

ATLANTIC COUNTY IMPROVEMENT AUTHORITY
OFFICE OF COMMUNITY DEVELOPMENT
Down Payment & Closing Cost Assistance Program
CERTIFICATION OF APPROVAL

Name: _____	Soc. Sec. #: _____	Phone (H): _____	(W): _____
Name: _____	Soc. Sec. #: _____	Phone (H): _____	(W): _____
Address: _____		City: _____	State: NJ Zip: _____

_____ has submitted an application to Atlantic County Improvement Authority (ACIA) for assistance with down payment and closing costs to purchase a primary residence. Funds for this project have been sponsored by the US Department of Housing & Urban Development (HUD) HOME Program. This application has been reviewed, the information therein has been verified according to ACIA's procedures, and a determination has been made that the applicant is hereby approved to receive the assistance. This Certification of Approval serves as formal authorization for the ACIA to release a check in the amount of assistance indicated below.

INCOME ELIGIBILITY	AFFORDABILITY
Total # of Household Members: _____	Suggested allowable housing payment @30% of Gross monthly income: \$ _____
Total # of Minors: _____	Property Sales Price: \$ _____
Gross Household Income: \$ _____	Mortgage Amount: \$ _____
HUD Maximum Income: \$ _____	P & I \$ _____ @ _____ % Interest Taxes \$ _____
	Ins \$ _____ Flood Ins. \$ _____ Monthly Escrow \$ _____
% of Medium Income: _____	Condo/Assn. Fees \$ _____ PMI: \$ _____
	TOTAL ESTIMATED MONTHLY HOUSING COST: \$ _____

PROPERTY ELIGIBILITY	AMOUNT OF ASSISTANCE
Address: _____	Down Payment: \$ _____
City: _____ State: _____ Zip: _____	Closing Costs: \$ _____
County: _____ Block: _____ Lot: _____	Total Down \$ _____ Seller Assist _____
	Closing Costs _____ Buyer's Funds _____
Appraised Value: \$ _____ Bedrooms: _____	TOTAL ASSISTANCE: \$ _____

All housing purchased with assistance of funds from the HUD HOME Program is subject to requirements and resale restrictions. The approved applicant acknowledges receipt of the Resale Guidelines, wherein these restrictions have been described, and stipulates same by the signing of this Certification.

This Certification of Approval is issued to assist with the purchase of property indicated above, no other.

The undersigned hereby states that all information submitted to the ACIA for the purpose of obtaining assistance with down payment and closing costs for the purchase of a primary residence is true and complete to the best of the applicant's knowledge. The applicant also acknowledges that the ACIA has relied on this information for the purpose of determining compliance with the HOME Program Guidelines and that false statements or misrepresentation of fact may be cause for program disqualification and/or the initiation of any applicable legal remedies.

_____,2021
Certified Household Signature Date
APPROVING SIGNATURE

_____,2021
Certified Household Signature Date
APPROVING SIGNATURE

Approved: _____,2021
John C. Lamey, Executive Director Date
ATLANTIC COUNTY IMPROVEMENT AUTHORITY