



**CONNECTICUT
HOUSING FINANCE
AUTHORITY**

The Key To Affordable Housing

LENDER TRAINING FORMS

Connecticut Housing Finance Authority (CHFA) - INCOME LIMITS - Eff. 6-1-2017



"Statewide" Income Limits \$91,600 (1 or 2 persons) - \$105,340 (3 or more) = Programs Home of Your Own / Homeownership / Reverse Annuity Mtg (RAM)

"Town" Income Limits = All other Programs except where not applicable (i.e. Targeted Areas for loans without CHFA DAP)

"Town" Income Limits	HOUSEHOLD SIZE		"Town" Income Limits	HOUSEHOLD SIZE		"Town" Income Limits	HOUSEHOLD SIZE	
Fairfield County	1 or 2	3 or more	Litchfield County, cont.	1 or 2	3 or more	New Haven County, cont.	1 or 2	3 or more
Bethel	129,495	148,920	Canaan	91,700	105,455	Prospect	91,600	105,340
Bridgeport *All Areas	110,040	128,380	Colebrook	91,700	105,455	Seymour	93,500	107,525
Brookfield	129,495	148,920	Cornwall	91,700	105,455	Southbury	91,600	105,340
Danbury	129,495	148,920	Goshen	91,700	105,455	Wallingford	91,700	105,455
*Targeted Areas	132,240	154,280	Harwinton	91,700	105,455	Waterbury *All Areas	109,920	128,240
Darien	140,400	161,460	Kent	91,700	105,455	West Haven	91,700	105,455
Easton	110,040	128,380	Litchfield	91,700	105,455	Wolcott	91,600	105,340
Fairfield	110,040	128,380	Morris	91,700	105,455	Woodbridge	91,700	105,455
Greenwich	140,400	161,460	New Hartford	91,700	105,455	New London County	1 or 2	3 or more
Monroe	110,040	128,380	New Milford	91,700	105,455	Bozrah	91,700	105,455
New Canaan	140,400	161,460	Norfolk	91,700	105,455	Colchester	108,800	125,120
New Fairfield	129,495	148,920	North Canaan	91,700	105,455	East Lyme	91,700	105,455
Newtown	129,495	148,920	Plymouth	91,700	105,455	Franklin	91,700	105,455
Norwalk	140,400	161,460	Roxbury	91,700	105,455	Griswold	91,700	105,455
*Targeted areas	168,480	196,560	Salisbury	91,700	105,455	Groton	91,700	105,455
Redding	129,495	148,920	Sharon	91,700	105,455	*Targeted Areas	110,040	128,380
Ridgefield	129,495	148,920	Thomaston	91,700	105,455	Lebanon	108,800	125,120
Shelton	110,040	128,380	Torrington	91,700	105,455	Ledyard	91,700	105,455
Sherman	129,495	148,920	*Targeted Areas	110,040	128,380	Lisbon	91,700	105,455
Stamford	140,400	161,460	Warren	91,700	105,455	Lyme	91,700	105,455
* Targeted Areas	168,480	196,560	Washington	91,700	105,455	Montville	91,700	105,455
Stratford	110,040	128,380	Watertown	91,700	105,455	New London *All Areas	110,040	128,380
Trumbull	110,040	128,380	Winchester	91,700	105,455	North Stonington	91,700	105,455
Weston	140,400	161,460	Woodbury	91,700	105,455	Norwich	91,700	105,455
Westport	140,400	161,460	Middlesex County	1 or 2	3 or more	* Targeted Areas	110,040	128,380
Wilton	140,400	161,460	Chester	91,700	105,455	Old Lyme	91,700	105,455
Hartford County	1 or 2	3 or more	Clinton	106,200	122,130	Preston	91,700	105,455
Avon	91,700	105,455	Cromwell	91,700	105,455	Salem	91,700	105,455
Berlin	91,700	105,455	Deep River	106,200	122,130	Sprague	91,700	105,455
Bloomfield	91,700	105,455	Durham	91,700	105,455	Stonington	91,700	105,455
Bristol	91,700	105,455	East Haddam	91,700	105,455	Voluntown	91,700	105,455
Burlington	91,700	105,455	East Hampton	91,700	105,455	Waterford	91,700	105,455
Canton	91,700	105,455	Essex	106,200	122,130	Tolland County	1 or 2	3 or more
East Granby	91,700	105,455	Haddam	91,700	105,455	Andover	91,700	105,455
East Hartford	91,700	105,455	Killingworth	106,200	122,130	Bolton	91,700	105,455
* Targeted Areas	110,040	128,380	Middlefield	91,700	105,455	Columbia	91,700	105,455
East Windsor	91,700	105,455	Middletown	91,700	105,455	Coventry	91,700	105,455
Enfield	91,700	105,455	*Targeted Areas	110,040	128,380	Ellington	91,700	105,455
Farmington	91,700	105,455	Old Saybrook	106,200	122,130	Hebron	91,700	105,455
Glastonbury	91,700	105,455	Portland	91,700	105,455	Mansfield	91,700	105,455
Granby	91,700	105,455	Westbrook	106,200	122,130	*Targeted Areas	110,040	128,380
Hartford	91,700	105,455	New Haven County	1 or 2	3 or more	Somers	91,700	105,455
*Targeted Areas	110,040	128,380	Ansonia	93,500	107,525	Stafford	91,700	105,455
Hartland	91,700	105,455	*Targeted Areas	112,200	130,900	Tolland	91,700	105,455
Manchester	91,700	105,455	Beacon Falls	93,500	107,525	Union	91,700	105,455
*Targeted Areas	110,040	128,380	Bethany	91,700	105,455	Vernon	91,700	105,455
Marlborough	91,700	105,455	Branford	91,700	105,455	Willington	91,700	105,455
New Britain	91,700	105,455	Cheshire	91,700	105,455	Windham County	1 or 2	3 or more
*Targeted Areas	110,040	128,380	Derby	93,500	107,525	Ashford	91,600	105,340
Newington	91,700	105,455	*Targeted Areas	112,200	130,900	Brooklyn	91,600	105,340
Plainville	91,700	105,455	East Haven	91,700	105,455	Canterbury	91,600	105,340
Rocky Hill	91,700	105,455	Guilford	91,700	105,455	Chaplin	91,600	105,340
Simsbury	91,700	105,455	Hamden	91,700	105,455	Eastford	91,600	105,340
South Windsor	91,700	105,455	Madison	91,700	105,455	Hampton	91,600	105,340
Southington	91,700	105,455	Meriden	91,700	105,455	Killingly	91,600	105,340
Suffield	91,700	105,455	*Targeted Areas	110,040	128,380	Plainfield	91,600	105,340
West Hartford	91,700	105,455	Middlebury	91,600	105,340	Pomfret	91,600	105,340
Wethersfield	91,700	105,455	Milford	93,500	107,525	Putnam	91,600	105,340
Windsor	91,700	105,455	Naugatuck	91,600	105,340	Scotland	91,600	105,340
Windsor Locks	91,700	105,455	New Haven	91,700	105,455	Sterling	91,600	105,340
Litchfield County	1 or 2	3 or more	*Targeted Areas	110,040	128,380	Thompson	91,600	105,340
Barkhamsted	91,700	105,455	North Branford	91,700	105,455	Windham	91,600	105,340
Bethlehem	91,700	105,455	North Haven	91,700	105,455	*Targeted Areas	109,920	128,240
Bridgewater	91,700	105,455	Orange	91,700	105,455	Woodstock	91,600	105,340
			Oxford	93,500	107,525			

*TARGETED AREAS - CENSUS TRACTS		
Targeted areas are denoted with an (*). If the property being purchased is located in a Targeted Area, please note that in these areas, only your income can be higher than what is listed, providing you do not request downpayment assistance from CHFA		
Ansonia	1252, 1253, 1254	Mansfield
Bridgeport	ALL CENSUS TRACTS	8812
Danbury	2101, 2102, 2107.01, 2107.02	Meriden
Derby	1202	Middletown
East Hartford	5104, 5106, 5113	New Britain
Groton	7025, 9800	New Haven
Hartford	ALL CENSUS TRACTS EXCEPT FOR 5245.02	New London
Manchester	5147	Norwalk
		Norwich
		Stamford
		Torrington
		Waterbury
		Windham

