



## Community Development Block Grant Down Payment Assistance Program



The City of Jefferson has a grant program to assist low-to-moderate income households with a down payment towards purchasing a home. This program is made possible by the Department of Housing and Urban Development (HUD) Community Development Block Grant Program.

**Applications must be submitted at least 30 days prior to closing.**

### Who Is Eligible?

Homebuyer and household occupants over 18 whose annual income is no greater than:

2023 Income*	1 person	2 person	3 person	4 person	5 person
	\$49,000	\$56,000	\$63,000	\$70,000	\$75,600

\*Income limits generally change in the Spring.

### What Are The Program Requirements?

- First time homebuyer (an individual and his/her partner/spouse who have not owned a home in the past three years), displaced homemakers, or single parents.
- The property must be within Jefferson City limits;
- Property must be single family residence dwelling – mobile homes ineligible;
- The property must be maintained as an owner-occupied residence;
- Property is not located within floodplain or floodway or land known to be previous dumping of toxic or hazardous wastes;
- Buyers are required to participate in home buyer education program provided by City;
- Houses built prior to January 1, 1978, must have an inspection to determine if deteriorated paint exists. A lead-based paint visual assessment is conducted by a Neighborhood Services Specialist or Property/Housing Inspector.
- Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards.
- The buyer is required to obtain a home inspection from a third party home inspection firm prior to being approved for assistance. Printed report must include inspection of the structural, mechanical, electrical and plumbing components of the dwelling and an inspection for the presence of termites.
- Property is required to meet City of Jefferson’s Code prior to closing.

### How Much Assistance Is Available?

Maximum assistance is \$5,000 in form of a zero interest loan. An additional \$500 may be provided to assist with lead hazard reduction. All costs over \$500 must be paid by the buyer and/or seller. Loans are secured by a Promissory Note and Deed of Trust. If the owner remains in the property for five years after the closing, the loan will be forgiven.

Assistance is provided on a “first come, first served” basis to eligible **completed** applications. Applications are available at City Hall from Planning and Protective Services or online at [www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov). Completed applications should be returned to Neighborhood Services Division at 320 E McCarty (City Hall, lower level) Jefferson City, MO 65101. If you have questions, please call 573-634-6410.

Individuals should contact the ADA Coordinator at (573)634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.



**City of Jefferson  
CDBG Down Payment Assistance Program**



Name \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Property Information:**

Address of Property: \_\_\_\_\_

Closing Date\* & Location: \_\_\_\_\_

\*Application must be received 30 days prior to closing.

Lender Institution & Loan Officer Name: \_\_\_\_\_

Lender Phone/Email: \_\_\_\_\_

**Household Composition:** List everyone who lives in your home, no matter the relationship.

NAME	RELATIONSHIP	LAST 4 OF SSN	DOB
	SELF		

**Income:** Enter the total **gross** annual income of each household member over the age of 18.

Head of Household Annual Income	\$ _____	Source(s): <input type="checkbox"/> Regular Wages <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Business Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____
Household Occupant over 18	\$ _____	Source(s): <input type="checkbox"/> Regular Wages <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Business Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____
Household Occupant over 18	\$ _____	Source(s): <input type="checkbox"/> Regular Wages <input type="checkbox"/> Retirement Benefits <input type="checkbox"/> Business Income <input type="checkbox"/> Public Assistance <input type="checkbox"/> Social Security <input type="checkbox"/> Other: _____

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**City of Jefferson**  
**CDBG Down Payment Assistance Program**



**Documentation:** An application is deemed complete once the following items have been submitted:

- Notarized Certificate of First Time Homebuyer
- Signed Copy of Contract for Sale of Residential Real Estate
- Uniform Relocation Act Compliance Notification Letter, Signed by the Seller
- Copy of Inspection Report (when available)
- Copy of Termite Inspection Report (when available)
- Three Most Recent Paycheck Stubs\*    Most Recent Tax Return\*    SSA/SSD/SSI Documents\*
- State Photo ID\*    Social Security Card\*

\*Copies of these documents can be made when dropping off the application packet.

**Acknowledgments:**

- I acknowledge that successful completion of a First Time Homebuyer Education Course is required prior to closing.
- I acknowledge that I am in receipt of the HUD brochure on Predatory Lending.

**Certification by Applicant(s)**

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a grant, under HUD Community Development Block Grant Program of the City of Jefferson, and is true and complete to the best of the Applicant’s knowledge and belief, and that he/she has read the above statement. The Applicant covenants and agrees that he/she will comply with all requirements imposed by or pursuant to the regulations of the Secretary of HUD and the City of Jefferson. Verification of any information contained in this application may be obtained from any source named herein.

