FIRST GENERATION BORROWER'S AFFIDAVIT

Program Summary: The Agency will make the Smart Start Plus First-Generation Program down payment and/or closing costs loans to qualified applicants participating in eligible Agency Single Family first mortgage programs. The Smart Start Plus First-Generation Program funds are inclusive of the Smart Start DPA funds for First Time Homebuyers and NOT in addition to. The amount of the Smart Start Plus First-Generation Program loan will be seventeen thousand ($17,000.00) or twenty-two thousand ($22,000.00) depending on the county of the property being financed. These amounts already include the Smart Start dollars**.**

County List	**Amount of Smart Start Plus First-Generation Program loan**
Bergen, Essex, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Somerset, Union	$22,000
Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Salem, Sussex, Warren	$17,000

Eligible Applicants: Applicants obtaining an Agency Single Family first mortgage who have not had an ownership interest in a primary residence in the three (3) years prior to the closing date of the Agency loans.

All occupying applicants must certify their eligibility for the program by selecting all the applicable criteria describing their situation and providing the first and last name of each adult member of the household.

For purposes of the Smart Start Plus First-Generation Program, a "first-generation homebuyer" is: a first-time homebuyer, who is: (*Check all applicable criteria.)*

☐ **a. an individual who meets (1) and (2) below;**

(1) whose parents or legal guardians do not have any present ownership interest in any residential real property in any state or territory of the United States, or outside of the United States;

AND

(2) whose spouse, or domestic partner has not, during the three-year period ending upon acquisition of the eligible home to be acquired using such assistance, had any present ownership interest in any residential real property used as their principal residence in any state or territory of the United States, or outside of the United States;

OR

☐ **b.** an individual who has at any time been placed in foster care in the State, was an emancipated youth, or was designated as a homeless, unaccompanied youth pursuant to the "McKinney-Vento Homeless Assistance Act," as described in 42 U.S.C. s. 11434a.

Given that, the undersigned Applicant(s) for the First-Generation Homeownership Down Payment Assistance Program (Smart Start Plus Smart Start Plus First-Generation Program), being duly sworn, do hereby represent and warrant as follows:

- I/we certify that the number of adults including all applicants expected to live in my/our household during the next 12 months is ____.

Household Member Names

Name:	Name:
Name:	Name:
Name:	Name:
Name:	Name:

- I am/We are an eligible applicant for the program and meet all the requirements of a Smart Start Plus First-Generation Program homebuyer as defined above.
- I/We acknowledge and understand that this Affidavit will be relied upon for the purpose of determining my/our eligibility for the Smart Start Plus First-Generation Program.
- I/We understand that any untrue or incorrect statements may result in (1) denial of this current request and ineligibility to participate in any NJHMFA programs now or in the future **OR** (2) the applicant being required to refund the full amount of all assistance provided by NJHMFA.
- By signing this affidavit, I/we consent to appropriate searches of government and other records to confirm eligibility.
- I/We declare under penalties of perjury that all statements in this affidavit are true and accurate.

Occupying Applicant Name(s)	Occupying Applicant Signature(s)	Date

Commissioned in State of _____ County of _____
On this _____ day of _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____ _____, to be the person whose name is signed on this document, and who swore or affirmed to me that the contents of the document is truthful and accurate to the best of his/her knowledge and belief, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

_____
Notary Public:
My Commission Expires:_____

Notary Seal Required