Connecticut Housing Finance Authority (CHFA) - SALES PRICE LIMITS



Effective April 17, 2017

Fairfield County	Existing	New	Litchfield County, cont.	Existing	New	New Haven County, cont.	Existing	New
Bethel	553,760	553,760	Canaan	329,290	329,290	Prospect	281,645	281,645
Bridgeport *All Areas	676,820	676,820	Colebrook	329,290	329,290	Seymour	281,645	281,645
Brookfield	553,760	553,760	Cornwall	329,290	329,290	Southbury	281,645	281,645
Danbury	553,760	553,760	Goshen	329,290	329,290	Wallingford	281,645	281,645
*Targeted Areas	676,820	676,820	Harwinton	329,290	329,290	Waterbury *All Areas	344,235	344,235
Darien	553,760	553,760	Kent	329,290	329,290	West Haven	281,645	281,645
Easton	553,760	553,760	Litchfield	329,290	329,290	Wolcott	281,645	281,645
Fairfield	553,760	553,760	Morris	329,290	329,290	Woodbridge	281,645	281,645
Greenwich	553,760	553,760	New Hartford	329,290	329,290	New London County	Existing	New
Monroe	553,760	553,760	New Milford	329,290	329,290	Bozrah	258,350	258,350
New Canaan	553,760	553,760	Norfolk	329,290	329,290	Colchester	258,350	258,350
New Fairfield	553,760	553,760	North Canaan	329,290	329,290	East Lyme	258,350	258,350
Newtown	553,760	553,760	Plymouth	329,290	329,290	Franklin	258,350	258,350
Norwalk	553,760	553,760	Roxbury	329,290	329,290	Griswold	258,350	258,350
*Targeted areas	676,820	676,820	Salisbury	329,290	329,290	Groton	258,350	258,350
Redding	553,760	553,760	Sharon	329,290	329,290	*Targeted Areas	315,760	315,760
Ridgefield	553,760	553,760	Thomaston	329,290	329,290	Lebanon	258,350	258,350
Shelton	553,760	553,760	Torrington	329,290	329,290	Ledyard	258,350	258,350
Sherman	553,760	553,760	*Targeted Areas	402,470	402,470	Lisbon	258,350	258,350
Stamford	553,760	553,760	Warren	329,290	329,290	Lyme	258,350	258,350
* Targeted Areas	676,820	676,820	Washington	329,290	329,290	Montville	258,350	258,350
Stratford	553,760	553,760	Washingtown	329,290	329,290	New London *All Areas	315,760	315,760
Trumbull	553,760	553,760	Winchester	329,290	329,290	North Stonington	258,350	258,350
Weston	553,760	553,760	Woodbury	329,290	329,290	Norwich	258,350	258,350
Westport	553,760	553,760	Middlesex County	Existing	New	* Targeted Areas	315,760	315,760
Wilton	553,760	553,760	Chester	325,055	325,055	Old Lyme	258,350	258,350
Hartford County	Existing	New	Clinton	325,055	325,055	Preston	258,350	258,350
Avon	325,055	325,055	Cromwell	325,055	325,055	Salem	258,350	258,350
Berlin	325,055	325,055	Deep River	325,055	325,055	Sprague	258,350	258,350
Bloomfield	325,055	325,055	Durham	325,055	325,055	Stonington	258,350	258,350
Bristol	325,055	325,055	East Haddam	325,055	325,055	Voluntown	258,350	258,350
Burlington	325,055	325,055	East Hampton	325,055	325,055	Waterford	258,350	258,350
Canton	325,055	325,055	Essex	325,055	325,055	Tolland County	Existing	New
East Granby	325,055	325,055	Haddam	325,055	325,055	Andover	325,055	325,055
East Hartford	325,055	325,055	Killingworth	325,055	325,055	Bolton	325,055	325,055
*Targeted Areas	397,290	397,290	Middlefield	325,055	325,055	Columbia	325,055	325,055
East Windsor	325,055	325,055	Middletown	325,055	325,055	Coventry	325,055	325,055
Enfield	325,055	325,055	*Targeted Areas	397,290	397,290	Ellington	325,055	325,055
Farmington	325,055	325,055	Old Saybrook	325,055	325,055	Hebron	325,055	325,055
Glastonbury	325,055	325,055	Portland	325,055	325,055	Mansfield	325,055	325,055
Granby	325,055	325,055	Westbrook	325,055	325,055	*Targeted Areas	397,290	397,290
Hartford	325,055	325,055	New Haven County	Existing	New	Somers	325,055	325,055
*Targeted Areas	397,290	397,290	Ansonia	281,645	281,645	Stafford	325,055	325,055
Hartland	325,055	325,055	*Targeted Areas	344,235	344,235	Tolland	325,055	325,055
Manchester	325,055	325,055	Beacon Falls	281,645	281,645	Union	325,055	325,055
*Targeted Areas	397,290	397,290	Bethany	281,645	281,645	Vernon	325,055	325,055
Marlborough	325,055	325,055	Branford	281,645	281,645	Willington	325,055	325,055
New Britain	325,055	325,055	Cheshire	281,645	281,645	Windham County	Existing	New
*Targeted Areas	397,290	397,290	Derby	281,645	281,645	Ashford	264,705	264,705
Newington	325,055	325,055	*Targeted Areas	344,235	344,235	Brooklyn	264,705	264,705
Plainville	325,055	325,055	East Haven	281,645	281,645	Canterbury	264,705	264,705
Rocky Hill	325,055	325,055	Guilford	281,645	281,645	Chaplin	264,705	264,705
Simsbury	325,055	325,055	Hamden	281,645	281,645	Eastford	264,705	264,705
South Windsor	325,055	325,055	Madison	281,645	281,645	Hampton	264,705	264,705
Southington	325,055	325,055	Meriden	281,645	281,645	Killingly	264,705	264,705
Suffield	325,055	325,055	*Targeted Areas	344,235	344,235	Plainfield	264,705	264,705
West Hartford	325,055	325,055	Middlebury	281,645	281,645	Pomfret	264,705	264,705
Wethersfield	325,055	325,055	Milford	281,645	281,645	Putnam	264,705	264,705
Windsor	325,055	325,055	Naugatuck	281,645	281,645	Scotland	264,705	264,705
Windsor Locks	325,055	325,055	New Haven	281,645	281,645	Sterling	264,705	264,705
Litchfield County	Existing	New	*Targeted Areas	344,235	344,235	Thompson	264,705	264,705
Barkhamsted	329,290	329,290	North Branford	281,645	281,645	Windham	264,705	264,705
Bethlehem	329,290	329,290	North Haven	281,645	281,645	*Targeted Areas	323,525	323,525
Bridgewater	329,290	329,290	Orange	281,645	281,645	Woodstock	264,705	264,705
			Oxford	281,645	281,645			

***TARGETED AREAS - CENSUS TRACTS**

Targeted areas are denoted with an (*). If the property being purchased is located in a Targeted Area, please note that in these areas, only your income can be higher than what is listed, providing you do not request downpayment assistance from CHFA

Ansonia	1252, 1253, 1254	Mansfield	8812
Bridgeport	ALL CENSUS TRACTS	Meriden	1701, 1702, 1703, 1709, 1710, 1714
Danbury	2101, 2102, 2107.01, 2107.02	Middletown	5411, 5415, 5416, 5417
Derby	1202	New Britain	4153, 4155, 4156, 4157, 4158, 4159, 4160, 4161, 4162, 4163, 4166, 4171
East Hartford	5104, 5106, 5113	New Haven	ALL CENSUS TRACTS EXCEPT FOR 3614.02
Groton	7025, 9800	New London	ALL CENSUS TRACTS
Hartford	ALL CENSUS TRACTS EXCEPT FOR 5245.02	Norwalk	0434, 0437, 0438, 0440, 0441, 0442, 0444, 0445
Manchester	5147	Norwich	6964, 6967, 6968
		Stamford	0201, 0214, 0215, 0216, 0217, 0221, 0222, 0223
		Torrington	3101, 3102, 3103, 3108.01, 3108.03, 3108.04
		Waterbury	ALL CENSUS TRACTS
		Windham	8003, 8006

INCOME ANALYSIS WORKSHEET

Acct #: _____

Rate: _____ **Completed By:** _____ **Date:** _____

Borrower: _____

PAYSTUB:						
	Gross Pay:	_____	x	_____	≈ 12 mnths	= _____
Pay Period	Year-to-Date:	_____	≈	_____	x 52 ≈ 12 mnths	= _____
Ending YTD				(# weeks)		(limit)
		_____		_____	≈ 12 mnths	= _____
		(Year) W2				
		_____		_____	≈ 12 mnths	= _____
		(Year) W2				
AMOUNT USED						

Co-Borrower: _____

PAYSTUB:						
	Gross Pay:	_____	x	_____	≈ 12 mnths	= _____
Pay Period	Year-to-Date:	_____	≈	_____	x 52 ≈ 12 mnths	= _____
Ending YTD				(# weeks)		(limit)
		_____		_____	≈ 12 mnths	= _____
		(Year) W2				
		_____		_____	≈ 12 mnths	= _____
		(Year) W2				
AMOUNT USED						

Borrower(s) Other Income:

(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	

Comments:

