



NEAR EAST SIDE HOMEOWNERSHIP INCENTIVE PROGRAM

In an effort to increase the level of homeownership in the University District, The Ohio State University developed a down payment assistance program in 1998 for its faculty and staff for the purpose of purchasing homes within the neighborhoods of the University District. In 2017, this program was expanded to include the historic Near East Side where the University and its partners made a commitment to revitalize one of the city's most historic neighborhoods—home to University Hospital East and CarePoint East.

The Ohio State Faculty & Staff Near East Side Homeownership Incentive Program is administered by Partners Achieving Community Transformation (PACT), its non-profit affiliate tasked with the revitalization of the neighborhoods in a defined geography of the Near East Side.

The down payment assistance is a \$8,000 forgivable loan to be used toward the purchase of a home in the Incentive Area (map of Incentive Area is on page two of this document) is available to eligible employees of The Ohio State University.

To be eligible the applicant must meet the following criteria:

- **EMPLOYEE OF THE OHIO STATE UNIVERSITY:**
All faculty and staff who are employees of OSU (must be regularly receiving paychecks from OSU) with regular appointments of 50% FTE or greater.
- **PRIMARY RESIDENCE:**
The home must serve as the recipient's principal residence and can include:
 - Single family
 - 2 to 4 family
 - Condominium
 - New construction of the above
- **LOCATED WITHIN THE INCENTIVE AREA:**
See map on page two which outlines the incentive area, homes located within the area are eligible for the incentive.

Things to note:

- All faculty and staff who meet the eligibility requirements listed above may apply for down payment assistance.
- Down payment assistance will be reserved based upon order of receipt of a copy of the faculty or staff member's accepted purchase contract on a home in the Incentive Area. Upon receipt of such contract, funds will be reserved in the individual's name for a period of 90 days.
- Student employees, graduate associates, lecturers, post-doctoral staff, others on "term" or temporary appointments and persons not on OSU payroll are excluded. This includes residents with the Wexner Medical Center.
- One loan per household – Down payment assistance will be limited to one \$8,000 loan per household. (For example, two or more faculty or staff members cannot purchase a single property together in order to double the down payment assistance.) Additionally, by accepting down payment assistance from OSU, applicants could become ineligible in similar programs administered by other agencies or organizations. Please check the requirements for all assistance programs before applying.
- This down payment assistance is considered income to the employee and therefore the recipient is responsible for any related income tax liability.

Please contact Cassandra Patterson via e-mail at CPatterson@eastpact.org or by phone at 614-247-8037 if you are interested in applying for the Ohio State Faculty & Staff Near East Side Homeownership Incentive Program.

Map



Terms of the Down Payment Assistance

- The Ohio State University Homeownership Incentive Program is a zero interest forgivable loan in the amount of \$8,000 to be applied towards the down payment, closing costs and/or reduction in principal amount of a third party mortgage loan.
- Recipients will be required to sign a promissory note for the forgivable loan and a restrictive covenant agreement. The documents commit the recipient to the following terms:
 - The recipient must occupy the housing unit for a period of not less than five (5) years. The loan will be forgiven at a rate of 20% per year with the entire amount forgiven after year five (5) of occupancy. If a recipient move, sells, or no longer occupies the property, the remaining prorated balance of the loan is immediately required to be repaid to the University.
 - Faculty or staff must maintain their employment with the University. Those who voluntarily terminate or who are terminated for cause within five years of receipt of the down payment assistance are responsible for repaying the University any remaining prorated balance of the loan within 60 days of the termination of employment.
 - Faculty and staff are not required to repay the University for any remaining balance of the loan as a result of the following:
 - Individuals who are laid off because their positions are abolished
 - Individuals who qualify for a permanent disability under OSU's Long Term Disability Policy
 - Death of the recipient
- Recipient will cooperate with the University, or its designee, in monitoring compliance with the loan agreement and will supply necessary documentation and information. The recipient is responsible to notify Campus Partners if residency, ownership or employment with the Ohio State University changes within the five-year period.
- This down payment assistance is considered income to the employee and therefore the recipient is responsible for the related income tax liability. The incentive you receive at closing will be \$8,000 minus the amount required for tax related liability. The amount will vary by applicant. If the recipient is required to repay all or a portion of the loan amount because they have failed to meet the terms of the program, then it will be the recipient's responsibility to work with the appropriate taxing authorities to refund any tax over payment.

Process

(NOTE: The review process MAY take up to 30 days.)

STEP ONE:

The following forms, which are included in this application packet plus the purchase agreement for the property must be submitted to:

Cassandra Patterson
Partners Achieving Community Transformation (PACT)
211 Taylor Avenue
Columbus, OH 43203
or

by email to CPatterson@eastpact.org

- Application for Down Payment Assistance
- Home Buyer Closing Information Form
- AP Compliance Form - filled out by the applicant
- AP Compliance Form - filled out by the title company
- Purchase Agreement

STEP TWO:

PACT will review the application

STEP THREE:

PACT will schedule an appointment to sign a promissory note for the forgivable loan.

