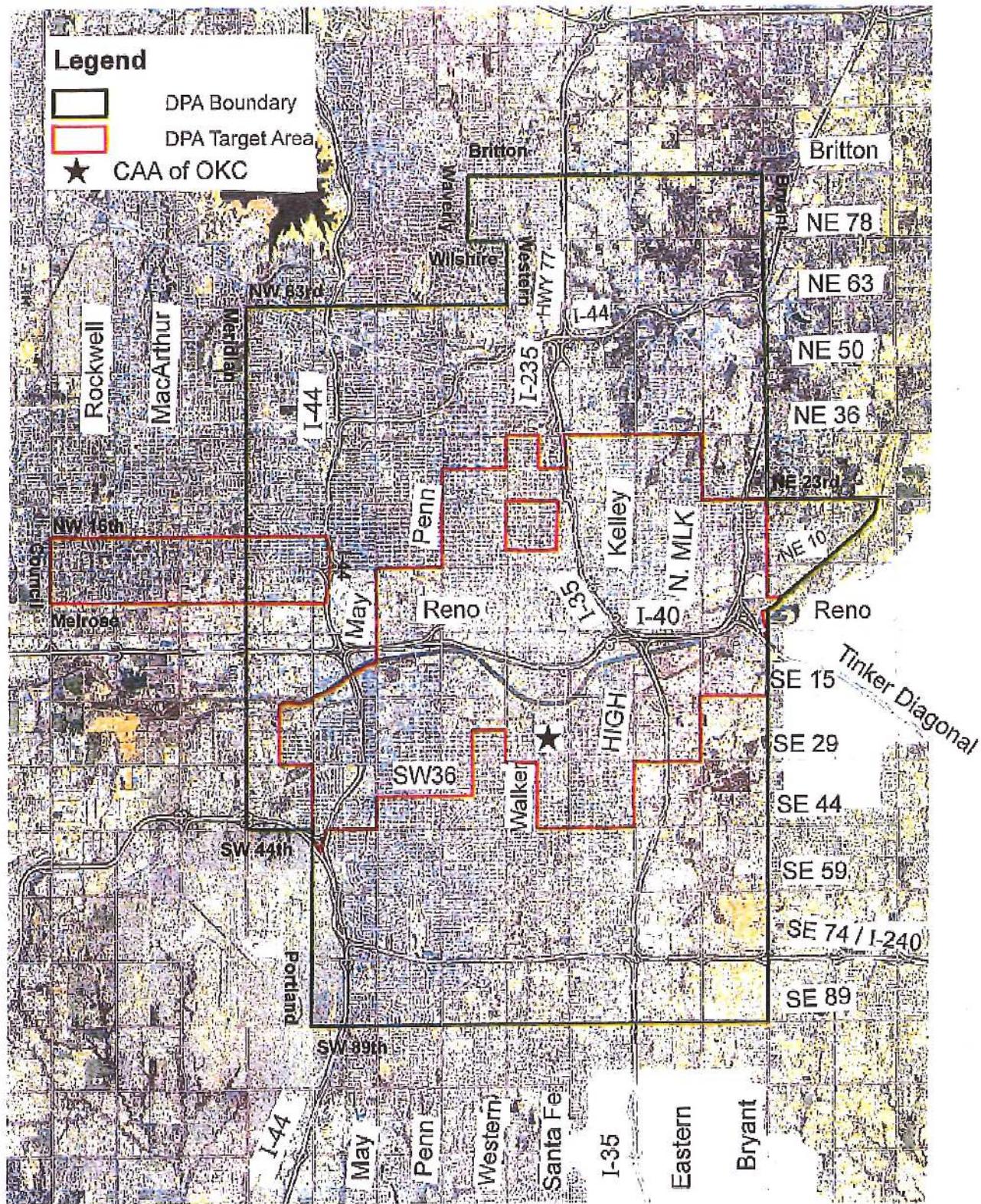
For more information on this program or to sign up for our Homebuyer Education Workshop, please call 405-232-0199 ext. 3201.

*subject to funding availability

Program Requirements

- Applicants are NOT required to be a 1st Time Homebuyer.
- Applicants must secure a 1st Mortgage with either a bank, credit union or mortgage company to purchase the home.
- Applicants must attend and complete a HUD approved Homebuyer Education Workshop prior to applying for the assistance.
- Home must be located in Oklahoma City funding area (see map).
- Applicants household taxable *gross income must meet current income guidelines. *Health Savings Account deductions, IRA Contributions, Student loan interest paid and alimony can be deducted from gross income.
- Existing homes purchase price must not exceed \$209,000. New construction homes purchase price must not exceed \$273,000.
- Applicants minimum contribution will be 1% of the purchase price and must be their own funds. This amount may include up-front fees such as earnest money, home inspection, appraisal, etc.
- Applicants must have 2 months reserves of their anticipated mortgage payment.
- To ensure affordability, the following household debt-to-income ratio must be met: 34% housing ratio and 43% total expense ratio.
- Applicants must occupy the home as their primary residence for a ten-year affordability period.
- Property must pass a Housing Quality Standards (HQS) Inspection prior to closing.
- Home must be owner-occupied or vacant. If it is a rental, home must either be vacant for the last 3 months or have been rented to no one other than the applicants.
- The HOME Program Student Rule excludes certain students of higher education from participating independently in the HOME Program.
- Please call for details. Other requirements may apply.

**OKLAHOMA CITY DOWN PAYMENT ASSISTANCE PROGRAM GUIDELINES
EXHIBIT 1**





Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc.
319 S.W. 25th Street, Oklahoma City, OK 73109
Phone 405-232-0199 FAX 405-232-9074

Helping People. Changing Lives.

***** THIS PAGE CONTAINS IMPORTANT INFORMATION ABOUT APPLYING FOR OUR PROGRAM *****
PLEASE READ THIS WHOLE PAGE

Dear Applicant,

Thank you for your interest in our OKC HOME Down Payment and Closing Costs Assistance Program. The HOME program is funded by the U.S. Department of Housing & Urban Development. They allocate funds to several state, local government, and state housing finance agencies. The City of Oklahoma City assists eligible households with funds for the Down Payment and Closing Costs in form of a forgivable grant. The Community Action Agency partners with them and administers it. The program covers certain areas called the Boundary (Low/Mod) & Target (NRSA) areas (see map attached). If you do not currently have a map you can call our office at 405-232-0199 ext. 3201 to get one. If you cannot tell if the house you are buying is on the map then give us a call and we will look up the address for you and let you know if it is in the targeted area. You **ARE NOT** required to be a first-time homebuyer for The OKC HOME Program.

It is recommended that you don't sign a contract until after you have been approved for our program. **Please make sure to wait until you have been approved for the program and confirming there are funds available before you sign a contract on a house.**

Home buying is a great opportunity. We look forward to helping you attain this goal.

PLEASE READ THE FOLLOWING BEFORE COMPLETING THE APPLICATION:

All documentation (checklist attached) must be available before sending your application.