2017



Income - Weekly Calculation Calendar

	S	M	T	W	T	F	S	Week #		S	M	T	W	T	F	S	Week #
									JUL							1	26
JAN	1	2	3	4	5	6	7	1		2	3	4	5	6	7	8	27
	8	9	10	11	12	13	14	2		9	10	11	12	13	14	15	28
	15	16	17	18	19	20	21	3		16	17	18	19	20	21	22	29
	22	23	24	25	26	27	28	4		23	24	25	26	27	28	29	30
	29	30	31					5		30	31						31
FEB				1	2	3	4	5	AUG			1	2	3	4	5	31
	5	6	7	8	9	10	11	6		6	7	8	9	10	11	12	32
	12	13	14	15	16	17	18	7		13	14	15	16	17	18	19	33
	19	20	21	22	23	24	25	8		20	21	22	23	24	25	26	34
	26	27	28					9		27	28	29	30	31			35
MAR				1	2	3	4	9	SEP						1	2	35
	5	6	7	8	9	10	11	10		3	4	5	6	7	8	9	36
	12	13	14	15	16	17	18	11		10	11	12	13	14	15	16	37
	19	20	21	22	23	24	25	12		17	18	19	20	21	22	23	38
	26	27	28	29	30	31		13		24	25	26	27	28	29	30	39
APR							1	13	OCT	1	2	3	4	5	6	7	40
	2	3	4	5	6	7	8	14		8	9	10	11	12	13	14	41
	9	10	11	12	13	14	15	15		15	16	17	18	19	20	21	42
	16	17	18	19	20	21	22	16		22	23	24	25	26	27	28	43
	23	24	25	26	27	28	29	17		29	30	31					44
	30							18	NOV				1	2	3	4	44
MAY		1	2	3	4	5	6	18		5	6	7	8	9	10	11	45
	7	8	9	10	11	12	13	19		12	13	14	15	16	17	18	46
	14	15	16	17	18	19	20	20		19	20	21	22	23	24	25	47
	21	22	23	24	25	26	27	21		26	27	28	29	30			48
	28	29	30	31				22	DEC						1	2	48
JUN					1	2	3	22		3	4	5	6	7	8	9	49
	4	5	6	7	8	9	10	23		10	11	12	13	14	15	16	50
	11	12	13	14	15	16	17	24		17	18	19	20	21	22	23	51
	18	19	20	21	22	23	24	25		24	25	26	27	28	29	30	52
	25	26	27	28	29	30		26		31							1

2018



Income - Weekly Calculation Calendar

	S	M	T	W	T	F	S	Week #		S	M	T	W	T	F	S	Week #
JAN		1	2	3	4	5	6	1	JUL	1	2	3	4	5	6	7	27
	7	8	9	10	11	12	13	2		8	9	10	11	12	13	14	28
	14	15	16	17	18	19	20	3		15	16	17	18	19	20	21	29
	21	22	23	24	25	26	27	4		22	23	24	25	26	27	28	30
	28	29	30	31				5		29	30	31					31
FEB					1	2	3	5	AUG				1	2	3	4	31
	4	5	6	7	8	9	10	6		5	6	7	8	9	10	11	32
	11	12	13	14	15	16	17	7		12	13	14	15	16	17	18	33
	18	19	20	21	22	23	24	8		19	20	21	22	23	24	25	34
	25	26	27	28				9		26	27	28	29	30	31		35
MAR					1	2	3	9	SEP							1	35
	4	5	6	7	8	9	10	10		2	3	4	5	6	7	8	36
	11	12	13	14	15	16	17	11		9	10	11	12	13	14	15	37
	18	19	20	21	22	23	24	12		16	17	18	19	20	21	22	38
	25	26	27	28	29	30	31	13		23	24	25	26	27	28	29	39
APR	1	2	3	4	5	6	7	14	OCT	30	1	2	3	4	5	6	40
	8	9	10	11	12	13	14	15		7	8	9	10	11	12	13	41
	15	16	17	18	19	20	21	16		14	15	16	17	18	19	20	42
	22	23	24	25	26	27	28	17		21	22	23	24	25	26	27	43
	29	30						18		28	29	30	31				44
									NOV					1	2	3	44
MAY			1	2	3	4	5	18		4	5	6	7	8	9	10	45
	6	7	8	9	10	11	12	19		11	12	13	14	15	16	17	46
	13	14	15	16	17	18	19	20		18	19	20	21	22	23	24	47
	20	21	22	23	24	25	26	21		25	26	27	28	29	30		48
	27	28	29	30	31			22	DEC							1	48
JUN						1	2	22		2	3	4	5	6	7	8	49
	3	4	5	6	7	8	9	23		9	10	11	12	13	14	15	50
	10	11	12	13	14	15	16	24		16	17	18	19	20	21	22	51
	17	18	19	20	21	22	23	25		23	24	25	26	27	28	29	52
	24	25	26	27	28	29	30	26		30	31						1

INCOME ANALYSIS WORKSHEET

Acct #: 123456

Rate: 3.50%

Completed By: Underwriter

Date: 9/30/2017

Borrower: B. Borrower - Base wages: 23.75 x 40 = 950

PAYSTUB:

	Gross Pay:	<u>\$950.00</u>	x	<u>52</u>	≈ 12 mnths	=	<u>\$4,116.00</u>
Pay Period	Year-to-Date: *	<u>\$51,480.00</u>	≈	<u>30</u>	x 52 ≈ 12 mnths	=	<u>\$7,436.00</u>
Ending YTD				(# weeks)			(limit)
	<u>2016</u>	<u>\$85,514.00</u>			≈ 12 mnths	=	<u>\$7,126.00</u>
	<i>(Year)</i>	W2					
	<u>2015</u>	<u>\$81,796.00</u>			≈ 12 mnths	=	<u>\$6,816.00</u>
	<i>(Year)</i>	W2					

***One time Special Project pay of 960 excluded from limits calculation**

AMOUNT USED \$4,116.00

YTD includes OT, Bonus & Commission

Co-Borrower: _____

PAYSTUB:

	Gross Pay:	_____	x	_____	≈ 12 mnths	=	_____
Pay Period	Year-to-Date:	_____	≈	_____	x 52 ≈ 12 mnths	=	_____
Ending YTD				(# weeks)			(limit)
	_____	W2 _____			≈ 12 mnths	=	_____
	<i>(Year)</i>						
	_____	W2 _____			≈ 12 mnths	=	_____
	<i>(Year)</i>						

AMOUNT USED _____

Borrower(s) Other Income:

(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
_____	_____	_____		_____		_____
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
_____	_____	_____		_____		_____
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
_____	_____	_____		_____		_____
(B/CB)	(Description)	(Monthly Amt.)	x	(factor)	=	_____
_____	_____	_____		_____		_____

Comments:

Pay period ending 7/28/17 is Week 30

Qualifying: 4,116/49,392

Income Limit: 91,700

Limits: 7,436/89,232



Fannie Mae

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender — Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer — Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I — Request

1. To (Name and address of employer) The Best Employer 100 Main Street Anytown, CT 06111	2. From (Name and address of lender) The Best Lender 101 Main Street Anytown, CT 06000
---	---

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender <i>Lucy Lender</i>	4. Title Loan Processor	5. Date 08/02/2017	6. Lender's Number (Optional)
--	----------------------------	-----------------------	-------------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number) Bonnie Borrower 1000 Main Street, Anytown, CT 06111	8. Signature of Applicant <i>Bonnie Borrower</i>
---	---

Part II — Verification of Present Employment

9. Applicant's Date of Employment 04/03/2017	10. Present Position Accountant	11. Probability of Continued Employment Good
---	------------------------------------	---

12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Weekly \$ <u>950.00</u>				13. For Military Personnel Only Pay Grade Type Monthly Amount Base Pay \$		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
12B. Gross Earnings				15. If paid hourly — average hours per week 61		16. Date of applicant's next pay increase 12/25/2017	
Type	Year To Date	Past Year 16	Past Year 15	Rations	\$	17. Projected amount of next pay increase tbd	
Base Pay	Thru <u>7/28/17</u> \$ 28,500.00	\$ 47,320.00	\$ 45,240.00	Flight or Hazard	\$	18. Date of applicant's last pay increase 12/25/2016	
Overtime	\$ 22,440.60	\$ 37,569.00	\$ 35,982.00	Clothing	\$	19. Amount of last pay increase \$1.00 / hr	
Commissions	\$ 339.40	\$ 325.00	\$ 299.00	Quarters	\$		
Bonus	\$ 200.00	\$ 300.00	\$ 275.00	Pro Pay	\$		
Total	\$52,440.00	\$ 85,514.00	\$ 81,796.00	Overseas or Combat	\$		
				Variable Housing Allowance	\$		

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

***Bonnie received \$960.00 in total for a one time special project- total 2017 YTD earnings through 7/28/17 = \$52,440

Part III — Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____
22. Date Terminated	
24. Reason for Leaving	25. Position Held

Part IV — Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer <i>Mindy Manager</i>	27. Title (Please print or type) Human Resource Manager	28. Date 08/05/2017
29. Print or type name signed in Item 26 Mindy Manager	30. Phone No. 860-222-2222	

The Best Employer
 100 Main Street
 Anytown, CT 06000

Advice Date
 08/03/2017

Advice No. 1234

Advice Amount: \$1,116.22

To The
 Account(s) Of

Bonnie Borrower
 1000 Main Street
 Anytown, CT 06000

DIRECT DEPOSIT DESCRIPTION			
Account Type	Bank Name	Account Number	Deposit Amount
Checking	LOCAL BANK	XXX2	\$1,016.22
Savings	LOCAL BANK	XXX3	\$ 100.00
Total:			\$ 1,116.22
NON-NEGOTIABLE			
Pay Begin Date:		07/22/2017	
Pay End Date:		07/28/2017	
			Advice Date: 08/03/2017

