HAPPI
FILE SUBMISSION CHECKLIST

This checklist should be placed on top of the file that is being submitted for consideration and approval of HAPPI Assistance. The listed documentation must be in the order as listed on the checklist. Please check and verify that all applicable documents are included in the submitted file. **Files missing pertinent documents will be returned to the lender as incomplete.**

- ☐ **Homebuyer Eligibility Application** ***(Addendum #2)***
- ☐ **Mortgagor Income Eligibility and Household Statement** ***(Addendum #3)***
- ☐ **Compensating Factor Explanation** *(if ratios exceed 45%)*
- ☐ **Income Eligibility Certification** ***(Addendum #4)***
- ☐ **Current three (3) months paystubs or income verification**
- ☐ **Current Verification of Employment (VOEs) and other income verifications**
- ☐ **Dependent Attachment** ***(Addendum #5)***
- ☐ **Documentation for Dependents** *(If not on tax returns below)*
- ☐ **Copy of Borrowers' ID**
- ☐ **First-Time Homebuyer Training Certificate** *(Good for 1 year from date of certificate only)*
- ☐ **Statement of First Time Homebuyer Acknowledgement** ***(Addendum #6)***
- ☐ **Recapture Statement** ***(Addendum # 7)***
- ☐ **Statement of Spouse Relinquishing Rights to property** *(If applicable)* ***(Addendum #8)***
- ☐ **Current last two (2) months bank statements** *(all pages)*
  or Verification of Deposit *(Must verify down payment funds)*
- ☐ **Current past three (3) years tax returns with all schedules and W2s**
  (*Must be signed and dated by homebuyer(s))*

- ☐ **HAPPI Check Request** ***(Addendum #9)***
- ☐ **Executed Sales Agreement and any extensions** *(All signatures required)*
- ☐ **Loan Estimate**
- ☐ **Underwriter's Approval**
- ☐ **Lead-Based Paint Disclosure**
- ☐ **Complete Certified Appraisal**

- ☐ **Uniform Residential Loan Application (Form 1003)** (*Signed and dated by Homebuyer(s))*
- ☐ **Estimated Closing Disclosure**

PLEASE PROVIDE <u>ALL DOCUMENTS</u> WITH SUBMISSION; FILES WILL BE RETURNED IF ALL APPLICABLE DOCUMENTS ARE NOT PROVIDED. PLEASE SUBMIT FILES TO THE FOLLOWING ADDRESS:

Catholic Charities of North Louisiana, Attn: HAPPI
902 Olive Street, Shreveport, LA 71104
Hours: 8:30 AM-4:30 PM, Monday-Friday

Please allow up to seven business days for review.

HAPPI HOMEBUYER Pre-QUALIFICATION APPLICATION

(Application submitted by Lender)

DATE: _____

LENDER: _____ **PHONE:** _____

CONTACT: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS _____

HAPPI APPLICANT INFORMATION

NAME: _____ _____
Borrower Co-Borrower

Purchase Address: _____ **Zip Code:** _____

Targeted Neighborhood: _____

Date of Sales Contract: _____ **Date of Expiration:**_____

Sales Price: $ _____ **Addendum/Extension:** ◯ Yes ◯ No

Appraised Value: $ _____ **HB Certificate:** ◯ Yes or ◯ No

CREDIT REPORT:

Date: _____ **Credit Score:** _____

INCOME AND DEBT RATIOS

Total Gross Income: $ _____

Housing Payment (PITI): $ _____

Debts (6 months or more): $ _____

Housing Ratio _____% **Total Debt Ratio** _____%

PACKAGE SUBMITTED BY:

_____ _____
Name Date

"HAPPI"
HOMEBUYER'S ASSISTANCE PROGRAM PARTICIPATION INITIATIVE
MORTGAGOR INCOME ELIGIBILITY
AND
HOUSEHOLD STATEMENT

The information requested below must be provided with respect to all individuals who are expected to live in the residence being financed. The information requested below must be provided in order to determine your eligibility for assistance under the income limits established by HUD for the City of Shreveport's Homebuyer's Assistance Program Participation Initiative ("HAPPI"). This information will only be used to determine your eligibility under the income limits and will not be used for Mortgage Loan underwriting purposes. You must complete this form along with the Uniform Residential Loan Application (Form 1003) because certain sources of income may be included when determining income eligibility which you are not required to include when reporting your income for mortgage loan underwriting purposes.