Our DPA Program Application Process

- Step 1:** Attend the Homebuyer Education Workshop. **The workshop is not the appointment to qualify for the assistance.** (Schedule attached) Online options are available as well. (info attached)
- Step 2:** Be approved for a mortgage either through a bank or a mortgage company. (You can be approved for the mortgage and then do the Homebuyer Education Workshop) If you haven't been approved for a mortgage, you can still apply but approval for assistance will be contingent on you being approved for a mortgage.
- Step 3:** Have all adult household members Employer(s) send us the completed Verification of Employment form (form attached). **Verification must be returned directly to CAA by fax or email from the Employer's representation who completed the form. This form will not be accepted if applicant has possession of the form after the Employer has completed it.**
- Step 4:** Fill out the DPA application and collect all applicable documentation on the checklist. (Checklist attached)
- Step 5:** **After** you have attended the Homebuyer Education Workshop and have verified with your Employer that they have returned the Verification of Employment form to CAA, you may email (**secure or encrypted email required**), mail or drop off (in a sealed envelope at the receptionist desk) the completed application packet to the HUD Certified Housing Counselor to determine if you qualify for the program. The review can take a minimum of 2 weeks to process from the date of receipt.
- Step 6:** A virtual appointment will be set when all documentation has been received to complete Pre-Purchase Housing Counseling. **This appointment can last anywhere from 2 to 2 1/2 hours.** **For questions email Alejandra Martinez, hcounselor@caaofokc.org. This appointment is not the same as the workshop.**
- Step 7:** If you have followed all the steps above, you will know if you have been approved for the DPA prior to your virtual appointment. Assistance can be reserved **only** when you have been approved for DPA and you and the Seller have signed a Sales Contract.



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319 S.W. 25th Street, Oklahoma City, OK 73109
Phone 405-232-0199 FAX 405-232-9074

OKC HOME Down Payment & Closing Cost Assistance Program

PLEASE USE THIS CHECKLIST OF ITEMS REQUIRED FOR YOUR APPLICATION. THEY WILL BE NEEDED TO COMPLETE YOUR APPLICATION. PLEASE SEND ALL THE ITEMS THAT APPLY TO YOUR HOUSEHOLD WITH YOUR APPLICATION THROUGH AN ENCRYPTED EMAIL SYSTEM (CONTACT ME FOR AN INVITE IF YOU DON'T HAVE YOUR OWN).

- **Completed** Homebuyer Down Payment & Closing Cost Assistance Application
- General Release Form & Disclosure and Acknowledgement (signed & notarized)
- ADULT household members - **Completed & Returned** Verification of Employment Form from Employer (attached)
- ADULT household members - 2 months' paycheck stubs for all working household members (pay periods should equal 2 months or more)
- ADULT household members with no income source complete the Zero Income Certification Form (attached)
- ADULT household members that are not employed anywhere complete the Non-employed Affidavit (attached)
- ALL household members verification of ANY other Income
- Self-Employed, must provide last 12 months income (request Self-Employment Affidavit)
 - Self-employed must provide 2 recent years Federal, State Tax Returns and 1099s
- Most recent Federal, State Tax Return & W-2/1099s for all household members
- **Contract on home** - Pre-Approval Letter Credit Report, & copy of ANY lender docs
- **No Contract on home** - Pre-Approval Letter Credit Report
- Last two months bank statements for ALL household member checking account(s)- **ALL PAGES**
- Last two months bank statements for ALL household member savings account(s)- **ALL PAGES**
- Last two months statements for ALL pre-paid cards (CashApp, Venmo, FaceBook Pay, PayPal, Green Dot, etc.) must show name and current balance
- Child support Court Order & last 12-month payment summary (request CAA's form)
- If on Social Security or other benefits, provide current Award Letter
- Divorce Decree or Legal Separation paperwork, if applicable
- Copy of Homebuyer Education Workshop Certificate
- Copy of Driver's License for all adult household members
- Copy of Social Security cards for all household members
- Copy of Birth Certificate for children, if different last name
- Copy of Permanent Resident cards for all household members, if applicable



THE OKC HOMEBUYER PROGRAM APPLICATION

NOTE: If you have a disability, impairment, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about our housing counseling agency?

Member of our staff Print/radio ad Religious or social organization Friend/family HUD Internet Search
 TV Flyer The City of Oklahoma City Walk-In Conference/Convention Realtor Neighborhood Housing Services
 Bank/Lender/Mortgage Services – If you checked this, which company? _____ Other (specify) _____

**PART ONE. YOUR BIOGRAPHIC AND DEMOGRAPHIC INFORMATION**

Name of Applicant : _____ First Name _____ Last Name _____ Middle Initial _____

Gender: Male Female **Social Security#:** _____ **Date of Birth:** _____

Present Address: _____ Apt# _____ City _____ State _____ Zip Code _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Applicant's E-mail: _____

Preferred Contact Method: Cell Phone Work Phone Home Phone Email **Best time to be reached:** Morning Afternoon

Marital Status: Single Married Divorced Separated Widowed Common Law

Head of Household Type: Single Adult Female-headed Single Parent Male-headed Single Parent
 Married without dependents Married with dependents 2 or more unrelated adults Other (specify) _____

Ethnicity: Hispanic Non-Hispanic **Are you Disabled?:** Yes No

Race: American Indian/Alaskan Native American Indian/Alaskan Native & White Asian Asian & White White
 Black or African American Black or African American & White Native Hawaiian/Pacific Islander American Indian / Alaskan Native & Black or African American Other Multiple

Are you a: United States Citizen **or** Permanent Resident **Are you a Veteran?:** Yes No **If Yes?:** Active Duty **or** Reserves

What is the highest level of education completed?: Elementary Middle School High School Diploma or GED®
 Junior College University Graduate School Other

Name of Co-Applicant : _____ First Name _____ Last Name _____ Middle Initial _____

Gender: Male Female **Social Security#:** _____ **Date of Birth:** _____

Relationship to Applicant: Spouse/Partner Adult Dependent Other (specify): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Preferred Contact Method: Cell Phone Work Phone Home Phone Email **Best time to be reached:** Morning Afternoon

Marital Status: Single Married Divorced Separated Widowed Common Law

Ethnicity: Hispanic Non-Hispanic **Are you Disabled?:** Yes No

Race: American Indian/Alaskan Native American Indian/Alaskan Native & White Asian Asian & White White
 Black or African American Black or African American & White Native Hawaiian/Pacific Islander American Indian / Alaskan Native & Black or African American Other Multiple

Are you a: United States Citizen **or** Permanent Resident **Are you a Veteran?:** Yes No **If Yes?:** Active Duty **or** Reserves

What is the highest level of education completed?: Elementary Middle School High School Diploma or GED®
 Junior College University Graduate School Other

FOR CAA USE ONLY:

Received by: _____ Date: _____ Completed: _____ Appointment Start: _____ Appointment End: _____

List all persons who will live in the household, including the applicant and co-applicant:

PART TWO. YOUR REALTOR, LENDER & PROPERTY INFORMATION

Realtor's Agency Name: _____ Realtor Name: _____

Office #: _____ Cell #: _____ Fax #: _____

Realtor's Email address: _____

Lending Company Name: _____ Lending Officer: _____

Office #: _____ Cell #: _____ Fax #: _____

Lending Officer Email address: _____

Property Address (if under contract): _____

PART THREE. YOUR EMPLOYMENT STATUS

* Attached is our Verification of Employment Form that you will need to give to your Human Resources Department or whoever oversees payroll. They will need to email, fax or mail us that form directly prior to or the day of your appointment. Without that form we are not able to COMPLETE YOUR APPLICATION.