Employee ID: 3 Department: Accounting Location: Anytown Job Title: Accountant Pay Rate: \$24.00	TAX DATE:	Federal	CT State
	Marital Status:	Single	CT Code D
	Allowance:	0	

HOURS AND EARNINGS					TAXES		
Description	Rate	Hours	Earnings	YTD Earnings	Description	Current	
Regular Earnings	23.75	40	950.00	28,500.00	Fed Withholding	318.65	
Special Project				960.00	Fed/MED/EE	23.88	
Overtime	35.62	21	748.02	22,440.60	Fed OASDI/EE	102.09	
Bonus				200.00			
Commission			17.98	339.40	CT Withholding	85.76	
Total:				1,716.00	52,440.00	Total	530.38
BEFORE-TAX DEDUCTIONS		AFTER-TAX DEDUCTIONS		LEAVE BALANCES AS OF: 07/20/2017			
Description	Description	Current	YTD	Description	Balance		
	Group Life Ins. Basic	16.40	492.00	Sick	157.5000		
	CrUnCSE	25.00	750.00	Vacation	50.1100		
	CharitySEC	3.00	90.00	Personal	13.5000		
	Garnishment	25.00	750.00				
Total:		Total:	69.40				
TOTAL GROSS				TOTAL DEDUCTIONS		NET PAY	
YTD: 52,440				599.78		1,116.22	
				NET PAY DISTRIBUTION			
				Total:		1,116.22	

For the year Jan. 1–Dec. 31, 2016, or other tax year beginning , 2016, ending , 20
Your first name and initial Bonnie Last name Borrower
If a joint return, spouse's first name and initial Last name
Home address (number and street). If you have a P.O. box, see instructions. 1000 Main Street Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anytown, CT 06000
Foreign country name Foreign province/state/county Foreign postal code

Filing Status

- 1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child

Exemptions

Table with columns for dependent details: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) if child under age 17 qualifying for child tax credit. Includes summary boxes for 'Boxes checked on 6a and 6b' and 'Add numbers on lines above'.

Income

Table for income reporting with rows 7-22. Includes categories like Wages, salaries, tips, etc. (7); Taxable interest (8a); Ordinary dividends (9a); Taxable refunds, credits, or offsets of state and local income taxes (10); Alimony received (11); Business income or (loss) (12); Capital gain or (loss) (13); Other gains or (losses) (14); IRA distributions (15a); Pensions and annuities (16a); Rental real estate, royalties, partnerships, S corporations, trusts, etc. (17); Farm income or (loss) (18); Unemployment compensation (19); Social security benefits (20a); Other income (21); and Total income (22).

Adjusted Gross Income

Table for adjusted gross income reporting with rows 23-37. Includes categories like Educator expenses (23); Certain business expenses of reservists, performing artists, and fee-basis government officials (24); Health savings account deduction (25); Moving expenses (26); Deductible part of self-employment tax (27); Self-employed SEP, SIMPLE, and qualified plans (28); Self-employed health insurance deduction (29); Penalty on early withdrawal of savings (30); Alimony paid (31a); IRA deduction (32); Student loan interest deduction (33); Tuition and fees (34); Domestic production activities deduction (35); and Adjusted gross income (37).

38	Amount from line 37 (adjusted gross income)	38	78810
39a	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind. } Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind. } checked ▶ 39a <input type="checkbox"/>		
b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$6,300

Married filing jointly or Qualifying widow(er), \$12,600

Head of household, \$9,300

40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	9300
41	Subtract line 40 from line 38	41	69510
42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42	8100
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	61410
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	9654
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Excess advance premium tax credit repayment. Attach Form 8962	46	
47	Add lines 44, 45, and 46	47	9654
48	Foreign tax credit. Attach Form 1116 if required	48	
49	Credit for child and dependent care expenses. Attach Form 2441	49	
50	Education credits from Form 8863, line 19	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	9654

Other Taxes

57	Self-employment tax. Attach Schedule SE	57	
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
60a	Household employment taxes from Schedule H	60a	
b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61	
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s) <input type="text"/>	62	
63	Add lines 56 through 62. This is your total tax	63	

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	10000
65	2016 estimated tax payments and amount applied from 2015 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b <input type="checkbox"/>		
67	Additional child tax credit. Attach Schedule 8812	67	
68	American opportunity credit from Form 8863, line 8	68	
69	Net premium tax credit. Attach Form 8962	69	
70	Amount paid with request for extension to file	70	
71	Excess social security and tier 1 RRTA tax withheld	71	
72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	10000

Refund

Direct deposit? See instructions.

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	346
76a	Amount of line 75 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	76a	
b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
77	Amount of line 75 you want applied to your 2017 estimated tax ▶	77	

Amount You Owe

78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78	
79	Estimated tax penalty (see instructions)	79	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes.** Complete below. **No**

Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

Sign Here

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no.	
Firm's address ▶				

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2014

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses	Caution. Do not include expenses reimbursed or paid by others.			
	1 Medical and dental expenses (see instructions)	1		
	2 Enter amount from Form 1040, line 38 2			
	3 Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
Taxes You Paid	5 State and local (check only one box):	5		
	a <input type="checkbox"/> Income taxes, or			
	b <input type="checkbox"/> General sales taxes			
	6 Real estate taxes (see instructions)	6	1250	
	7 Personal property taxes	7		
	8 Other taxes. List type and amount ►	8		
	9 Add lines 5 through 8			9
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	2500	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►	11		
	12 Points not reported to you on Form 1098. See instructions for special rules	12		
	13 Mortgage insurance premiums (see instructions)	13		
	14 Investment interest. Attach Form 4952 if required. (See instructions.)	14		
	15 Add lines 10 through 14			15
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	10000	
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17		
	18 Carryover from prior year	18		
	19 Add lines 16 through 18			19
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►	21		
	22 Tax preparation fees	22		
	23 Other expenses—investment, safe deposit box, etc. List type and amount ►	23		
	24 Add lines 21 through 23	24		
	25 Enter amount from Form 1040, line 38 25	25		
	26 Multiply line 25 by 2% (.02)	26		
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-			27
Other Miscellaneous Deductions	28 Other—from list in instructions. List type and amount ►			28
Total Itemized Deductions	29 Is Form 1040, line 38, over \$152,525?			
	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			29 13750
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here			<input type="checkbox"/>

Form
1040EZ

**Income Tax Return for Single and
Joint Filers With No Dependents** (99)

2015

OMB No. 1545-0074

Your first name and initial Bonnie		Last name Borrower	Your social security number 1 2 3 4 5 6 7 8 9	
If a joint return, spouse's first name and initial		Last name	Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 1000 Main Street			Apt. no.	▲ Make sure the SSN(s) above are correct.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anytown, CT 06000				
Foreign country name		Foreign province/state/county	Foreign postal code	

Income Attach Form(s) W-2 here. Enclose, but do not attach, any payment.	1	Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	75080	
	2	Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2		
	3	Unemployment compensation and Alaska Permanent Fund dividends (see instructions).	3		
	4	Add lines 1, 2, and 3. This is your adjusted gross income .	4	75080	
	5	If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on back. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$10,300 if single ; \$20,600 if married filing jointly . See back for explanation.	5	10300	
	6	Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your taxable income .	6	64780	
	Payments, Credits, and Tax	7	Federal income tax withheld from Form(s) W-2 and 1099.	7	11200
		8a	Earned income credit (EIC) (see instructions)	8a	
		b	Nontaxable combat pay election. 8b		
		9	Add lines 7 and 8a. These are your total payments and credits .	9	
		10	Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line.	10	11988
	11	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	11		
12	Add lines 10 and 11. This is your total tax .	12	11988		
Refund Have it directly deposited! See instructions and fill in 13b, 13c, and 13d, or Form 8888.	13a	If line 9 is larger than line 12, subtract line 12 from line 9. This is your refund . If Form 8888 is attached, check here <input type="checkbox"/>	13a		
	b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
d	Account number <input type="text"/>				
Amount You Owe	14	If line 12 is larger than line 9, subtract line 9 from line 12. This is the amount you owe . For details on how to pay, see instructions.	14	788	

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? **Yes**. Complete below. **No**

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Joint return? See instructions. <input type="checkbox"/>	Your signature	Date	Your occupation	Daytime phone number
Keep a copy for your records. <input type="checkbox"/>	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Firm's EIN	Phone no.		
Firm's address				

For the year Jan. 1–Dec. 31, 2014, or other tax year beginning , 2014, ending , 20
Your first name and initial Bobby Last name Borrower
If a joint return, spouse's first name and initial Bonnie Last name Borrower
Home address (number and street). If you have a P.O. box, see instructions. 250 South Main Street Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Anytown, CT 06000
Foreign country name Foreign province/state/county Foreign postal code

See separate instructions.
Your social security number 3 4 5 6 7 8 9 0 1
Spouse's social security number 1 2 3 4 5 6 7 8 9
Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
You Spouse

Filing Status
1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) with dependent child