General Information

Lender _____

Mortgagor(s) Name(s) _____

Purchase Address _____

Name(s) of any Co-Borrower(s)
who will live in the financed residence _____

Name and Gross Income for Individuals who will live in the residence – Complete Household
List on each line below the name, relationship, and total of all such annual income, if any, for all members of the household:

	Name	Age	Relationship	Annual Income
1.	_____	_____	Self	**$**_____
2.	_____	_____	_____	**$**_____
3.	_____	_____	_____	**$**_____
4.	_____	_____	_____	**$**_____
5.	_____	_____	_____	**$**_____
6.	_____	_____	_____	**$**_____
7.	_____	_____	_____	**$**_____
8.	_____	_____	_____	**$**_____
		Total Annual Income (must match Attachment #3)		**$**_____

_____
Home Buyer Date

_____
Home Buyer Date

Witnessed By:

_____
Lender Date

Applicant's Ratios

_____ %

_____ %

If applicant's ratios exceed 33% and 45% please provide list of compensating factors.

WARNING!!!!!!!!
Title 18, Section 1001 of the U. S. Code states that a person is guilty of a felon for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

ADDENDUM #4

City of Shreveport

INCOME ELIGIBILITY CERTIFICATION

EFFECTIVE 5/1/2026

Applicant's/Co-Applicant's Name

Address

To the best of his/her knowledge, the undersigned Housing Loan Officer certifies that the homeowner(s)/homebuyer(s) listed above has/have a household size and income as shown below:

The reported household size is _____ person(s).

The gross annual household income equals $ _____.

PERCENTAGE OF AREA MEDIAN INCOME _____%

FAMILY SIZE	MEDIAN INCOME 100%	VERY LOW 50%	LOW ** 80%
1	$55,500.00	$ 27,750.00	$ 44,350.00
2	$ 63,400.00	$ 31,700.00	$ 50,700.00
3	$ 71,300.00	$ 35,650.00	$ 57,050.00
4	$ 79,200.00	$ 39,600.00	$ 63,350.00
5	$ 85,600.00	$ 42,800.00	$ 68,450.00
6	$ 91,900.00	$ 45,950.00	$ 73,500.00
7	$ 98,300.00	$ 49,150.00	$ 78,600.00
8	$ 104,600.00	$ 52,300.00	$ 83,650.00

_____ _____

Representative's Signature Date

Calculation: _____/_____= _____%

Borrowers' Income divided by Median Income for Family Size = Percentage of Median

***NOTE: If household income exceeds the 80%, applicant does not qualify for assistance.*

Revised May 13, 2026

HAPPI
DEPENDENT ATTACHMENT

LENDER: _____

NAME OF PURCHASER: _____

ADDRESS: _____

DEPENDENT #1 (Documentation included with Pre-qualification package)

NAME OF DEPENDENT: _____

RELATIONSHIP OF DEPENDENT: _____

DATE OF BIRTH OF DEPENDENT: _____

PROOF OF DEPENDENT:

(3) Income Tax Returns	☐	(Name showing on tax return)
School Records	☐	(Address showing same as purchaser)
Birth Certificate	☐	(only for a non-school age child)
Legal Custody Papers	☐	(non-legal dependent)
Social Security Letter	☐	(Parent of purchaser or child with same address)
Other Source	☐	_____

