

**GOOD NEIGHBOR
NEXT DOOR
Sales Program
Personal Information
Questionnaire**

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

OMB Approval No. 2502-0306
(Expires 09/30/2008)

Public reporting burden for this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is required in order to administer the Good Neighbor Next Door Sales Program (24 CFR Part 291, Subpart F). The information is required in order to determine and document eligibility to participate in the program. This is an electronic form to be completed online. The form will be automatically converted to a print form for the selected participant's signature as a record for compliance enforcement. If this information were not collected, HUD would not be able to administer the Property Disposition Sales Program properly to avoid waste, mismanagement, and abuse. The information will be retained by the Department as part of the transaction record for a property disposition action. Failure to provide this information could affect your participation in HUD's Good Neighbor Next Door Sales program.

Warning: Falsifying information on this or any other form of the Department is a felony. It is punishable by a fine not to exceed \$250,000 and/or a prison sentence of not more than two years. Failure to adhere to the residency and resale requirements may result in administrative sanctions being taken against the Law Enforcement Officer, Teacher or Firefighter/Emergency Responder.

Privacy Act Notice – The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested on this form by virtue of Title 12, United States Code, Section 1701 et seq. The Housing and Community Development Act of 1987, U.S.C. 3543 authorized HUD to collect Employer ID and/or Social Security Numbers. These numbers are used to provide information to the IRS regarding payment of commissions or other fees. HUD may also disclose this information to Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the Employer ID Number or Social Security Number could affect your participation in HUD's Property Disposition Program.

*** Required Information**

Personal Contact and Employer Information

- * First Name
 - * Last Name
 - * Social Security Number
 - * Occupation
 - * Residential Street Address
 - * City
 - * State
 - * Zip Code + Plus4 -
 - * Home Phone Number
 - * Current Residence Own Rent Other
 - * Contact E-Mail Address
 - * Contact Fax Number
-
- * Work Phone Number
 - * Employer/Agency Name
 - * Employer Street Address
 - * City
 - * State
 - * Zip Code + Plus4 -
 - * Human Resources/Point of Contact Full Name
 - * Human Resources/Point of Contact Phone Number
 - * Human Resources/Point of Contact Fax Number

Employer Verification of Participant Employment

Property Disposition Program
Good Neighbor Next Door Sales Program

U.S. Department of Housing and Urban Development

Office of Housing
Federal Housing Commissioner

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To the employer:

The individual named below has represented to the U.S. Department of Housing and Urban Development that he/she is employed by your agency in one of the capacities identified below. The information must be verified by your agency as a prerequisite to participation in the Good Neighbor Next Door Sales Program. Please check the appropriate box provided below, sign/date where indicated and forward this form in the enclosed pre-addressed envelope. Participation in the Good Neighbor Next Door Sales Program by the named individual is dependent on receipt of this Verification from your agency.

Agency's Certification of Employment

I hereby certify that

Name: _____ **Address:** _____ **Case #:** _____

Is employed by the below-named agency and is: (check the appropriate box)

- a Law Enforcement Officer who, for purposes of GNND Sales Program, is defined as an individual who is employed full-time by a Federal, State, county, or municipal government and is sworn to uphold, and make arrests for violations of, Federal, State, county, or municipal law; or
- a Teacher, who, for purposes of the GNND Sales Program, is defined as an individual employed full time by a state accredited public school or private school, as a classroom teacher in grades pre-K through 12 and that this agency serves students from the school district or, in the case of a private school, from the area serving the above listed address.
- a firefighter/emergency responder who, for the purposes of the GNND Sales Program, is defined as an individual who is employed full-time as a firefighter or emergency medical technician by a fire department or emergency medical services responder unit of a federal, state, or general local government, or an Indian tribal government serving the above listed address:

Print or type your name			
Print or type your title			
Agency Name			
Agency Address			
Telephone Number			
Your signature		Date	

**GOOD NEIGHBOR
NEXT DOOR
Sales Program –
Officer**

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

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Officer Pre-Qualification Questionnaire

	YES	NO
1. Are you employed full-time as a law enforcement officer by one of the following: <ul style="list-style-type: none"> • Federal, state, county, municipal or Indian tribal government; or • A public or private college or university? 	<input type="checkbox"/>	<input type="checkbox"/>
2. In carrying out such full-time employment, are you sworn to uphold, and make arrests for violations of, Federal, state, county, or municipal law? (NOTE: Your employer will be required to certify that this statement is correct.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you previously purchased a home through the Good Neighbor Next Door Sales Program or its predecessor program, the Officer Next Door or Teacher Next Door Sales Program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your spouse owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
6. By proceeding to submit a bid you certify to the following: <ul style="list-style-type: none"> • You will live in the HUD home as your sole residence for the 3-year owner-occupancy term. • You will sign a second mortgage and note for the amount of the discount from the list price of the property you are awarded. • You do not and have not owned any residential real property for the calendar year preceding the date you are submitting this offer. • You will not purchase or accept any residential real property prior to the date you close on the purchase of a home if your offer is accepted? • You will certify initially and once annually that you have continuously occupied and are occupying the HUD home you purchased. 	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the answers supplied to this eligibility questionnaire are true and correct.