Applicant's Employment Status:

Employed Full-time Employed Part-time Employed Seasonally Self-Employed
 Unemployed, receiving benefits Unemployed, not receiving benefits Disabled, receiving benefits
 Disabled, not receiving benefits Retired Other (specify: _____)

Applicant's Current Employer: _____

Employer's Address: _____

Address _____ to _____ Work Phone: _____ City _____ State _____ Zip Code _____

Co-Applicant's Employment Status:

Employed Full-time Employed Part-time Employed Seasonally Self-Employed
 Unemployed, receiving benefits Unemployed, not receiving benefits Disabled, receiving benefits
 Disabled, not receiving benefits Retired Other (specify: _____)

Co-Applicant's Current Employer: _____

Employer's Address: _____

Address _____ City _____ State _____ Zip Code _____

PART FOUR. YOUR HOUSING STATUS & HOUSING GOALS

Language Preference: English Spanish Other (specify) _____

My current housing status is...check all that apply:

Renting/leasing In process of buying (pre-approved, must have two (2) months of their anticipated mortgage payment in reserves) Ready to buy now (actively looking for home) Ready in 3-6 months Ready in 7-18 months Ready in 19 + months Homeowner with mortgage(s) Homeowner (no mortgage debt) Homeless Living with family (paying rent) Living with family (not paying rent) Other (specify) _____

Do you currently receive rental assistance? Yes No If yes, please specify: _____

My housing goal is to...check all that apply:

Buy a home (pre-purchase counseling) Get budget counseling Save two (2) months anticipated mortgage payments in reserves Discuss a fair housing rights violation Get referral to Credit Counseling Agency Other (specify) _____

PART FIVE. YOUR RENTAL & MORTGAGE INFORMATION

If you are currently PAYING RENT, how long have you been renting at your current address? _____ Years _____ Months.

What is your current monthly rent amount? \$_____

If you don't pay rent, how long have you been living at the current address? _____ Years _____ Months.

Check all that apply:

I pay rent I receive a rent subsidy &/or am a public housing resident I am a Section 8 recipient
 I am delinquent with utilities & need assistance

Have you ever owned a home? Yes No

If yes, when was the last time you owned a home? _____

If you currently own your home, do you have a mortgage? Yes No

Is this home going to be rented out? Yes No

If yes, what is the amount that it will be rented for? \$_____

PART SIX. QUESTIONS RELATED TO YOUR CREDIT HISTORY

Are there any outstanding judgments against you? Yes No

Have you declared bankruptcy within the past seven years? Yes No

If yes, date filed _____ date discharged _____ I am currently in a bankruptcy plan

Within the past seven years, have you had a property foreclose or surrendered through a deed in lieu? Yes No

If yes, what was the reason for default? _____

PART SEVEN. TOTAL VALUE OF YOUR HOUSEHOLD'S ASSET

Total Value, Liquid Assets:

(can be easy to sell or convert into cash without any loss in its value)

Cash: \$_____
 Stocks/Bonds/CDs: \$_____
 *Savings Accounts: \$_____
 *Checking Accounts: \$_____
 Vehicles: \$_____
 IRA or 401K \$_____

Total Value, Hard Assets:

(cannot be easily converted to cash)

Owner Occupied Property Value: \$_____
 Investment Property Value: \$_____
 IRA or 401K that you cannot use: \$_____
 Other (please specify) \$_____

***program requires that the applicant/co-applicant, have in addition to their 1% contribution, at least two (2) months of their anticipated mortgage payment in reserves.**

Please take a few minutes to provide information regarding your household income and household debts and expenses below. Remember, every number should represent a monthly calculation (not quarterly or annual).

	Applicant		Co-Applicant	
	Monthly Income		Monthly Income	
Income Type	Gross (Before Deductions)	Net (After Deductions)	Gross (Before Deductions)	Net (After Deductions)
Salary/wage Earnings	\$	\$	\$	\$
Social Security, SSD or SSI	\$	\$	\$	\$
Retirement/Pension	\$	\$	\$	\$
Child Support/Alimony	\$	\$	\$	\$
Unemployment Income	\$	\$	\$	\$
Self-Employed	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$
Total:	\$	\$	\$	\$

Average Monthly Debts		Household	Average Monthly Debts	Household
Rent		\$	Donations, church tithes, etc.	\$
Property Taxes, HOA, Insurance (current homeowners)		\$	Legal fees	\$
Household Utilities	Water \$	Gas \$	Movie rentals	\$
Cable or Satellite		\$	Movies	\$
Home Phone/Cell Phone		\$	Alcohol/cigarettes	\$
Internet		\$	Entertainment	\$
Netflix/Spotify/Game Fly/HULU Plus		\$	Pet Food, grooming, toys, etc.	\$
Car Insurance		\$	Medical prescriptions	\$
Home Alarm System		\$	Hair/Nail Salon	\$
Supplies for the home, toiletries, etc.		\$	Personal clothing	\$
Gas for the car(s)		\$	Dry cleaning/Laundromat	\$
Health/Dental/Vision Insurance (list amount only if it is not deducted from your paycheck)		\$	Health Club	\$
Life Insurance (list amount only if it is not deducted from your paycheck)		\$	Organization dues	\$
Groceries		\$	Other personal care	\$
Dining Out		\$	Retirement Savings	\$
Children clothing, toys, supplies		\$	Maintenance reserves (home & car)	\$
Children school tuition, supplies, lunch money		\$	Rent reserves	\$
Children allowance		\$	College savings	\$
Children activities (sports, dance, practices)		\$	Investments	\$
Child care		\$	Renter's Insurance	\$
Alimony/Child Support		\$	Other	\$

Type of debt	Applicant		Co-Applicant	
	Current Balance	Monthly Payment	Current Balance	Monthly Payment
Mortgage (Principal & Interest) (current homeowners)	\$	\$	\$	\$
Car loan payment(s)	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Credit Card (specify) _____	\$	\$	\$	\$
Personal Loan	\$	\$	\$	\$
Student Loan	\$	\$	\$	\$
Medical bills	\$	\$	\$	\$
Other	\$	\$	\$	\$
Other	\$	\$	\$	\$

PART NINE. ADDITIONAL QUESTIONS

The following information may not affect your APPLICATION; however it is needed to meet the requirements of our funding sources.

Have you previously applied for Down Payment & Closing Cost Assistance before? Yes No

Are you an employee, agent, consultant, officer, elected or appointed official for Community Action Agency of Oklahoma City & Oklahoma/Canadian Counties, Inc., or related to a member of the governing body of CAA of OKC & OK/CAN Co., Inc.? Yes No

Do you currently have health insurance? Yes No

Are you currently receiving "EBT" (food stamp) benefits? Yes No

Has any household member received any Housing Assistance in the past? Yes No

If yes, please check which type: Public Housing Section 8 Project Based

If yes, when was it last received? _____

Did you or the co-applicant leave a unit or program owing any money for unpaid rent or damages or commit violations or family obligation on any other program? Yes No

Have you or anyone in your household ever been charged with fraud concerning any government program?