STEP FOUR:

A check will be provided directly to you or your title company at the time of closing*. You will be required to sign a restrictive covenant at the time of closing which will be filed with Franklin County.

* If you are constructing a new home on an existing vacant lot the check will be provided at the time of closing on the purchase of the lot.

Application for Down Payment Assistance

Last _____ First _____ M.I. _____

Daytime Phone # _____ Evening Phone # _____

Employee ID # _____ Employee S.S. # _____

Current Street Address _____

State _____ Zip _____

Address of Property to be Purchased _____

Property Type

_____ Single Family _____ Two Family

_____ Three Family _____ Four Family

Purchase Price _____ Name of Co-Purchaser _____

Real Estate Broker _____ Broker's Phone Number _____

Is this the first home you will own?

Yes _____ No _____

Do you currently rent or own your home?

Rent _____ Own _____ Agent's Name _____

I have read the program summary and the Homeownership Checklist for the OSU Faculty and Staff Near East Side Homeownership Incentive Program and believe that I qualify for the program. A copy of my accepted Purchase Agreement for a home within the Incentive Area accompanies this application. I understand that a check for \$8,000 will be made jointly to me and the title company at the closing, if my application is approved and I sign the additional necessary agreements. The check will be prepared upon verification that financing has been secured and a closing date for the transaction has been scheduled. I further understand that I and the co-borrower may be subject to a pro-rated repayment obligation if separation of either employment from Ohio State or ownership and occupancy of the property occurs within five years of the date of closing. I understand that I and the co-borrower will be required to sign a loan agreement and a restrictive covenant to assure that the terms of this incentive program are met.

EMPLOYEE SIGNATURE _____ DATE _____

CO-BORROWER SIGNATURE _____ DATE _____

Home Buyer Closing Information Form

1. Employee's name _____

2. Financing for your new home has been secured through:

(name of bank or mortgage company) (phone)

(address) (city) (state) (zip)

(name of loan originator or contact person with bank or mortgage company)

_____ Check here if this is a cash purchase with no lender involved. If so, skip point 3 below.

3. A copy of the letter from your lender approving your mortgage loan application must be attached.

4. The \$8,000 check will be prepared jointly in the name of the employee and the title company responsible for handling the closing. It is critical, therefore, that the following information be prepared thoroughly and accurately to insure that the down payment assistance is available for your closing:

(exact name of title company) (phone)

(address of the title company where check is to be sent) (city) (state) (zip)

(name of contact person at title company)

Date and time of scheduled closing: _____



OSU Internal Use Only
Vendor ID Number _____

INSTRUCTIONS:

In accordance with Internal Revenue Service and State of Ohio regulations, we are required to obtain the following information for all businesses and individuals to whom we make payments.

- Fill out all the information that applies to you/your business. ("Individuals" only fill out page 1)
- See Instruction pages for full details.
- Submit this completed form to your University contact.

Vendor Setup Form

Page 1: IRS Substitute W9

General Information

Fill out all information that applies to you and/or your business.

OSU Employee Yes No

Individual Name*(First/Middle/Last)

OR

Legal Business Name*

(*As shown on your federal income tax return)

Business name/disregarded entity name (if different from above)

Address

City State County ZIP code

Phone FAX General E-mail

Remit To Address (if different from above)

City State ZIP code

Foreign Address (Required for Non-Resident Alien)

City State/Province/Region Postal Code/Country

Federal Tax Classification

Select ONE Classification and provide all other applicable information.

Individual* Date of Birth (MM/DD/YYYY)
*ONLY FILL OUT PAGE 1 Required by State Law

Select type: US Citizen Resident Alien* Non-resident Alien*- Country of Citizenship: _____
*Additional documentation may be required. See instructions for details.

Sole Proprietor Date of Birth (MM/DD/YYYY)
Required by State Law

C Corporation S Corporation Partnership Trust/estate

LLC= C Corporation LLC= S Corporation LLC= Partnership Other List type

Government/ Tax exempt agency Exemption from Reporting code (if Any) Exempt payee code (if Any)
[FATCA](#)

Taxpayer Identification Number

Select ONE and complete box below.

Federal Employer Identification Number (FEIN)
OR
 US Social Security Number

Certification

Under penalties of perjury, I certify that I am exempt from backup withholding and/or FATCA reporting, and that the information shown on this form is correct to my knowledge. I am a U.S. citizen or other U.S. person as defined in IRS Form W-9 Instructions.

I certify that I have read and understand The Ohio State University Wexner Medical Center's [Vendor Interaction Policy](#), and will abide by it.

Print Name Date

Signature (Original Ink Only) Title