DEPENDENT #2 (Documentation included with Pre-qualification package)

NAME OF DEPENDENT: _____

RELATIONSHIP OF DEPENDENT: _____

DATE OF BIRTH OF DEPENDENT: _____

PROOF OF DEPENDENT:

(3) Income Tax Returns	☐	(Name showing on tax return)
School Records	☐	(Address showing same as purchaser)
Birth Certificate	☐	(only for a non-school age child)
Legal Custody Papers	☐	(non-legal dependent)
Social Security Letter	☐	(Parent of purchaser or child with same address)
Other Source	☐	_____

DEPENDENT #3 (Documentation included with Pre-qualification package)

NAME OF DEPENDENT: _____

RELATIONSHIP OF DEPENDENT: _____

DATE OF BIRTH OF DEPENDENT: _____

PROOF OF DEPENDENT:

(3) Income Tax Returns	☐	(Name showing on tax return)
School Records	☐	(Address showing same as purchaser)
Birth Certificate	☐	(only for a non-school age child)
Legal Custody Papers	☐	(non-legal dependent)
Social Security Letter	☐	(Parent of purchaser or child with same address)
Other Source	☐	_____

HAPPI
DEPENDENT ATTACHMENT
Page 2

ADDENDUM #5

DEPENDENT #4 (Documentation included with Pre-qualification package)

NAME OF DEPENDENT: _____

RELATIONSHIP OF DEPENDENT: _____

DATE OF BIRTH OF DEPENDENT: _____

PROOF OF DEPENDENT:

(3) Income Tax Returns	☐	(Name showing on tax return)
School Records	☐	(Address showing same as purchaser)
Birth Certificate	☐	(only for a non-school age child)
Legal Custody Papers	☐	(non-legal dependent)
Social Security Letter	☐	(Parent of purchaser or child with same address)
Other Source	☐	_____

DEPENDENT #5 (Documentation included with Pre-qualification package)

NAME OF DEPENDENT: _____

RELATIONSHIP OF DEPENDENT: _____

DATE OF BIRTH OF DEPENDENT: _____

PROOF OF DEPENDENT:

(3) Income Tax Returns	☐	(Name showing on tax return)
School Records	☐	(Address showing same as purchaser)
Birth Certificate	☐	(only for a non-school age child)
Legal Custody Papers	☐	(non-legal dependent)
Social Security Letter	☐	(Parent of purchaser or child with same address)
Other Source	☐	_____

DEPENDENT #6 (Documentation included with Pre-qualification package)

NAME OF DEPENDENT: _____

RELATIONSHIP OF DEPENDENT: _____

DATE OF BIRTH OF DEPENDENT: _____

PROOF OF DEPENDENT:

(3) Income Tax Returns	☐	(Name showing on tax return)
School Records	☐	(Address showing same as purchaser)
Birth Certificate	☐	(only for a non-school age child)
Legal Custody Papers	☐	(non-legal dependent)
Social Security Letter	☐	(Parent of purchaser or child with same address)
Other Source	☐	_____

STATEMENT OF FIRST TIME HOME BUYER ACKNOWLEDGEMENT

I/We,_____, who reside(s) at_____,

acknowledge that I/we have never owned a home or have not held title to a property with the last three years.

I/We, also acknowledge that I/we did not file income tax returns for the following listed year(s):

1.) _____

2.) _____

3.) _____

I/we also acknowledge that I/we are not delinquent on any Federal debt.

_____

HOMEBUYER

_____

HOMEBUYER

WITNESSED BY:

_____

LENDER

WARNING!!!!!!!!

Section 1010 of Title 18 U.S.C. Federal Housing Administration Transaction provides: "Whoever for the purpose of influencing in anyway the actions of such Administration – makes, passes, or publishes any statement, knowing the same to be false – shall be fined not more than $5,000.00 or imprisoned not more than two years of both."