Yes No

Have you been informed of the potential hazards of lead-based paint and lead dust? Yes No

Do you understand the potential hazards of lead-based paint and lead dust? Yes No

Before purchasing a home you should be aware of the dangers associated with lead-based paint. Detection of lead-based paint may or may not disqualify the property from the homebuyer program.



DO YOU HAVE ALL THE REQUIRED SUPPORTING DOCUMENTS?

PLEASE USE THIS CHECKLIST OF ITEMS REQUIRED FOR YOUR APPLICATION. IF YOUR APPLICATION IS SUBMITTED WITHOUT THESE DOCUMENTS, IT WILL NOT BE REVIEWED.

- **Completed** Homebuyer Down Payment & Closing Cost Assistance Application
- General Release Form & Disclosure and Acknowledgement (**signed & notarized**)
- ADULT household members - **Completed & Returned** Verification of Employment Form from Employer (attached)
- ADULT household members - 2 months' paycheck stubs for all working household members (**pay periods should equal 2 months or more**)
- ADULT household members with no income source complete the Zero Income Certification Form (attached)
- ADULT household members that are not employed anywhere complete the Non-employed Affidavit (attached)
- ALL household members' verification of **ANY** other Income
- Self-Employed, must provide last 12 months income (request Self-Employment Affidavit)
 - Self-employed must provide 2 recent years Federal, State Tax Returns and 1099s
- Most recent Federal & State Tax Return & W-2/1099s for all household members
- Contract on home - Pre-Approval Letter Credit Report, & copy of **ANY** lender docs
- No Contract on home - Pre-Approval Letter Credit Report
- Last two months bank statements for ALL household member checking account(s)- **ALL PAGES**
- Last two months bank statements for ALL household member savings account(s)- **ALL PAGES**
- Last two months statements for ALL pre-paid cards (CashApp, Venmo, Facebook Pay, PayPal, Green Dot, etc.) **must show name and current balance**
- Child support Court Order & last 12-month payment summary (request CAA's form)
- If on Social Security or other benefits, provide current Award Letter
- Divorce Decree or Legal Separation paperwork, if applicable
- Copy of Homebuyer Education Workshop Certificate
- Copy of Driver's License for all adult household members
- Copy of Social Security cards for all household members
- Copy of Birth Certificate for children, if different last name
- Copy of Permanent Resident cards for all household members, if applicable

If you submit an application without all of these documents, it will be deemed incomplete and will not be reviewed. Please initial here to acknowledge.

X _____

PART TEN. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The above information was requested by the Federal Government for certain types of loans or grants related to a dwelling, in order to monitor the Agency's compliance with equal lending opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that this agency may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Agency is required to note race and sex on the basis of visual observation or surname. CAA of OKC must review the material to assure that these disclosures satisfy all requirements to which the Agency is subject under applicable Federal and State laws for the particular type of grant/deferred loan applied for.

We appreciate your willingness to provide this information.

THE COMMUNITY ACTION AGENCY OF OKLAHOMA CITY AND OKLAHOMA/CANADIAN COUNTIES, INC. IS AN EQUAL HOUSING OPPORTUNITY AGENCY.

PART ELEVEN. GENERAL INFORMATION & APPLICANT SIGNATURE

GENERAL INFORMATION:

Any person who knowingly and with intent to defraud the government, files an application for this HOME program that contains any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime.

No assistance shall be provided under section 8 of the 1937 Act to any individual who:

(a) Is enrolled as a student at an institution of higher education, as defined under section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002); (b) Is under 24 years of age; (c) Is not a veteran of the United States military; (d) Is unmarried; (e) Does not have a dependent child; (f) Is not a person with disabilities, as such term is defined in section 3(b)(3)(E) of the 1937 Act and was not receiving assistance under section 8 of the 1937 Act as of November 30, 2005; and (g) Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under section 8 of the 1937 Act.

The information given to CAA of OKC to qualify my family for assistance under the HOME program is accurate and complete to the best of my knowledge. I understand that any false statements or information is grounds for Denial and /or Termination of Assistance and possible prosecution under the law.

Applicant's Signature

Date

Co-Applicant's Signature

Date

AGREEMENT:

In compliance with Federal and State Equal Housing Opportunity and Fair Housing Laws, qualified applicants are considered for the program without regard to race, color, religion, sex, national origin, age, marital status or medical condition or disability.

I understand that my application is on a first-come first-serve basis, and that service to my application will depend on my ability to meet my obligations to the home buying process. I also understand that by filling out this application and going to Community Action Agency to get income qualified I will not be able to reserve funds until there is a Loan Approval, I can demonstrate that the home is sustainable, have two months of reserves, and a Sales Contract has been signed. If I have not closed on a house in 6 months, then I will need to update my paperwork and see if I still qualify for the assistance.

I understand the affordability period shall begin 60 days from the closing date and will be for 10 years, with the assistance in the form of a forgivable loan, prorated 1/120th per month, secured by a 2nd mortgage in favor of the City of Oklahoma City, and will be filed of record.

I understand that the 2nd mortgage in favor of The City of Oklahoma City is not assumable by another party, and that the total assistance is due and payable. If I continue to own the property and lease or rent it out, then I must pay the full amount back to the program, the amount will not be prorated and will be due immediately.

I understand that I must secure a 1st mortgage with a fixed interest rate, with the term no greater than 30 years. The property taxes and hazard insurance must be escrowed, and transfer of ownership shall be by fee simple title only.

I understand the assistance may be applied to eligible closing costs and down payment. No amount of assistance shall be returned to the homebuyer at closing or any other time.

I understand that I must participate financially in the purchase of the home. The minimum investment will be 1% of the sales price. This amount may include up-front expenses paid by me before closing, such as earnest money, appraisal, credit report, etc. If I have more than \$15,000 in liquid assets, any funds in excess must go toward the purchase of the home, as practicable.

I understand that subordination requests may be approved if the refinancing clearly shows significant benefits such as a lower interest rate, shorter term, and no cash to borrower from equity, and the City in the same or better position on the mortgage. The new loan value ration shall not be greater than 97% and refinance fees must be reasonable and customary for the OKC market.

I certify that I have answered all questions on the homebuyer application truthfully and to the best of my knowledge. I authorize the Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc. to make such investigations of the information contained in this application as necessary to make a homebuyer program decision.

I acknowledge the requirement to participate in the Homebuyer Education Workshop provided by Community Action Agency (CAA) prior to purchasing a home. I also agree to contact CAA in the event of foreseen difficulty making a mortgage payment thereby authorizing CAA to provide me with default counseling to possibly prevent a mortgage default situation.

Should I obtain Homebuyer's assistance with the Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc., I understand that any false or misleading information given in my application may result in my immediate termination from the program.

Penalty of false or fraudulent statements: Title 18, Section 1001, provides:

"Whoever in any matter within any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writing or document knowing the same to contain any false, fictitious, or fraudulent statement or entry, **shall be fined not more than \$10,000 or imprisoned not more than five years or both.**"

Applicant's signature

Date

Co-Applicant's signature

Date



Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc.