Exemptions
6a Yourself. If someone can claim you as a dependent, do not check box 6a.
b Spouse
c Dependents:
(1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if child under age 17 qualifying for child tax credit (see instructions)
Billy Borrower 2 3 4 5 6 7 8 9 son
d Total number of exemptions claimed 3

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 100000
8a Taxable interest. Attach Schedule B if required 8a
b Tax-exempt interest. Do not include on line 8a 8b
9a Ordinary dividends. Attach Schedule B if required 9a
b Qualified dividends 9b
10 Taxable refunds, credits, or offsets of state and local income taxes 10
11 Alimony received 11
12 Business income or (loss). Attach Schedule C or C-EZ 12
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13
14 Other gains or (losses). Attach Form 4797 14
15a IRA distributions 15a b Taxable amount 15b
16a Pensions and annuities 16a b Taxable amount 16b
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
18 Farm income or (loss). Attach Schedule F 18
19 Unemployment compensation 19
20a Social security benefits 20a b Taxable amount 20b
21 Other income. List type and amount 21
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 100000

Adjusted Gross Income
23 Educator expenses 23
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
25 Health savings account deduction. Attach Form 8889 25
26 Moving expenses. Attach Form 3903 26
27 Deductible part of self-employment tax. Attach Schedule SE 27
28 Self-employed SEP, SIMPLE, and qualified plans 28
29 Self-employed health insurance deduction 29
30 Penalty on early withdrawal of savings 30
31a Alimony paid b Recipient's SSN 31a
32 IRA deduction 32
33 Student loan interest deduction 33
34 Tuition and fees. Attach Form 8917 34
35 Domestic production activities deduction. Attach Form 8903 35
36 Add lines 23 through 35 36
37 Subtract line 36 from line 22. This is your adjusted gross income 37 100000

Tax and Credits

Standard Deduction for—

• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others: Single or Married filing separately, \$6,200

Married filing jointly or Qualifying widow(er), \$12,400

Head of household, \$9,100

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for Tax and Credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for Other Taxes.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for Refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for Amount You Owe.

Third Party Designee

Form section for Third Party Designee with fields for name, phone, and PIN.

Sign Here

Joint return? See instructions. Keep a copy for your records.

Form section for Sign Here with signature lines for taxpayer and preparer.

Paid Preparer Use Only

Form section for Paid Preparer Use Only with fields for name, signature, date, and firm information.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2014

Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► **Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.**
► **Attach to Form 1040.**

Name(s) shown on Form 1040

Your social security number

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38 <input type="text" value="2"/>	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
Taxes You Paid		5 State and local (check only one box):			
a	<input type="checkbox"/> Income taxes, or	5			
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6	1250		
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098		10	2500
Note. Your mortgage interest deduction may be limited (see instructions).		11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►		11	
		12 Points not reported to you on Form 1098. See instructions for special rules		12	
		13 Mortgage insurance premiums (see instructions)		13	
		14 Investment interest. Attach Form 4952 if required. (See instructions.)		14	
		15 Add lines 10 through 14		15	
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		16	10000
If you made a gift and got a benefit for it, see instructions.		17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
		18 Carryover from prior year		18	
		19 Add lines 16 through 18		19	
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions		21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►		21	
		22 Tax preparation fees		22	
		23 Other expenses—investment, safe deposit box, etc. List type and amount ►		23	
		24 Add lines 21 through 23		24	
		25 Enter amount from Form 1040, line 38 <input type="text" value="25"/>		25	
		26 Multiply line 25 by 2% (.02)		26	
		27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	
Other Miscellaneous Deductions		28 Other—from list in instructions. List type and amount ►		28	
Total Itemized Deductions		29 Is Form 1040, line 38, over \$152,525?		29	13750
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		30 If you elect to itemize deductions even though they are less than your standard deduction, check here			

Local Bank
500 Main Street
Anytown, CT 06000

Bonnie Borrower
1000 Main Street
Anytown, CT 06000

Detailed Account Activity
June 27, 2017 through July 26, 2017

CHECKING

**Account
Number: XXX2**

Summary

Beginning Balance	\$2,623.00
Deposits	3,122.44
Interest Paid	0.00
Withdrawals	3,450.00
Ending Balance	\$2,295.44

Local Bank
 500 Main Street
 Anytown, CT 06000

Bonnie Borrower
 1000 Main Street
 Anytown, CT 06000

Detailed Account Activity
 June 27, 2017 through July 26, 2017

CHECKING		Account Number: XXX2		
Date	Description	Deposits	Withdrawals	Balance
Beginning Balance as of 06/27				2,623.00
06/29	Check 206		700.00	1,923.00
07/05	Check 204		50.00	1,873.00
07/06	Check 207		140.00	1,733.00
07/06	Eversource		125.00	1,608.00
07/06	American Honda		600.00	1,008.00
07/06	ACH Deposit - The Best Employer	1,016.22		2,024.22
07/06	ATM Withdrawal		100.00	1,924.22
07/07	Deposit	250.00		2,174.22
07/10	Check 205		130.00	2,044.22
07/11	Transfer from Bank of America xxx4	200.00		2,244.22
07/11	IRS Auto Payment		50.00	2,194.22
07/14	Deposit	250.00		2,444.22
07/17	Check 208		30.00	2,414.22
07/17	Check 209		65.00	2,349.22
07/17	Transfer to Bank of America xxx4		200.00	2,149.22
07/17	Deposit	40.00		2,189.22

Local Bank
 500 Main Street
 Anytown, CT 06000

Bonnie Borrower
 1000 Main Street
 Anytown, CT 06000

Detailed Account Activity
 June 27, 2017 through July 26, 2017

CHECKING		Account Number: XXX2		
Date	Description	Deposits	Withdrawals	Balance
07/18	Transfer from Bank of America xxx4	100.00		2,289.22
07/20	ATM Withdrawal		80.00	2,209.22
07/20	Comcast		115.00	2,094.22
07/20	ACH Deposit - The Best Employer	1,016.22		3,110.44
07/21	Verizon		65.00	3,045.44
07/21	Deposit	250.00		3,295.44
07/24	Check 203		1,000.00	2,295.44

Ending Balance as of 07/26 2,295.44

Withdrawals

Checks Paid

*Indicates gap in checks

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
204	07/05	50.00	205	07/10	130.00	203	07/24	1,000.00
206	06/29	700.00	208	07/07	30.00			
207	07/06	140.00	209	07/17	65.00			

Total number of checks paid 8

Total checks paid \$2,185.00

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$600.00
Total Insufficient Available Funds Fees-Returned Items	\$0.00	\$0.00

Bonnie Borrower
1000 Main Street
Anytown, CT 06000

203

7/20/2017

Date

*Pay to the
Order of*

The Best Realtor

\$

One Thousand and xx/100

Dollars

Local Bank

Anywhere, CT 06000

Fax 600 South Main Street

Bonnie Borrower

:123456789:

0000012345||0203

AUS Automated Findings

SUMMARY

Recommendation	APPROVE/ELIGIBLE		
Primary Borrower	Bonnie Borrower	Co-Borrower	
Lender Loan Number	123456	Casefile ID	1234567890
Submission Date	09/25/2017 9:47 am	Submitted by	a1b2cdef
First Submission Date	08/01/2017 3:01 pm	AUS Version	1
Submission Number	3		

Mortgage Information

LTV/CLTV	97.00%/105.00%	Note Rate	3.50%
Housing Ratio	28.06%	Loan Type	Conventional
Debt to Income Ratio	42.36%	Term	360
Loan Amount	\$242,500	Amort	Fixed
Sales Price	\$250,000	Purpose	Purchase
Appraised Value	\$250,000		

Property Information

Property Address	999 West Street Rocky Hill, CT 06067	Units	1
		Occupancy	Primary Residence

RISK/ELIGIBILITY

The risk profile of this loan casefile appears to meet Agency Guidelines.

This loan casefile appears to meet Agency eligibility requirements.

Verify that the income for the loan casefile complies with the allowable income limit for the area in which the property is located, as established by the HFA.

Lenders must be approved by a participating HFA to originate HFA loans. Approved HFAs and their designated Master Servicer may deliver **HFA** loans.

Mortgage Insurance is required for this HFA loan. The lender must obtain mortgage insurance coverage of at **least 18%**. Verify the mortgage insurance premium is accurately reflected in the loan application.

Verify that the qualified income for the loan casefile complies with the maximum allowable income limit for the area in which the property is located, as established by the Community Seconds provider, the community land trust or the resale restrictions associated to the property.

VERIFICATION MESSAGES/APPROVAL CONDITIONS

Based on the Community Seconds Indicator there is a Community Seconds loan associated with this transaction but the Community Seconds Repayment Structure field has not been completed. The repayment structure information should be completed and the loan casefile resubmitted to AUS, otherwise the risk assessment of the loan may be inaccurate.

Verify and warrant that the terms of the Community Seconds Loan meet the guidelines in the selling guide. Document the casefile accordingly.

Based on the credit report obtained, this loan must close by 12/1/2017

At least one borrower signing the Note must complete an acceptable homeownership education program. The lender must follow the HFA homeownership education requirements.

