

HOMEOWNER CERTIFICATION

Eligible Owner(s) / Principal Occupant(s): Name
Co-Owner(s) / Non-Occupant(s): Name

Persons receiving rehabilitation assistance must read and sign below to certify their understanding and acceptance of the following:

1. The Loan (mortgage and note) is a lien against your property. The Owner(s) shall execute amended mortgage and note should the amount of assistance change after the original lien documents are executed.
2. The Loan bears no interest.
3. The Loan is NOT a grant or gift.
4. All or a portion of the Loan may be due and payable, pursuant to the terms of the Note, upon the sale, transfer or conveyance of the property and/or upon the death of Eligible Owner and/or when the property is no longer the Eligible Owner's principal place of residence.
5. The following requirements remain in effect until the funds are repaid or forgiven per the terms of the Note.
 - The Eligible Owner must occupy the property as their principal place of residence.
 - No portion of the property may be rented (unless licensed as a 2-4 unit rental prior to seeking assistance).
 - The property may not be used for any illegal activity.
 - The construction contract is between the Owner(s) and contractor. The Owner(s) should direct any problems with the work of the contractor to the contractor and resolving such problems is the sole responsibility of the contractor.
 - The Homeowner insurance policy must list MSHDA or the grantee (per Mortgage and Note) as a loss payee.
 - The property must be insured at all times.
 - The Owner(s) must keep real estate taxes paid at all times.
 - The Owner(s) must keep all mortgage payments (if any) up to date and paid on time.
 - The Owner(s) must keep the home in reasonably good repair.
 - The Owner(s) must keep all debris to a minimum to reduce fire, health and safety hazards.
 - The Owner(s) must keep Grantee Name informed as to any changes in the above.

I/We, being the owner(s) of the property located at Address hereby certify my/our understanding and acceptance of the above-written Homeowner Rehabilitation Program requirements.

HOMEOWNER(S)

Date: _____

Print Name

Date: _____

Print Name

GRANTEE NAME

Date: _____

Program Administrator Name and Title