319 S.W. 25th Street, Oklahoma City, Oklahoma 73109

HOMEBUYER PROGRAM DISCLOSURE and ACKNOWLEDGMENT

As (an) applicant(s) for the HOMEBUYER PROGRAM, I/We hereby acknowledge that COMMUNITY ACTION AGENCY of OKLAHOMA CITY and OKLAHOMA/CANADIAN COUNTIES, INC. disclosed the following information to me/us:

Pursuant to the most current requirements from The City of Oklahoma City, funds provided through the HOMEBUYER PROGRAM for the purpose of assisting with down payment and closing costs related to the purchase of residential property; such assistance shall be a real estate loan in the form of a ten-year Deferred Second Mortgage & Note filed of record against said residential property, the ten-year Deferred Second Mortgage & Note begins 60 days after the closing date. The program participant shall also sign a Homebuyer Written Agreement.

Such loan shall be due and payable ten years from 60 days from the date that said Deferred Second Mortgage & Note is executed at closing, but will be forgiven to the following extent, as applicable:

1/120th of the original principal balance of the Loan for each month the Loan is outstanding. Such monthly reduction shall take effect in arrears in 60 days after the closing date the Loan was originally signed.

Unless the obligations under said mortgage loan is assumed by a person or persons approved by the mortgage holder, the loan secured by the mortgage will be accelerated at the then principal balance if I/We sell the residence within ten years of said mortgage closing date or if the residence does not continue to be my/our principal residence during such ten years. There is no forgiveness in the first 60 days of execution of the Deferred Second Mortgage & Note by the homebuyer.

CITY OF OKLAHOMA CITY is not required to subordinate our position to a Lending Institution for the purposes of obtaining junior liens. Requests for subordination are reviewed on an individual basis. CITY OF OKLAHOMA CITY reserves the right to deny requests for subordination, if the lending institution does not provide requested documentation or if the new lien is not in the best financial interest of the borrower. If subordination is determined to be in the best interest of the client, we will subordinate one (1) time only.

NOTE: Junior Liens obtained for the sole purpose of repairs or renovation are to be paid out of escrow. If borrowers are to receive cash back at closing CITY OF OKLAHOMA CITY may not subordinate and it may be required that the lien be paid in full.

I/We hereby acknowledge receipt of a copy of the foregoing DISCLOSURE and ACKNOWLEDGMENT and that I/We have read and understand the matters set forth therein.

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

STATE OF _____)
) SS
COUNTY OF _____)

Applicant Name

Co-Applicant Name

My Commission expires: _____

Notary Public



**COMMUNITY ACTION AGENCY of OKLAHOMA CITY &
OKLAHOMA/CANADIAN COUNTIES, INC.**

319 S.W. 25th Street
OKLAHOMA CITY, OKLAHOMA 73109

GENERAL RELEASE FORM

I/WE hereby authorize the Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc. or its designated agents to obtain and receive all records and information pertaining to eligibility for the Homebuyer Program, including employment, income, (including IRS returns), credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the **Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc.**, the right to request all information that we can or could obtain from any persons, company, or firms on any matter referred to above. I/We agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the **Community Action Agency of Oklahoma City and Oklahoma/Canadian Counties, Inc.**, for the purposes of the program.

Applicant Signature Date

Co-Applicant Signature Date

Current Address: _____

STATE OF OKLAHOMA)
) SS
COUNTY OF _____)

Applicant Name

Co-Applicant Name

My Commission expires: _____

Notary Public



COMMUNITY ACTION AGENCY
of Oklahoma City and Oklahoma/Canadian Counties, Inc.

*** COMPLETE THIS FORM EVEN IF YOU THINK
YOU DON'T NEED TO COMPLETE IT.***

STUDENT STATUS AFFIDAVIT
FOR HOME UNITS

HOME requires this student question to be asked for ALL activities.

Household Name: _____ Address/Unit #: _____

The HOME student rule excludes certain students from participating independently in the HOME program.

Answer Yes or No	Yes	No
Is any occupant attending an institution of higher education?		

If the answer above is YES, please answer the following; one exception must be met.

Name of household member attending institution: _____

Answer Yes or No	Yes	No
Are you over the age of 23?		
Are you a veteran of the US military?		
Are you married? (Same sex marriage should be recognized)		
Do you have dependent children?		
Do you have disabilities? (Were you receiving Section 8 assistance as of 11/30/05)		
Will you reside with and are a dependent of a household member in this unit? (If this is the only exception being met, PLEASE contact OHFA HOME compliance first)		

Under penalties of perjury, I certify the above information is true and correct as of this date. I understand that I must notify management if the above circumstances change.

Signature of Applicant/Resident

Date

Warning: Section 1001 of the Title 18 U. S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

VERIFICATION OF EMPLOYMENT

NOTE TO APPLICANT: CONFIRM WITH YOUR EMPLOYER THAT THEY HAVE SENT THIS FORM TO CAA OF OKC BEFORE SUBMITTING YOUR APPLICATION FOR ASSISTANCE.

Name & Address of Employer

FOR: HOME Program Participating Agency

**Community Action Agency of Oklahoma
City & Oklahoma/Canadian Counties, Inc.
319 SW 25th ST
OKC, OK 73109**

RE: Applicant/Employee Name

Last 4 of SSN

I hereby authorize release of my employment information.

Signature of Applicant/Employee

Dgte

DPA

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

EMPLOYER MUST RETURN FORM TO:

Alejandra via e-mail as a pdf to hcounselor@caaofofc.org, or fax to (405)232-9074 ATTN: Alejandra, or mail to the address above ATTN: Alejandra.

*****THE
EMPLOYER MUST RETURN THIS FORM, IT WILL BE INVALID IF CLIENT RETURNS THIS FORM*****

*******THIS FORM NEEDS A FAX COVER SHEET IF IT IS BEING FAXED*******

ALL SECTIONS BELOW MUST BE COMPLETED BY THE EMPLOYER, IF THEY DO NOT APPLY TO THE EMPLOYEE, PLEASE WRITE N/A IN THE SPACE PROVIDED OR CHECK N/A.