EMPLOYMENT AND INCOME

ASSETS

PROPERTY APPRAISAL INFORMATION

OBSERVATIONS

The following list of special feature codes is provided to assist you in determining which codes may be associated with this loan. Other codes may be required

Special Feature Code	Description
100	Community Seconds
200	HFA
300	AUS Loan

Loan Feedback Certificate

Evaluation Summary

Purchase Eligibility	Risk Class
ELIGIBLE	ACCEPT

Loan Data

Borrower Name

BONNIE BORROWER
123-45-6789

Results

Credit Report Information

Mortgage Information

Asset Information

Calculated Values

Borrower Information

Transaction Information

Employment & Income

Assets & Reserves

Credit & Liabilities

Property & Appraisal

General Messages

The loan submitted as a Home Possible Advantage for HFA (HFA Advantage) mortgage, must be delivered by the HFA or its Master Servicer under the required Negotiated Commitment for HFA Advantage Mortgages. The seller must ensure all HFA program and income eligibility requirements are met

Secondary Financing: The secondary financing on this loan must be an Affordable Second and must meet all the requirements applicable to Affordable Seconds

Loan submitted as Home Possible Advantage for HFA mortgage

Mortgage Insurance & Fees

This Home Possible Advantage for HFA mortgage requires 18% MI coverage

**NOTICE OF POTENTIAL RECAPTURE
TAX ON SALE OF HOME**

Because you are receiving a mortgage loan from the proceeds of a tax-exempt bond, you are receiving the benefit of a lower interest rate than is customarily charged on other mortgage loans. If you sell or otherwise dispose of your home, within nine years of purchase, this benefit may be "recaptured." The recapture is accomplished by an increase in your federal income tax for the year in which you sell your home. The recapture only applies, however, if you sell your home at a gain and if your income increases above specified levels.

You may wish to consult a tax advisor or the local office of the Internal Revenue Service at the time you sell your home to determine the amount, if any, of the recapture tax. At the closing of the purchase of your home, you will be given additional information that will be needed to calculate the potential recapture tax.

You may be eligible to receive reimbursement from CHFA if you are required to make a recapture tax payment. To request reimbursement, you must submit a written request to CHFA no later than December 31st of the year the federal recapture tax is owed and paid.


Example:

If your home is sold in 2014 and the tax return is filed in 2015, the request for reimbursement must be filed with CHFA no later than December 31, 2015. (Reimbursement requests must be submitted to CHFA before year end in the same year the tax was owed and paid to the IRS).

Please see the document provided to you at the loan closing entitled Notice to Mortgagor of Maximum Recapture Tax and Method to Compute Recapture Tax on Sale of Home for further information.

The undersigned acknowledges receipt of a copy of this Notice. I/We have read and understood the above disclosure.

If I/we sell or transfer the home being financed with this mortgage loan during the first nine years after the date of closing, I/we have the responsibility of computing and paying the recapture amount, if any, due the federal government.

 / Bonnie Borrower Date: 10/1/17
 (Borrower-Signature) (Type/Print Name)
 _____ / _____ Date: _____
 (Borrower-Signature) (Type/Print Name)

Lender: _____
 NMLS ID: _____
 Loan Originator: _____
 NMLS ID: _____

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. Bonnie Borrower	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 123-45-6789
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) Bonnie Borrower, 1000 Main Street, Anytown, CT 06000	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 **Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. 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.

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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:** For transcripts being sent to a third party, this form must be received 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.

<i>Bonnie Borrower</i>	8/1/17	
▶ Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

BORROWER ELIGIBILITY CERTIFICATE

I, (We) Bonnie Borrower and _____
(type/print name) (type/print name)

(Hereinafter "Borrower", a term used throughout this certificate in the plural but construed to be singular if there is only one borrower), as an essential part of the closing of a mortgage loan pursuant to the Housing Mortgage Finance Program of the Connecticut Housing Finance Authority (the "Authority") to finance the purchase by us of an eligible dwelling (the "Residence") and with knowledge that the Authority and the Lender will rely on the statements contained herein, do hereby certify:

1. I (We) reside at: 1000 Main Street
Anytown, CT 06000

2. The location of the Residence to be financed with the proceeds of the mortgage loan is as follows:

999 West Street
Rocky Hill, CT 06067

3. The Residence is a dwelling suitable for occupancy by only one family. Yes No

[IF THE ANSWER TO PARAGRAPH 3 IS NO, COMPLETE PARAGRAPHS 3a and 3b.]

3a. The Residence contains separate residential units suitable for occupancy by families _____
(number)

3b. To the best of the undersigned's knowledge, the Residence was first occupied as a residence at least five years prior to our application for the mortgage loan.

4. The undersigned intend to occupy the Residence as a principal residence within sixty (60) days following the closing of the mortgage loan, or, in the case of a Qualified Rehabilitation Mortgage Loan being closed prior to the rehabilitation, within sixty (60) days following the completion of the rehabilitation, but no later than one year following the date of closing of the Qualified Rehabilitation Mortgage Loan.

5. The undersigned do not intend to use the Residence as a vacation home or a second home.

6. The undersigned do not intend to use more than fifteen (15%) percent of the total area of the Residence in a trade or business.

7. The undersigned do not intend to use the Residence as an investment property.

8. The undersigned do not intend to deduct any portion of the costs of the Residence as a business or investment expense for Federal income Tax purposes, except as permitted in the case of certain business expenses referred to in paragraph 6 above or except for costs associated with the non-owner-occupied units in the case of a two-to-four family residence.

9. No portion of the Residence was specifically designed for commercial use.

10a. The land being financed with proceeds of the mortgage loan on which the Residence is or will be located, will not provide a source of income to the undersigned, other than incidentally.

10b. The undersigned do not intend to farm a portion of the land being financed, to subdivide the land being financed or to apply for a zoning variance regarding minimum lot size or set back requirements.

10c. The size of the lot allows one, and only one, building lot, and the land can not be subdivided.

11. The undersigned have delivered copies of their Federal income tax returns including any amendments to these returns and have executed either IRS Form 4506 or 8821 Request for Copy or Transcript or Tax Authorization form of the tax form for the three years preceding the closing of the mortgage loan (one year in the case of a loan in a Targeted Area or a Qualified Rehabilitation Mortgage Loan). To the best of the undersigned's knowledge, the tax return(s) are complete and accurate.

[INITIAL ONLY THE APPLICABLE PARAGRAPH 12a or 12b AND STRIKE OUT THE OTHER PARAGRAPH. INITIAL PARAGRAPH 12c IF APPLICABLE.]

A PRESENT OWNERSHIP INTEREST WITHIN THE LAST THREE YEARS IN A PRINCIPAL RESIDENCE IS ACCEPTABLE FOR TARGETED AREAS OR QUALIFIED REHABILITATION MORTGAGE LOAN APPLICATIONS AND A LIMITED NUMBER OF OTHER APPLICATIONS.

NOTE: A present ownership interest includes ordinary full ownership (fee simple), joint tenancy, tenancy in common or tenancy by the entirety, an interest in a cooperative, a life estate, a land sale contract, a bond for deed, and an interest held in trust for the Borrower that would constitute a present ownership interest if held directly by the Borrower. A present ownership interest does not include a remainder interest, an ordinary lease with or without a purchase option, an expectancy to inherit, or an interest in real estate other than a principal residence (e.g., a vacation home).

12a. The undersigned has not had a present ownership interest in his principal residence at any time during the three-year period preceding the application for the mortgage loan. BB
(initial)

- OR -

12b. ~~The undersigned has had a present ownership interest in his principal residence at some time during the three-year period preceding the application for the mortgage loan.~~
(initial)

12c. Veteran's status – initial if applicable

The undersigned is a veteran, or an unmarried surviving spouse or civil union partner of an eligible veteran who died as a result of military service or service connected disability. [Note: A veteran is a person who served in the U.S. Armed Forces, and who was discharged or released therefrom under conditions other than dishonorable.]
(initial)

13. The Acquisition Cost of the Residence (including land whether or not separately purchased) and the cost of the rehabilitation of the Residence in the case of a Qualified Rehabilitation Mortgage Loan is \$ excluding the amount for any personal property which is not a fixture under Connecticut law. The Acquisition Cost stated above is the sum total of all of the following: The amount paid, in cash or kind by the Borrower or any other person for the benefit of the Seller for the Residence; The amount paid for fixtures (light fixtures, wall to wall carpeting) if not part of the price; The cost to complete the dwelling if it is incomplete; The capitalized value of the ground rent (if applicable); and any settlement or financing costs in excess of the usual and reasonable costs.

14. The undersigned certify that the value of their labor or the noncompensated labor of any family member in the completion of the Residence or rehabilitation in the case of a Qualified Rehabilitation Mortgage Loan is not included in the purchase price and cost of rehabilitation figure in paragraph 13. However, the cost of material, if any, needed for the completion of the Residence is included.

[IF THE CHFA LOAN IS NOT A QUALIFIED REHABILITATION MORTGAGE, BORROWER MUST INITIAL PARAGRAPHS 15a. - 15c. IF THE CHFA LOAN IS FOR QUALIFIED REHABILITATION, CHECK "N/A".]

