US Army
Corps of
Engineers
Savannah
District

Homeowners Assistance Program (HAP)

Application & Guidance Package

U.S. Army Corps of Engineers
Savannah District
Attn: RE-RH
100 W. Oglethorpe Avenue
P.O. Box 889
Savannah, Georgia 31402-0889
(800) 861-8144 (912) 652-5020

QUESTIONS AND ANSWERS
HOMEOWNERS ASSISTANCE PROGRAM (HAP)
(April 2007)

Q. Is a service member or federal employee not attached to the installation eligible for HAP benefits?
A. Any service member or federal employee assigned to or employed at or near the installation at the time of the public announcement of the closure action is eligible, if otherwise qualified. Non-appropriated Fund Instrumentality (NAFI) employees at or in connection with the base are also eligible.

Q. For VA loans, will the Government retire or assume my mortgage so eligibility can be restored?
A. The Government will either liquidate or assume VA mortgages on residential properties. The applicant must handle the restoring of his VA eligibility.

Q. At what point should an applicant market his home?
A. As soon as he knows he will be relocating. Two eligibility requirements for the program are that the applicant must have made a bonafide effort to sell his home and relocated outside a reasonable commuting distance. In some instances, the applicant may be eligible without relocating providing they involuntarily lost their job due to the base closure or realignment and demonstrate a financial hardship.

Q. A Real estate agent expects a commission. Will the Government pay commissions when they acquire the house?
A. No. Applicants should assure that the listing agreement for their property contains the statement below. If the listing agreement does not contain the statement and any commission is due; it is the responsibility of the applicant.

> "In the event the herein listed property is sold to the United States of America, or an agency thereof, the listing broker will not be entitled to any commission or other consideration as a result of such sale."

Q. Will local appraisers have input to appraised values?
A. The home appraisals are prepared by independent contract appraisers. Local appraisers may have input if they are awarded competitive appraisal contracts to do the HAP work for the Corps of Engineers. Contract appraisals will be reviewed by Corps of Engineers appraisers.

Q. Will my HAP benefits be taxable?
A. Private sales benefit payments are not taxed, however, all reimbursements are taxable as income. The government acquisition benefit could be subject to taxes if the amount paid is more that 95% of the prior fair (appraised) value of the property. The prior fair market value is based on the date of the announced action to realign or close the installation. State taxes are not withheld. It is the applicant's responsibility to pay any taxes owed to the State.

Q. If I refinance my house after the base closure announcement date, will I still be eligible?
A. Yes, but only for the amount of your outstanding mortgage balance on the realignment/closure announcement date. The expenses of closing costs are not included and must be paid at your own expense.

Q. Who pays the closing costs when the Government purchases a home under the HAP?
A. The Government will, at its own expense, obtain title services to close the transaction.

Q. An applicant retires after the closure announcement and moves away. Does he qualify for HAP benefits?
A. Yes, provided he is eligible under the other requirements of the Act.

Q. How long is it from the time an applicant qualifies until benefits are received?
A. Approximately four or five months, provided funds are appropriated by Congress and the applicant has provided all required documentation with his application, and assuming he has a marketable title. This also can vary with the number of applicants requesting benefits.

Q. What constitutes a reasonable effort for the sale of my home?
A. A visible, conscientious effort on behalf of the applicant such as listing property with a real estate agent, advertising the property in the newspaper, etc.

Q. If an applicant is not eligible under the HAP, is there another Federal agency program under which the applicant can get help?
A. Civilian employees may be eligible for relocation services under the Department of Defense National Relocation Program (DNRP) formally called DARSE. You should contact your personnel office for more information.

Q. Will individuals who are assigned to the installation since the announced action be eligible for HAP benefits if they purchase their home after the realignment/closure announcement?
A. No. An applicant must be the owner/occupant of a one or two family dwelling at the time of the public announcement.

Q. If a person owns a farm (say 60 acres) and maintains a home on the farm, how much qualifies under the HAP?
A. Only the dwelling and that portion of the land that would reasonably constitute a residential property within the area.

Q. If a civilian is RIF'd with no job offer; can he qualify for HAP benefits?
A. Yes.

Q. Do civilians working overseas at the time of the announced action who have return rights back to the installation qualify for HAP benefits?
A. Yes.

Q. What rights does an applicant have if he/she is not satisfied with any adverse decision made by HAP?
A. An applicant has the right to appeal any decision denying benefits or contesting the amount of benefits allowed. No particular format is required. Simply submit a written statement of your objections to our office. The appeal will be reviewed at the District level. If favorable action cannot be taken at any of these levels, your appeal will be forwarded to higher headquarters that will make the final decision.

Q. I am a uniformed member of the military. Am I eligible for Relocation Benefits?
A. No. Only civilian employees are eligible for the Department of the Defense National Relocation Program (DNRP).

Q. Can I use both HAP and the Relocation Services Program?
A. If you are eligible for both programs, you may use both. If you sell your home to the relocation services contractor, you may apply to the HAP to reimburse part of your losses under the Private Sale Benefits option.

Q. Will I have to bring any money to closing?
A. If you occupy your house until or nearly until the closing date and have not made a payment for the month, you will be responsible for interest due from the previous month plus year-to-date real estate taxes.