Employee Name: _____	Job Title: _____				
Presently Employed: <input checked="" type="checkbox"/> One	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date HIRED: _____	Last Day: _____		
<u>CURRENT RATE of pay</u> <u>Per Hour or Salary Rate -</u> Please <input checked="" type="checkbox"/> box : \$ _____		<input checked="" type="checkbox"/> One	<input type="checkbox"/> hourly rate <input type="checkbox"/> salary rate	Frequency of paycheck <input checked="" type="checkbox"/> One	<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> other _____
Average # of Regular hours per week: _____ Year-to-date earnings: from 01/01/2024 to PRESENT \$ _____					
WE NEED THE LAST TWELVE (12) MONTHS AVERAGE # OF HOURS OR DOLLAR AMOUNT FOR THIS NEXT SECTION					
<u>OVERTIME Rate:</u> \$ _____ per hour AVG # of OVERTIME hours per <u>PAY PERIOD</u> : _____					
<u>Shift Differential Rate:</u> \$ _____ per hour AVG # of Shift Differential hours per <u>PAY PERIOD</u> : _____					
Frequency of Commissions, *bonuses, tips, other:	<input checked="" type="checkbox"/> One			<input type="checkbox"/> Not Applicable <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> other	AMOUNT of Commissions, bonuses, tips, other: \$ _____
*THIS INCLUDES CHRISTMAS, ANNIVERSARY OR END OF YEAR BONUSES.					
Comments: _____					

List any anticipated increase in the employee

Comments:

List any anticipated increase in the employee's rate of pay within the next 12 months:

If the employee's work has periods where their hours are increased or decreased, please indicate the months that it occurs and how much it increases or decreases by:

<input checked="" type="checkbox"/> One	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Start date:	End date:	Amount of change:
-----------------------------------------	------------------------------------------------------------------------	-------------	-----------	-------------------

Additional Remarks: _____

Employer's Signature	Employer's Printed Name	Title	Date
Employer Phone#	Employer Fax#	Employer E-mail	

VERIFICATION OF EMPLOYMENT

NOTE TO APPLICANT: CONFIRM WITH YOUR EMPLOYER THAT THEY HAVE SENT THIS FORM TO CAA OF OKC BEFORE SUBMITTING YOUR APPLICATION FOR ASSISTANCE.

Name & Address of Employer

FOR: HOME Program Participating Agency

**Community Action Agency of Oklahoma
City & Oklahoma/Canadian Counties, Inc.**
319 SW 25th ST
OKC, OK 73109

RE: Applicant/Employee Name

Last 4 of SSN

I hereby authorize release of my employment information.

Signature of Applicant/Employee

Dgte

DPA

The individual named directly above is an applicant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

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Alejandra via e-mail as a pdf to hcounselor@caaofokc.org, or fax to (405)232-9074 ATTN: Alejandra, or mail to the address above ATTN: Alejandra. *****THE**

***THE

EMPLOYER MUST RETURN THIS FORM. IT WILL BE INVALID IF CLIENT RETURNS THIS FORM***

*****DO NOT FAX THIS FORM, IT WILL BE INVALID IF CLIENT RETURNS THIS FORM*****
*****THIS FORM NEEDS A FAX COVER SHEET IF IT IS BEING FAXED*****

ALL SECTIONS BELOW MUST BE COMPLETED BY THE EMPLOYER, IF THEY DO NOT APPLY TO THE EMPLOYEE, PLEASE WRITE N/A IN THE SPACE PROVIDED OR CHECK N/A.

Employee Name: _____ Job Title: _____

Presently Employed: One YES NO Date HIRED: _____ Last Day: _____

CURRENT RATE of pay
Per Hour or Salary Rate -
 Please box : \$ _____

<input checked="" type="checkbox"/> One	<input type="checkbox"/> hourly rate <input type="checkbox"/> salary rate
-----------------------------------------	------------------------------------------------------------------------------

Frequency of paycheck
 One weekly bi-weekly
 semi-monthly monthly
 yearly other _____

Average # of Regular hours per week: _____ Year-to-date earnings: from 01/01/2024 to PRESENT \$ _____

WE NEED THE LAST TWELVE (12) MONTHS AVERAGE # OF HOURS OR DOLLAR AMOUNT FOR THIS NEXT SECTION

OVERTIME Rate: \$ _____ per hour **AVG # of OVERTIME hours per PAY PERIOD:** _____

Shift Differential Rate: \$ _____ per hour **AVG # of Shift Differential hours per PAY PERIOD:** _____

Frequency of Commissions, *bonuses, tips, other: <input checked="" type="checkbox"/> One	<input type="checkbox"/> Not Applicable <input type="checkbox"/> hourly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> yearly <input type="checkbox"/> other	AMOUNT OF Commissions, bonuses, tips, other: \$ _____
---------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------

*THIS INCLUDES CHRISTMAS, ANNIVERSARY OR END OF YEAR BONUSES.

Comments: _____

List any anticipated increase in the employee's rate of pay within the next 12 months:
 \$ _____ Effective Date: _____ \$ _____ Effective Date: _____

If the employee's work has periods where their hours are increased or decreased, please indicate the months that it occurs and how much it increases or decreases by:

<input checked="" type="checkbox"/> One	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	Start date: _____	End date: _____	Amount of change: _____
-----------------------------------------	------------------------------------------------------------------------	-------------------	-----------------	-------------------------

Additional Remarks: _____

Employer's Signature _____ Employer's Printed Name _____ Title _____ Date _____

Employer Phone# _____ Employer Fax# _____ Employer E-mail _____

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Applicant's Name _____ Phone #: _____

Address, City, St, Zip: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child, support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

3. Please explain the source of funds you will be using to make your house payments:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of agreement.

Signature of Applicant

Printed Name of Applicant

Date

CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate)

Applicant's Name _____ Phone #: _____

Address, City, St, Zip: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child, support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status during the next 12 months.

3. Please explain the source of funds you will be using to make your house payments:

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of agreement.

Signature of Applicant

Printed Name of Applicant

Date

NON-EMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name: _____

Date: _____

Telephone #: _____

Unit: _____

Check (A), (B) or (C) as applicable.

_____ (A) • I am not presently employed in any capacity and do not anticipate becoming employed within the next 12 months.

_____ (B) • I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer.

_____ (C) • I certify that I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, and I have accepted a position with _____ which will begin on _____.

(Employer)

(Date)

I will be earning \$ _____ per _____.

In support of this, I have submitted:

[] Offer Letter/Conditional Employment Offer

[] Fully Completed Verification of Employment (VOE)

[] Other supporting documentation (describe) _____

Unemployment Benefits (Check only one)

[] I am currently receiving unemployment benefits.

[] I am NOT currently receiving and do not anticipate receiving unemployment benefits.

[] I am NOT currently receiving but do anticipate receiving unemployment benefits.

(Provide supporting documentation if receiving unemployment benefits)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement, subjecting me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true as of the date shown below.

Applicant/Resident Signature

Date

Owner/Manager Representative Signature

Date



NON-EMPLOYED APPLICANT'S AFFIDAVIT

A separate form must be completed by each non-employed adult member of the household

Applicant Name: _____

Date: _____

Telephone #: _____

Unit: _____

Check (A), (B) or (C) as applicable.

_____ (A) • I am not presently employed in any capacity and **do not** anticipate becoming employed within the next 12 months.

_____ (B) • I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, however, I do not yet have a job offer.

_____ (C) • I certify that I am not presently employed in any capacity, but anticipate becoming employed within the next 12 months, **and** I have accepted a position with _____ which will begin on _____.

(Employer)

(Date)

I will be earning \$_____ per _____.

In support of this, I have submitted:

Offer Letter/Conditional Employment Offer
 Fully Completed Verification of Employment (VOE)
 Other supporting documentation (describe) _____

Unemployment Benefits (Check only one)

I am currently receiving unemployment benefits.
 I am NOT currently receiving and **do not anticipate** receiving unemployment benefits.
 I am NOT currently receiving but **do anticipate** receiving unemployment benefits.

(Provide supporting documentation if receiving unemployment benefits)

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that any misrepresentation herein will be considered a material breach of the lease agreement, subjecting me to immediate eviction.