15a. The proceeds of the mortgage loan which the undersigned will receive on the date of the closing of the mortgage loan will be used to acquire the Residence. or BB
N/A (initial)

15b. The proceeds are not being used or will not be used to replace an existing mortgage or debt for which the undersigned are liable or incurred on behalf of the undersigned, other than a construction period loan or similar temporary financing which has a term of twenty-four months or less. or BB
N/A (initial)

15c. The undersigned do not have or have not previously had a mortgage loan on the Residence, other than a construction period loan or similar temporary financing. or BB
N/A (initial)

16a. The undersigned understand that any transfer of possession or title of the Residence may cause the entire balance of the loan to be declared due and payable, or at the option of the Lender, cause the interest rate charged on the mortgage loan to be raised to fair market levels. The undersigned understand and agree that the mortgage may be assumed only under certain conditions and with the approval of the Authority.

16b. The undersigned agree to notify the Lender and the Authority in advance of any contemplated sale, rental or other transfer affecting the property.

- 16c. The undersigned further agree to notify the Lender and the Authority immediately in the event they should vacate the property and to keep the Lender and the Authority informed of their current mailing address.
17. The undersigned do not foresee circumstances that would impair their ability to meet the monthly mortgage loan payments.
18. The undersigned are not now entertaining proposals for the sale of the Residence to third persons.

[IF THE CHFA LOAN IS A QUALIFIED REHABILITATION MORTGAGE, BORROWER MUST INITIAL PARAGRAPHS 19 - 23. IF THE CHFA LOAN IS NOT FOR QUALIFIED REHABILITATION, CHECK "N/A".]

19. The undersigned will be the first resident(s) of the Residence after completion of the Qualified Rehabilitation for which the proceeds of this Qualified Rehabilitation Mortgage Loan are to be applied. X or _____
N/A (initial)
20. At least 20 years have elapsed between the date on which the Residence was first used and the date on which physical work on the rehabilitation will begin. (The 20-year period includes periods during which the residence was vacant or devoted to use in a trade or business and is calculated without regard to the number of owners or the identity of owners during the period.) X or _____
N/A (initial)
21. At least 75% of the existing external walls (including the area of windows and doors) of the Residence will be retained in place as external walls in the rehabilitation process. X or _____
N/A (initial)
22. The expenditures for the Qualified Rehabilitation will be 25% or more of the undersigned's adjusted basis in the Residence (which includes the land on which the Residence is located). This adjusted basis is \$_____. These expenditures for the Qualified Rehabilitation, as computed in the Adjusted Basis Worksheet total \$_____. X or _____
N/A (initial)
23. The undersigned have not expended within the past year or will not expend funds prior to the date of closing of the mortgage loan, or, if applicable, prior to the final construction disbursement, regardless of source, for additional items of rehabilitation over and above the approved Qualified Rehabilitation. X or _____
N/A (initial)

24. All the proposed members of the household who will occupy the Residence (including Borrowers) are:

	Relationship to Borrower:	Age
Bonnie Borrower	Self	55
_____	_____	_____
_____	_____	_____
_____	_____	_____

25. The aggregate income of the undersigned borrower(s) does not exceed the applicable income limit unless purchasing in a target area.

26. How did you learn about the Connecticut Housing Finance Authority's Mortgage Program?

- | | |
|---|---|
| <input type="checkbox"/> Friend, relative | <input checked="" type="checkbox"/> Participating Mortgage Lender |
| <input type="checkbox"/> Real Estate Broker, agent | <input type="checkbox"/> Property seller |
| <input type="checkbox"/> Housing fair | <input type="checkbox"/> Payroll staffer |
| <input type="checkbox"/> CHFA Presentation/Seminar | <input type="checkbox"/> CHFA Homebuyer Education Class |
| <input type="checkbox"/> News story or talk show (circle radio, television or newspaper and identify, if possible, by name) | _____ |
| <input type="checkbox"/> Advertisement (circle radio or newspaper and identify, if possible, by name) | _____ |
| <input type="checkbox"/> Other (identify) | _____ |

27. Are you employed as a:

- | | |
|--------------------------------|--|
| _____ Teacher | _____ Volunteer EMT/EMS |
| _____ Nurse | _____ Career Firefighter |
| _____ State Police Officer | _____ Volunteer Firefighter |
| _____ Municipal Police Officer | _____ Child Daycare Worker |
| _____ Career EMT/EMS | _____ Members of the U.S. Military
(Active Duty, Guard, Reserves) |

28. All the information provided in this Borrower Certificate is true and complete to the best of the undersigned's knowledge. The undersigned understand that if the undersigned knowingly make any false statement of any material fact or submit fraudulent evidence in connection with this Borrower Certificate, the loan is subject to becoming immediately due and payable.
29. All of the information, including any and all materials and documents, provided to the Authority or Lender in conjunction with the undersigned's mortgage loan application is true and complete to the best of the undersigned's knowledge.
30. False statements made herein are punishable under the Penalty for False Statement set out in Connecticut General Statutes Section 53a-157b.



Borrower

10/01/17

Date

Borrower

Date

Lender: _____
NMLS ID: _____
Loan Originator: _____
NMLS ID: _____

WORKSHEET - DAP

Loan #:
 Program: **HFAPREF-HFA Preferred**
 Property Address: **999 WEST STREET, ROCKY HILL, CT 06067**

Provider: **CHFA**
 Rate: **3.500000 %**
 Community: **ROCKY HILL**

Borrower: **BONNIE BORROWER**
 Lender:
 Status: **Underwriting-Suspense**

A. BORROWER(S) INFORMATION

Borrower Name:

SSN:

B. SUMMARY OF ASSETS FOR ALL BORROWER(S):

Borrower/Co-Borrower	Account Name	Asset Type	Account #	Balance(Rounded to nearest \$)	
BONNIE BC	Local Bank	Checking Account	xxx2	\$2,456	Del
BONNIE BC	EMD	Cash Deposit on Sales Contr.		\$1,000	Del
BONNIE BC	GIFT	Checking Account	9796	\$1,070	Del
Add Row				Total Assets(\$):	\$4,526.00

C. CALCULATING THE SECOND MORTGAGE AMOUNT

1. Amount Required for Closing Costs

- a. Total available Assets (Total Section B.)
- b. Enter the borrower's 'Total Assets' from section B, with a maximum of either \$10000.00 or the required PITI reserves, whichever is greater (-)
- c. Equals amount available for Closing costs (c.1.a minus c.1.b = c.1.c.)
- d. Closing cost Calculation from GFEs:
 - 1st Mortgage closing costs all pre-paids, UFMIP, VA and RD funding fees *
 - UFMIP or RD, VA Funding Fee (-) *
 - Plus, 2nd mortgage closing costs (+) *
 - Minus, seller paid costs or other (-)
- e. Equals amount required for Closing costs (c.1.d minus c.1.c = c.1.e.)

2. Amount Required For Downpayment

- a. Enter the lesser of the Sale Price or Appraised value * (-)
- b. Minus, 1st Mortgage amount (For FHA loans, use base loan amount from line 3.a. of MCAW.) * (-)
- c. Equals Downpayment Assistance required (-)
- d. Downpayment paid by borrower (-)

3. Total Assistance Required (c.1.e plus c.2.c =)
 (c.2.c. must be at least \$3,000.)

D. PROPOSED MORTGAGE SUMMARY

- 1. 1st Mortgage amount (including UFMIP)
- 2. Plus, DAP 2nd mortgage amount
- 3. Combined total of 1st and 2nd Mortgage

E. LENDER COMMENTS

Max 105% CLTV = \$20,000

F. LENDER ACKNOWLEDGEMENT

The undersigned has reviewed this Application for a Downpayment Assistance Loan pursuant to the CHFA DAP Program Manual. It is our finding that the Application meets all of the underwriting and eligibility criteria, and we recommend that a loan for Downpayment and Closing Cost purposes in the amount of \$20,000.00 be approved.

Signature

Date

Company

G. BORROWER(S) ACKNOWLEDGEMENT

The undersigned acknowledges that the asset information contained in Section B. (Summary of Assets) is true and complete, completion of counseling is required prior to CHFA loan commitment and that this form constitutes an Application for Downpayment and Closing Cost Assistance through the CHFA Downpayment Assistance Program.

BONNIE BORROWER

Date

Lender: _____

NMLS ID: _____

Loan Originator: _____

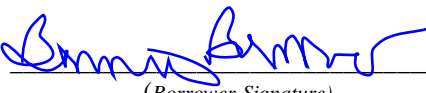
NMLS ID: _____

REV. 6/2014

DOWNPAYMENT ASSISTANCE PROGRAM (DAP) BORROWER CERTIFICATE

Each borrower must read and initial each statement below and sign and date the certificate.