RECAPTURE: A METHOD OF ENSURING AFFORDABILITY

The recapture option is a mechanism to recoup part or all of the buyer's direct subsidy (amount of HOME funds used to decrease the cost of the home) when the affordability period is not fulfilled. This is when the homebuyer does not live in the home for the full term shown on the deed of trust and promissory note.

When the homebuyer is unable to fulfill the affordability period requirements, they must sell the home.

A. The property can be sold to a qualified buyer.

B. Upon the sale of the property during the affordability period, repayment of a portion of the direct home subsidy the buyer received at the original purchase will be required, assuming the net proceeds from the sale are sufficient to repay the required amount.

C. Net proceeds of a sale are: sales price minus non-HOME loan repayments and closing costs.

D. The repayment required of the Homebuyer will be based on the "reduction during the affordability period". The direct subsidy will be reduced or forgiven on a monthly basis. Each monthly forgiven amount is determined by the number of months in the affordability period. For example if the affordability period is five years, the subsidy amount will be forgiven by 20% each full year the homebuyer occupies the property. To calculate the required repayment, each month would be $1/60^{th}$ of the direct subsidy.

E. If the net proceeds from the sale exceed the amount required to repay the City, the excess amount after the City is repaid can be kept by the homeowner.

F. If the net proceeds are insufficient to cover the required payment to the City, a "shared net proceeds" option will be used based on the following formula.

EXAMPLE:

<u>HOME subsidy</u>
HOME subsidy + Homeowners investment x Net Proceeds = recapture amount to the City

The difference (net proceeds - City recaptured amount) is the homebuyer's proceeds.

_____ _____

Name Date Name Date

STATEMENT OF SPOUSE RELINQUISHING RIGHTS TO PROPERTY

I, _____ am separated from _____and have been for _____. I, _____ understand my spouse has applied for and may receive Federally Funded Assistance through the City of Shreveport, Homebuyers Assistance Program Participation Initiative (HAPPI). I, _____ understand that this aforementioned program is funded with Home Investment Partnership Grants for the sole intent of administering these funds for the Department of Housing and Urban Development, whereas, the City of Shreveport must determine each family is income eligible by determining the household size and family's annual income as per the Code of Federal Regulations Part 24,92.203 and 92.252 (h).

I, _____ certify by this statement, that I do not live in the household nor do I intend to live in the household of _____and also understand that the information provided in this statement is true and correct as of the date set forth by the under signed Notary Public and that any intentional or negligent misrepresentation of this information contained in this statement my result in civil liability and/or criminal penalties including but not limited to, fine or imprisonment or both under the provision of Title 18, United States Code Section 1001, et seq. and liability for monetary damages to the City of Shreveport, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I, _____ have made in this statement.

_____ _____

Signature of Relinquishing Spouse Witness

_____

Witness

SIGNED IN THE PRESENCE OF THE UNDERSIGNED NOTARY PUBLIC THIS _____ DAY OF _____20_____ .

_____

NOTARY PUBLIC

HAPPI CHECK REQUEST

Date: _____ Lender: _____

Borrower 1: _____ Borrower 2: _____

Property Address_____

HAPPI ASSISTANCE DISTRIBUTION OF FUNDS:

Down Payment Amount $ _____

Buy Down Assistance $ _____

Closing Costs Assistance $ _____

Principal Reduction $ _____

TOTAL ASSISTANCE $ _____

Sales Price $_____ Appraised Value: $ _____

Borrower(s) Income: $ _____ Percentage of AMI: _____ %

MAKE CHECK PAYABLE TO (TITLE COMPANY):

Name: _____

Address: _____

Tax I.D. # _____

Phone Number: _____

Amount Requested: $_____ Closing Date: _____

CITY APPROVAL

Eligibility Reviewed by:

_____
Signature

_____
Title

Approved by:

_____
Signature

_____
Title

DO NOT MAIL CHECK – CHECK WILL BE PICKED UP