Under penalty of perjury, I certify the above representations to be true as of the date shown below.

Applicant/Resident Signature

Date

Owner/Manager Representative Signature

Date





Community Action Agency of Oklahoma City, Oklahoma/Canadian Counties, Inc.
319 SW 25th Street, Oklahoma City, OK 73107
Phone: (405) 232-0199 Fax (405) 232-9074

CUSTOMER INFORMATION			
Last Name	First Name	Date of Birth	Today's Date
Phone ()	Email (optional)	SSN	Office Location
Address	City	Zip Code	
GENDER	MARITAL STATUS		ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
INDICATE YOUR RACE (SELECT ONE)			
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race	<input type="checkbox"/> Other	
INDICATE YOUR EDUCATION (SELECT ONE)			
<input type="checkbox"/> 0-8 th Grade <input type="checkbox"/> 9-12 Education <input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED <input type="checkbox"/> Vocational School <input type="checkbox"/> 12+ Some Postsecondary	<input type="checkbox"/> 2 Year Degree <input type="checkbox"/> 4 Year Degree <input type="checkbox"/> Graduate Degree	
INDICATE YOUR HEALTH INSURANCE (SELECT ONE ALL THAT APPLY)			
<input type="checkbox"/> No Health Insurance <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Employment Based	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Military Health Care	<input type="checkbox"/> State Children's Health Insurance <input type="checkbox"/> Indian Health Services	
MILITARY STATUS (SELECT ONE)	DO YOU RECEIVE FOOD STAMPS?	ARE YOU DISABLED?	
<input type="checkbox"/> Active Military <input type="checkbox"/> Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DISCONNECTED YOUTH (14-24 YR OLD)			
<input type="checkbox"/> Not Working/Not in School <input type="checkbox"/> Working/Not in School <input type="checkbox"/> In School/Not Working	<input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed (Long-Term) <input type="checkbox"/> Unemployed (Not in Workforce) <input type="checkbox"/> Unemployed Short Term >6mos	
NON-CASH BENEFITS (SELECT ALL THAT APPLY)			
<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> Childcare Voucher <input type="checkbox"/> SNAP <input type="checkbox"/> Section 8 Housing Voucher	<input type="checkbox"/> LIHEAP <input type="checkbox"/> NONE <input type="checkbox"/> WIC <input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Other If other, please list _____	
INDICATE YOUR MONTHLY INCOME AMOUNT AND SELECT INCOME SOURCE: (GROSS AMOUNT) (CHECK ALL THAT APPLY)			\$
<input type="checkbox"/> Employment <input type="checkbox"/> TANF <input type="checkbox"/> Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Self-Employment	<input type="checkbox"/> None <input type="checkbox"/> Pension <input type="checkbox"/> Alimony <input type="checkbox"/> Rental <input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> Veterans <input type="checkbox"/> Work Comp	
HOUSING STATUS (SELECT ONE)	ANY OTHER INFORMATION DEEMED NECESSARY		
<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Other <input type="checkbox"/> Homeless		

CAA Staff Signature _____

Date _____

Please complete this side of the form for additional members of your household.



COMMUNITY ACTION AGENCY of OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC.

319 S.W. 25th Street
OKLAHOMA CITY, OKLAHOMA 73109

PRIVACY POLICY FORM

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

CAA of OKC & OK/CAN Co., Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publicly available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does CAA of OKC & OK/CAN Co., Inc. collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to CAA of OKC & OK/CAN Co., Inc employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

READ BOTH OPTIONS BELOW CAREFULLY AND ONLY SIGN ONE OF THOSE OPTIONS

Opting Out of Certain Disclosures

You may direct CAA of OKC & OK/CAN Co., Inc. to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit CAA of OKC & OK/CAN Co., Inc.'s ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that CAA of OKC & OK/CAN Co., Inc. make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that CAA of OKC & OK/CAN Co., Inc. will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting CAA of OKC & OK/CAN Co., Inc.

Applicant Name (Print)

Signature

Co-Applicant Name (Print)

Signature

Date

RELEASE: I hereby authorize CAA of OKC & OK/CAN Co., Inc. to release nonpublic personal information it obtains about me to my creditors, U.S Department of Housing & Urban Development and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Applicant Name (Print)

Signature

Date

Co-Applicant Name (Print)

Signature

Date





COMMUNITY ACTION AGENCY of OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC.

319 S.W. 25th Street
OKLAHOMA CITY, OKLAHOMA 73109

PROGRAM DISCLOSURE FORM

About Us and Program Purpose: CAA of OKC & OK/CAN Co., Inc. is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free pre-purchase homebuyer education workshops and housing counseling including Pre-Purchase & Mortgage Delinquency and Default Resolution counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.).

- Pre-purchase homebuyer education workshop: Attendees will receive information on topics that will prepare the prospective homebuyer to make informed home purchase decisions. Topics include homebuyer readiness, money management, understanding credit, getting a mortgage loan, shopping for a home, keeping your home/managing finances, and maintaining a home.
- Pre-purchase counseling: Clients will receive comprehensive one-on-one counseling, which covers the entire homebuying process from beginning to end. Counselors assist their clients with creating a sustainable financial plan for their current household situation, and a clear action plan developed to achieve their overall goal of homeownership. Clients also receive important material on home inspection, pre-foreclosure, and any other homeownership topic relevant to successfully maintaining a home.
- Mortgage Delinquency & Default Resolution counseling: Clients will receive comprehensive one-on-one counseling, which covers mortgage delinquency. Counselors assist their clients with creating a sustainable financial plan for their current household situation, and a clear action plan developed to achieve their overall goal of keeping their home. Counselor will discuss their options to retain their home, if possible and will assist in submitting required documentation to their mortgage servicer. Counselor will provide additional resources or relevant information to keeping their home.

Agency Conduct: No CAA of OKC & OK/CAN Co., Inc. employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: CAA of OKC & OK/CAN Co., Inc. has professional affiliations with HUD, The City of Oklahoma City, & Oklahoma Housing Finance Agency(OHFA) and lenders, Realtors, Insurance companies, Fair Housing agencies & Home Inspection companies including Midfirst Bank, Chase, Tinker Federal Credit Union, First United Bank, Bank of America, Great Plains Bank, True Sky Federal Credit Union, Bank of Oklahoma, Executive Lending Group, Metropolitan Fair Housing Council, A Home Awaits Realty, REMAX Cobblestone, Metro First Realty Group, Metro Group Brokers, Inspection Connection, LLC., Oklahoma Insurance Department.

No client obligation:

There is no obligation to receive, purchase, or use any product or service offered by this Agency or any services of its industry partners or other party in exchange for your receiving HUD housing counseling services.

Alternative Services, Programs, and Products & Client Freedom of Choice: CAA of OKC & OK/CAN Co., Inc. has two down payment & closing cost assistance programs developed in partnership with The City of Oklahoma City & OHFA. However, you are not obligated to participate in this or other CAA of OKC & OK/CAN Co., Inc. programs and services while you are receiving housing counseling from our agency. As a condition of our services, and in alignment with meeting our counseling goals, and in compliance with HUD's Housing Counseling Program requirements, we may provide information on alternative services, programs, and products available to you, if applicable and known by our staff. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including rent/mortgage assistance, utilities assistance, emergency shelter, transitional housing, food banks, free or low-cost clinics, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by CAA of OKC & OK/CAN Co., Inc. and its exclusive partners and affiliates.