- | | | |
|-----------------|----|---|
| <u>BB</u> _____ | 1. | I have completed a DAP Loan Application and Qualification Form. |
| <u>BB</u> _____ | 2. | The assets noted on the Application comprise a complete and accurate list. |
| <u>BB</u> _____ | 3. | I will apply all liquid assets in excess of \$10,000 toward the downpayment and closing costs. |
| <u>BB</u> _____ | 4. | The loan interviewer has explained the DAP Program and requirements for eligibility to me including the requirements for counseling. |
| <u>BB</u> _____ | 5. | The loan interviewer has explained estimated closing costs and fees, including origination fees, legal fees, and miscellaneous closing costs to me. |
| <u>BB</u> _____ | 6. | I understand that CHFA makes the final determination of the borrower's eligibility for the program and CHFA must issue a written loan commitment to the Lender before I can be sure that I will receive the loan. |
| <u>BB</u> _____ | 7. | I understand that if I knowingly make any false statement in this certificate or submit fraudulent evidence in connection with this Application for a DAP loan; the loan may become immediately due and payable. |
| <u>BB</u> _____ | 8. | All the information provided in this Borrower's Certificate is true and complete to the best of my knowledge. |

	/	Bonnie Borrower	Date: 10/01/17
(Borrower-Signature)		(Type/Print Name)	
	/		Date: _____
(Borrower-Signature)		(Type/Print Name)	

Lender: _____
 NMLS ID: _____
 Loan Originator: _____
 NMLS ID: _____

- Submit Original to CHFA -

CHFA LOAN PROCESSING SUCCESS TIPS

**ALL FILES MUST BE FULLY UNDERWRITTEN & CLEARED TO CLOSE
BY THE LENDER'S UNDERWRITER PRIOR TO SUBMISSION TO CHFA**

1. There are four (4) CHFA overlays that apply to all loans:
 - a. Income Limits
 - b. Sales Price Limits
 - c. First Time Homebuyer Eligibility (*waived in Targeted Areas for loans without DAP*)
 - d. Maximum Total Debt Ratio = 45%
 - e. Maximum ratios on FHA or HFA Preferred loans = 50% with Approve/Eligible AUS findings for loans without DAP. (Loans with CHFA DAP must meet DAP ratio guidelines of 35% / 43%)
2. Most recent 3 years signed Federal Tax Returns **OR** Transcripts are required for loans in non-targeted area. (*Targeted Areas require 1 year signed Federal Tax Returns or Transcripts*)
3. An Income Calculation Worksheet must be provided for all files and include both repayment and CHFA income limit calculations. Lenders can use the CHFA worksheet or their own.
4. CHFA Borrower Eligibility Certificate is required for all loans and **MUST BE COMPLETED IN FULL.** The borrower(s) must be listed in line #24 of form in addition to, all other occupying household members.
5. Follow Insurer i.e. FHA, VA, USDA [RD] or PMI or Investor i.e. FNMA, FHLMC guidelines for first mortgage loan.
6. Follow AUS Findings. Make sure all Non-Government Loans are entered into AUS under HFA Preferred **or** HFA Advantage, as applicable.
7. Review Commitment for Mortgage Purchase for accuracy as soon as received from CHFA.

TIPS FOR SUBMITTING LOANS FOR CHFA REVIEW

1. Follow CHFA Processing and File Submission order Checklists. There are four (4) types:
 - a. Idaho Housing and Finance Assoc. (Conventional -or- Government), as applicable.
 - b. AmeriNat (Conventional) -or- Service Release Lenders (Government), as applicable.
2. Confirm the interest rate, points, and program type in LOS and on Loan Documents BEFORE submitting the loan to CHFA. PLEASE NOTE: The CHFA LOS Administrator or Sr. Processor in your organization can edit loan information in LOS.
3. The Loan Transmittal must be signed and dated by Lender's Underwriter and must match the AUS Findings.
4. Additional Data Screen must be submitted in CHFA LOS and 1003 must be uploaded and "submitted" in CHFA LOS prior to submitting loan files for review. The 1003 submission is under "X" Government Monitoring.

SPECIAL NOTE: *All Missing Exhibit Letters from CHFA must be reviewed by the Lender's UNDERWRITER to ensure requested items will clear conditions upon CHFA second review of file for approval.*

****SEE NEXT PAGE FOR LOANS WITH DAP****

TIPS FOR PROCESSING LOANS WITH DAP

1. All CHFA DAP loans must be closed in the name of the Connecticut Housing Finance Authority – 999 West Street, Rocky Hill, CT 06067.
2. DAP worksheet must be completed accurately in CHFA LOS prior to submission to CHFA. *(all changes to worksheet calculations must be updated).*
3. Refer to CHFA Operating Manual Section 8 – Downpayment Assistance Program and DAP Matrix in CHFA Loan Program Outlines and Underwriting Guide for questions on DAP eligibility, underwriting guidelines and overlays.
4. Remember the maximum hours allowed for calculating repayment income is **sixty (60) hours per week.** *(this includes combined income from base salary, overtime or second job).*
5. All Collection accounts must be paid prior to closing, regardless of AUS Findings with the exception of Medical Collections. This includes payoff of all delinquent IRS tax obligations currently in repayment.
6. Review paystubs and bank statements for additional deposit accounts not disclosed as well as direct deposits, garnishments and transfers. Document all undisclosed activity shown on these documents.
7. All liquid asset accounts must be disclosed and verified *(most recent 2 months statements required).*
8. Apply “common-sense” underwriting! If borrower has borderline credit history, no rental history, substantial overdrafts and little savings – additional alternative credit may be requested. Document the file; tell CHFA why the file should be approved.
9. Double check the terms of DAP/Subordinate financing are correct in AUS.

HAZARD INSURANCE - MORTGAGEE CLAUSE GUIDE

First Mortgage - Service Released: Idaho Housing and Finance Association =
HomeLoanServ, its successors and/or assigns as their interests may appear: **P.O. Box 7899 – Boise, ID 93707**

Second Mortgage – CHFA Downpayment Assistance Program
Idaho Housing and Finance Association = Connecticut Housing Finance Authority C/O HomeLoanServ, its successors and/or assigns as their interests may appear: **P.O. Box 7899 – Boise, ID 83707**

First Mortgage - Service Released: AmeriNat =
**Connecticut Housing Finance Authority C/O AmeriNat, its successors and/or assigns as their interests may appear:
217 S. Newton Avenue – Albert Lea, MN 56007**

Second Mortgage – CHFA Downpayment Assistance Program
Capital for Change, Inc. (C4C) = Connecticut Housing Finance Authority C/O Capital For Change, Inc. (C4C), its successors and/or assigns as their interests may appear: **121 Tremont Street – Hartford, CT 06105**

First Mortgage - Service Retained: Lender/Servicer =
Connecticut Housing Finance Authority C/O (Lender/Servicer Name), its successors and/or assigns as their interests may appear: **(Lender/Servicer Address)**

Second Mortgage – CHFA Downpayment Assistance Program
Capital for Change, Inc. (C4C) = Connecticut Housing Finance Authority C/O Capital For Change, Inc. , its successors and/or assigns as their interests may appear: **121 Tremont Street – Hartford, CT 06105**

PROGRAM QUICK REFERENCE GUIDES

Statewide Income Limits: Home of your Own / Homeownership / Reverse Annuity Mortgage (RAM)

Town Income Limits: All other Programs except where not applicable (*i.e. Targeted Areas for loans without CHFA DAP*)

Targeted Area discount .25%: May not be combined with program interest rate reduction of .125% as shown below

Rate Reduction of .125%: Home of your Own / Homeownership / Military / Police / Teachers

Asset Requirements N/A: Police / Teachers (*Retirement accts are always excluded from asset tests*)

Recapture Tax: FHA 203(k) Renovation Programs/CHFA Insured Pilot /HFA Advantage /HFA Preferred /Home of Your Own / Homebuyer Mortgage / HomeLift & Downpayment Assistance / Homeownership / Military / Police / Teachers

NO Recapture Tax: Downpayment Assistance (DAP) / Reverse Annuity Mtg (RAM) / Veterans Homeownership Pilot

HOMEBUYER EDUCATION REQUIREMENTS

All Borrowers Attend - Pre-Closing 3 Hour

All Borrowers Attend - Pre-Purchase 8 Hour

Homeownership
CHFA Insured Pilot

HomeLIFT & Downpayment Assistance Program

These Programs Require At Least One Borrower/Co-Borrower Attend – Pre-Closing 3 Hour

Online Education option offered thru e-Home America - (Approx. 5 - 6 hour course - curriculum similar to 8 hour in-depth class)
(See Online Homebuyer Education (eHome America) Registration and/or Lender Registration instructions)

(Optional 8 Hr. in-depth counseling course is also accepted)

203(k) FHA Rehabilitation	Military
HFA Advantage	Mobile/Manuf. Homes
HFA Preferred	Police
Homebuyer Mortgage	Reverse Annuity Mortgage (RAM) <i>(Class offered by Neighborhood Housing Services of Waterbury but not required)</i>
Home of Your Own	Teachers

If purchasing a 2 - 4 family property – A Landlord Certificate is also required

CHFA SINGLE FAMILY- SPECIAL PROGRAMS

UNDERWRITING INFORMATION

&

GENERAL QUESTIONS

Phone: (860) 571-3502

Fax: (860) 571-3550

Email: sfaminquiry@chfa.org