Signature _____ SSN: _____ Date _____

**GOOD NEIGHBOR
NEXT DOOR
Sales Program –
Firefighter/Emergency
Responder**

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

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Firefighter/Emergency Responder Pre-Qualification Questionnaire

	YES	NO
1. Are you employed full-time as a firefighter or emergency medical technician?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your employer a fire department or emergency medical services responder unit of a political subdivision of a state serving the area where the home is located? <i>(NOTE: Your employer will be required to certify that this statement is correct.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you previously purchased a home through the Good Neighbor Next Door Sales Program or its predecessor program, the Officer Next Door or Teacher Next Door Sales Program?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has your spouse owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
6. By proceeding to submit a bid you certify to the following:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • You will live in the HUD home as your sole residence for the 3-year owner-occupancy term. • You will sign a second mortgage and note for the amount of the discount from the list price of the property you are awarded. • You do not and have not owned any residential real property for the calendar year preceding the date you are submitting this offer. • You will not purchase or accept any residential real property prior to the date you close on the purchase of a home if your offer is accepted? • You will certify initially and once annually that you have continuously occupied and are occupying the HUD home you purchased. 		

I certify that the answers supplied to this eligibility questionnaire are true and correct.

Signature _____ SSN: _____ Date: _____

**GOOD NEIGHBOR
NEXT DOOR
Sales Program –
Teacher**

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

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Teacher Pre-Qualification Questionnaire

	YES	NO
1. Are you employed by a state accredited public or private school?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you employed full-time?	<input type="checkbox"/>	<input type="checkbox"/>
If your answer to questions 1 and 2 are YES, are you employed as a classroom teacher or administrator in grades pre-K-12?	<input type="checkbox"/>	<input type="checkbox"/>
3. Answer the following question appropriate for your employment position. <ul style="list-style-type: none"> If you are employed by a public school or federal, state, county, or municipal educational agency, does your employer serve students from the district/jurisdiction where the home is located served? If you are employed by a private school, does your employer school serve students who live in the area where the home you intend to purchase is located? <i>(NOTE: Your employer will be required to certify that this statement is correct.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you previously purchased a home through the Good Neighbor Next Door Sales Program or its predecessor program, the Officer Next Door or Teacher Next Door Sales Program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your spouse owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
7. By proceeding to submit a bid you certify to the following: <ul style="list-style-type: none"> You will live in the HUD home as your sole residence for the 3-year owner-occupancy term. You will sign a second mortgage and note for the amount of the discount from the list price of the property you are awarded. You do not and have not owned any residential real property for the calendar year preceding the date you are submitting this offer. You will not purchase or accept any residential real property prior to the date you close on the purchase of a home if your offer is accepted? You will certify initially and once annually that you have continuously occupied and are occupying the HUD home you purchased. 	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the answers supplied to this eligibility questionnaire are true and correct.

Signature

SSN:

Date:



Closing Extension Policy for Michigan

ALL SALES ARE EXPECTED TO CLOSE WITHIN THE APPLICABLE TIME FRAME IDENTIFIED ON LINE 9 OF THE SALES CONTRACT.

If the closing does not occur on or before the specified date on line 9 of the HUD Sales Contract 9548, the HUD Broker should contact HUD's Closing Agent no later than **FIVE days prior** to the contract expiration date and request an extension. Cityside Management Corporation, as HUD's Representative, may grant an extension of closing time and, if approved, each extension will be for a period of fifteen (15) days as follows:

- The initial 15-day extension **may** be provided for owner occupant purchasers, at no cost upon review, **only** if documentation is provided indicating that proper and timely loan application was made, that the delayed closing is not the fault of the purchaser and that mortgage approval is imminent. Documentation submitted with the extension request must establish that a closing can reasonably be expected to occur within the extension period.
(In all cases, the extension request, supporting documentation and \$150.00 fee must be submitted for review)
- Extension fees that do not qualify for waiver will be charged as follows for a period of fifteen (15) day increments:

Contract Sales Price	Extension Fee
Equal to or less than \$25,000.00	\$150.00 (\$10.00 per day)
\$25,000.01 to \$50,000.00	\$225.00 (15.00 per day)
\$50,000.01 and over	\$375.00 (\$25.00 per day)

- Extension fee checks are to be either Money Order or Bank Certified. Personal checks and Cash are **not acceptable**. Funds are to be made **payable to HUD and delivered to HUD's Designated Closing agent along with the attached closing extension request and all necessary backup as described above.**
- Extension fees are non-refundable however, if closing occurs in less than the approved extension time, the buyer will be credited at closing for the per day fee for the unused period of time.
- The approval of an extension does not obligate Cityside Management Corporation, as HUD's Representative, to grant future extensions.

Purchaser Signature

Date

Broker Signature

Date



HUD CASE NUMBER: _____

PROPERTY ADDRESS: _____

AS-IS CONDITION NOTICE

I/We the undersigned purchaser(s) of the above described HUD property, acknowledge that prior to placing a bid we have:

- 1) Viewed the property and are aware of its current condition.**
- 2) Received the PCR that was available prior to placing my/our bid and have reviewed its contents.**

and that I/we have agreed to accept the property in its current AS-IS condition.

Buyers Signature: _____ Date _____

Buyers Signature: _____ Date _____

Broker Signature: _____ Date _____

WALK-THROUGH NOTIFICATION

I/we the undersigned purchaser(s) of the above described HUD property acknowledge that I/ we have the right to conduct a walk-through inspection within 48 hours PRIOR to close and that Cityside Management Corporation recommends that this walk-through inspection be conducted on the date of close PRIOR to the scheduled time. If I/we discover a condition that did not exist at the time of sale, I/we will immediately notify HUD's property manager, Cityside Management Corporation of the damage. If I/we chose to complete the sale without performing a walk-through inspection or without notifying HUD's property manager Cityside Management Corporation of any damages I/we discover PRIOR to the scheduled closing time, I/we assume full responsibility for the property and its condition on the date of close. I/we further understand that The Department of HUD along with Cityside Management Corporation assumes no responsibility and will make no settlement for damages reported to HUD after the close of escrow.

Buyers Signature: _____ Date _____

Buyers Signature: _____ Date _____

Buyers Signature: _____ Date _____