Errors and Omissions and Disclaimer of Liability: I/we agree CAA of OKC & OK/CAN Co., Inc., its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in CAA of OKC & OK/CAN Co., Inc. counseling; and I hereby release and waive all claims of action against CAA of OKC & OK/CAN Co., Inc. and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law.

If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, CAA of OKC & OK/CAN Co., Inc., or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with CAA of OKC & OK/CAN Co., Inc. grantors such as HUD.

I/We acknowledge that I/we received, reviewed, and agree to CAA of OKC & OK/CAN Co., Inc.'s Program Disclosures.

Applicant Name (Print)

Signature

Date

Co-Applicant Name (Print)

Signature

Date

Alejandra Martinez
Counselor Name (Print)

Signature

Date

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.

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 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.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 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 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. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. Please see **Chart for individual transcripts** or **Chart for all other transcripts** for the correct mailing location.

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 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 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 shows two different addresses, send your request to the address based on the address of your most recent return.

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 5. 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.

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

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, West Virginia	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094



COMMUNITY ACTION AGENCY of OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC.

319 S.W. 25th Street
OKLAHOMA CITY, OKLAHOMA 73109

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

DATA RELEASE FORM & THIRD PARTY AUTHORIZATION

You hereby authorize and instruct Community Action Agency of Oklahoma City & Oklahoma/Canadian Counties, Inc. (CAA of OKC) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation (for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by CAA of OKC. You understand and agree that CAA of OKC intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize CAA of OKC to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help CAA of OKC determine your viable financial options.

Lenders Banks Mortgage Servicers U.S. Dept of HUD
 Public Housing Authorities Counseling Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your CAA of OKC counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your CAA of OKC counselor. No information will be discussed about you with the entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations of CAA of OKC, including but not limited to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize CAA of OKC to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep CAA of OKC informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for or a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying CAA of OKC in writing.

Applicant Name (Print)

Signature

Date

Co-Applicant Name (Print)

Signature

Date



CONSENT AND NOTICE REGARDING ELECTRONIC COMMUNICATIONS FOR COMMUNITY ACTION AGENCY OF
OKLAHOMA CITY & OKLAHOMA/CANADIAN COUNTIES, INC. (CAA of OKC)

1. Electronic Signature Agreement. By SIGNING BELOW, you agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting initialing beside "I Accept" you consent to be legally bound by this Agreement's terms and conditions. You further agree that your use of a keypad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide CAA of OKC or in accessing or making any transaction regarding any agreement, acknowledgment, consent terms, disclosures or conditions constitutes your signature (hereafter referred to as "E-Signature"), acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting contract between you and CAA of OKC. You also represent that you are authorized to enter into this Agreement for all persons who own or are authorized to access any of your accounts and that such persons will be bound by the terms of this Agreement. You further agree that each use of your E-Signature in obtaining an online service constitutes your agreement to be bound by the terms and conditions of the CAA of OKC.

2. Consent to Electronic Delivery. You specifically agree to receive and/or obtain any and all CAA of OKC related "Electronic Communications" (defined below) via CAA of OKC email and encrypted email service. The term "Electronic Communications" includes, but is not limited to, any and all current and future notices and/or disclosures that various federal and/or state laws or regulations require that we provide to you, as well as such other documents, statements, data, records and any other communications regarding your Housing Counseling Services relationship with CAA of OKC. You acknowledge that, for your records, you are able to retain Electronic Communications by printing and/or downloading and saving this Agreement and any other agreements and Electronic Communications, documents, or records that you agree to using your E-Signature. You accept Electronic Communications provided via CAA of OKC as reasonable and proper notice, for the purpose of any and all laws, rules, and regulations, and agree that such electronic form fully satisfies any requirement that such communications be provided to you in writing or in a form that you may keep.

3. Paper version of Electronic Communications. You may request a paper version of an Electronic Communication. You acknowledge that CAA of OKC reserves the right to charge you a reasonable fee for the production and mailing of paper versions of Electronic Communications. To request a paper copy of an Electronic Communication contact us at 405-232-0199 ext 3202.

4. Revocation of electronic delivery. You have the right to withdraw your consent to receive/obtain communications via email or encrypted email from CAA of OKC at any time. You acknowledge that CAA of OKC reserves the right to restrict or terminate your access to encrypted email system if you withdraw your consent to receive Electronic Communications. If you wish to withdraw your consent, contact us at 405-232-0199 ext 3202.

5. Controlling Agreement. This Agreement supplements and modifies other agreements that you may have with CAA of OKC. To the extent that this Agreement and another agreement contain conflicting provisions, the provisions in this agreement will control (with the exception of provisions in another agreement for an electronic service which provisions specify the necessary hardware, software and operating system, in which such other provision controls). All other obligations of the parties remain subject to the terms and conditions of any other agreement.

To obtain electronic services and communications, indicate your consent to the terms and conditions of this Agreement by signing on the line below.

It is recommended that you print a copy of this Agreement for future reference.

I Accept

Print Name

Signature

Date

*** HOMEBUYER ED WORKSHOP OPTIONS***

If you haven't already signed up for a Homebuyer Education Workshop, check out our schedule at the end of the packet for the next available workshop and call us to enroll. There are some online Zoom Meeting options, call us or **NHS at 405-231-4663** for the next scheduled virtual workshop.

If you are trying to purchase before our next available workshop, you can take the online version. There is another online option that is self-paced and you can take at anytime. Here is the website for the online workshop

<https://www.ehomeamerica.org/nhsokla>. The cost is between \$125.00 to complete but it will count as part of your monetary contribution, when participating in the CAA of OKC DPA program.



Community Action Agency of Oklahoma City &
Oklahoma / Canadian Counties, Inc.

Dreaming of owning a home?

Don't know where to start?



Enroll in our **FREE Homebuyer Education Workshop!**

One of the most significant financial transactions in anyone's life is buying a home. This workshop will help you decide if you are ready.

Topics include: Down Payment Assistance Programs ~ Homeowner Insurance ~ Financing Your Home ~ Shopping for a Home with a Realtor ~ Fair Housing ~ Home Inspections ~ Understanding Credit Issues & Making the Most of Your Money with **Tinker Federal Credit Union**



2025 Schedule

In-Person

8:30 am - 3:30 pm

March 7th	July 11th
April 11th	August 8th
May 9th	September 12th
June 6th	October 10th

Virtual Series

5:15 pm - 8:00 pm each day

Jan. 13 - 15	Jul. 21 - 23
Feb. 10 - 12	Aug. 18 - 20
Mar. 17 - 19	Sept. 22 - 24
Apr. 14 - 16	Oct. 20 - 22
May 19 - 21	Nov. 17 - 19
Jun. 23 - 25	Dec. 01 - 03



To enroll or for more information, call us at **(405) 232-0199 ext. 3201**

*The workshop schedule is subject to change and attending the workshop does not guarantee DPA assistance

CAA 08-229 REV 1/2025