The applicant hereby understands that the Down Payment Assistance Application package may include an inspection report showing current condition of the structure under consideration in terms of Jefferson City’s Code. In consideration of the provision of this assistance by the City, the undersigned applicants HEREBY WAIVE any and all claims whatsoever directly or indirectly resulting from any acts, errors, or omissions, whether negligent or otherwise, on the part of the City, its officers, agents or employees arising from or in connection with providing the requested assistance or anything in any way related thereto.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**City of Jefferson**  
**CDBG Down Payment Assistance Program**  
**CERTIFICATION OF FIRST TIME HOMEBUYER**



Date \_\_\_\_\_ Lender Name \_\_\_\_\_

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_  
(print) (print)

I/We hereby certify that I/we have not owned real property at any time during the last three years.

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

**OR**

I am a *single parent and/or a displaced homemaker* as defined by HUD.

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

STATE of MISSOURI :  
 : SS  
COUNTY OF \_\_\_\_\_ :

On this \_\_\_\_ day of \_\_\_\_\_, 2023, before me personally appeared \_\_\_\_\_, to me known to be person(s) described in and who executed the foregoing instrument, and acknowledged that said persons executed the same as said persons' free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid, the day and year first above written.

\_\_\_\_\_(Notary Seal)

Notary Public

My commission expires \_\_\_\_\_



**City of Jefferson  
CDBG Down Payment Assistance Program**



**Optional Applicant Characteristic Survey:**

Information for Government Monitoring Purposes	
<p>The following requested information is <u>voluntary</u> and in no way affects your application for participation in this program. This information will be used for federal reporting and research purposes only to find out how effective our efforts are in reaching all segments of the population and in providing equal opportunity services to the community.</p>	
Applicant	Co-Applicant
<input type="checkbox"/> I do not wish to furnish this Information  <b><u>Race/National Origin:</u></b> <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaskan Native and Caucasian  <input type="checkbox"/> Asian and Caucasian  <input type="checkbox"/> Black/African American and Caucasian  <input type="checkbox"/> American Indian or Alaskan Native and Black/African American  <input type="checkbox"/> Other (specify) _____  <b><u>Ethnicity:</u></b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  <b><u>Sex:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female  Birthdate: ____/____/____  <b><u>Marital Status:</u></b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single widow, divorced)	<input type="checkbox"/> I do not wish to furnish this Information  <b><u>Race/National Origin:</u></b> <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Native Hawaiian or other Pacific Islander  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Caucasian  <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian or Alaskan Native and Caucasian  <input type="checkbox"/> Asian and Caucasian  <input type="checkbox"/> Black/African American and Caucasian  <input type="checkbox"/> American Indian or Alaskan Native and Black/African American  <input type="checkbox"/> Other (specify) _____  <b><u>Ethnicity:</u></b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic  <b><u>Sex:</u></b> <input type="checkbox"/> Male <input type="checkbox"/> Female  Birthdate: ____/____/____  <b><u>Marital Status:</u></b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. single widow, divorced)

Individuals should contact the ADA Coordinator at (573)634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 03/31/2014)

<b>Name of Property</b>	<b>Project No.</b>	<b>Address of Property</b>
<b>Name of Owner/Managing Agent</b>		<b>Type of Assistance or Program Title:</b>
<b>Name of Head of Household</b>	<b>Name of Household Member</b>	

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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 and voluntary. 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 authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

form HUD-27061-H (9/2003)

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## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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**City of Jefferson**

Department of Planning & Protective Services  
320 E. McCarty Street  
Jefferson City, MO 65101



**Ron Fitzwater, Mayor**

Clint Smith, AICP, Director  
Phone: 573-634-6410  
Fax: 573-634-6457

***CDBG Down Payment Assistance Program  
Uniform Relocation Act Compliance Notification***

Dear Seller:

Please be advised that the prospective buyer of your home at \_\_\_\_\_ will be assisted by Federal funds in making the purchase. Neither the prospective buyer nor the City Department providing the Federal assistance has the power of eminent domain. Therefore, the property will not be acquired if negotiations fail to result in an amicable agreement.

**The following should be completed by the seller. This form must be returned to the City Planning & Protective Services Department prior to closing.**

The home identified above is being sold under the following conditions (please check all that are appropriate):

\_\_\_\_\_ The home is being sold to the current tenant.

\_\_\_\_\_ The sale is voluntary on the part of the owner occupant.

\_\_\_\_\_ The home was vacant at the time negotiations began; i.e. a written offer was made to the owner.

\_\_\_\_\_ Renter occupants became aware of the sale prior to negotiations beginning with this prospective buyer.

\_\_\_\_\_  
Signature of Seller

\_\_\_\_\_  
Date



**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).  
\_\_\_\_\_

(ii) \_\_\_\_\_ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) \_\_\_\_\_ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).  
\_\_\_\_\_

(ii) \_\_\_\_\_ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgment (initial)**

(c) \_\_\_\_\_ Purchaser has received copies of all information listed above.

(d) \_\_\_\_\_ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) \_\_\_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) \_\_\_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**Agent's Acknowledgment (initial)**

(f) \_\_\_\_\_ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Seller	Date	Seller	Date
_____	_____	_____	_____
Purchaser	Date	Purchaser	Date
_____	_____	_____	_____
Agent	Date	Agent	Date