Q: What is the Private Sale Augmentation Benefit?
A: The Private Sale Augmentation Benefit was recently authorized and allows eligible applicants to sell their properties for less than the mortgage payoff provided the sale proceeds and the HAP benefit are sufficient to pay the mortgage and all closing costs in full. HAP may pay the difference at closing between the sale price and the loan balance (payoff) to the mortgage company and other associated costs may be included. The private sale benefit is not taxable. However, the reimbursement of closing costs is considered income and is subject to taxes. Please contact a HAP Realty Specialist to discuss your particular situation prior to negotiating and signing a sales contract to determine if you meet the criteria for an Augmented Sale.

APPLICATION CHECKLIST
HOMEOWNERS ASSISTANCE PROGRAM (HAP)
(April 2007)

Please submit your application in the following sequence. Missing documents will delay processing of your application. If an item is not applicable, please mark N/A.

If you have already sold your home through a Private Sale, complete Items 1-11. If you elect the Private Sale Augmentation Option, complete items 1 – 10 and 12 - 16. For Government Acquisition, complete all items except 11 and 12. If you are have questions pertaining to the checklist, call 1-800-861-8144, extension 5020 or 5563.

____ **1. APPLICATION – Complete DD Form 1607 with original signatures by you and a Personnel Officer (Parts III & IV).**

____ **2. ORDERS – Orders to the affected installation indicated or History of Assignments, Civilians must provide a SF 50 or other personnel action. All applicants must submit documentation confirming employment at or near the affected installation within 6 months prior to the base realignment/closure announcement date.**

____ **3. ORDERS – Orders leaving the affected installation with date and destination indicated, Military Transfer, Realignment Notification, Priority Placement Offer, or RIF notice.**

____ **4. DEED – Showing ownership of property when your home was acquired with recording information such as deed book, page and recording date.**

____ **5. PROOF OF OCCUPANCY - Documentation confirming occupancy within 6 months prior to the realignment/closure date. This may be a Statement of Service from a utility company in applicant's name with property address and dates of service.**

____ **6. COPY OF BILL OF LADING – Do-it-yourself (DITY) must provide receipts.**

____ **7. PRIVACY ACT STATEMENT – Provided with the application. Please read, sign and return.**

____ **8. CERTIFICATE OF ENTITLEMENT AND DECLARATION OF FILING – Provided with the application. Please read, sign and return.**

____ **9. RIGHT OF ENTRY (IF YOU HAVE NOT SOLD YOUR PROPERTY) – Provided with the application. Please read, sign, and return. Please leave a key to your property with your Realtor or with a Point-of-Contact (POC) before your depart the area. Identify the POC on the HAP application under Section II, item 24.**

____ **10. Provide the name and telephone number in Section V of the application of a POC (someone that does not live with you) who will always know how to contact you. Please contact the HAP office to update changes in your POC and your address.**

____ **11. POWER OF ATTORNEY, if closing by Power of Attorney (POA) – Original POA must be recorded and a copy provided to HAP.**

____ **12. PRIVATE SALE (applies only if you have already sold your home) - A copy of signed documents (Closing Statement, Sales Contract and Deed of Transfer to purchaser) from the resale of the property**

must be provided. A copy of the recorded Power of Attorney should be submitted if one is used in the sales transaction. In the case of an assumption of an existing mortgage, provide a copy of the Release of Liability from the Lender, VA or FHA.

____ 13. PRIVATE SALE AUGMENTATION (If you are unable to sell your property for the outstanding mortgage balance(s) and wish to use HAP benefits to complete the sale). Please contact a HAP Realty Specialist to discuss your particular situation when negotiating and prior to signing a Sales Contract. A copy of all mortgage (promissory) notes and the signed Authorization and Release of Mortgage Information form should be forwarded with your application when applying for Private Sale Augmentation.

____ 14. PROOF OF ATTEMPT TO SELL - Real estate listing agreement or newspaper advertisement. Newspaper advertisement must be accompanied with receipt from newspaper company showing period of advertisement.

____ 15. AUTHORIZATION AND RELEASE OF MORTGAGE INFORMATION - Sign the attached two copies of the Authorization and Release of Mortgage Information. Make copies of the Authorization and Release of Mortgage form if applicable for additional mortgages. Send a copy to each mortgage holder and one copy to the US Army Corps of Engineers with this application packet.

____ 16. COPY OF ALL MORTGAGE (PROMISSORY) NOTES

____ 17. REFINANCED MORTGAGES - If you refinanced your home <u>after</u> the realignment/closure announcement, you are required to provide one copy of the refinance closing HUD-1 form, a copy of the payoff statement for your original loan, and/or a copy of the mortgage note from the ORIGINAL purchase. The mortgage note should contain the interest rate, term, and principal of your ORIGINAL loan. If you have a second mortgage on your home, please provide a copy of the promissory note.

____ 18. MOBILE HOMES - If you are requesting HAP benefits for a mobile home, you must provide evidence that the mobile home has been permanently affixed to the land. Include 1 copy of the Bill of Sale when you originally acquired the mobile home and 1 copy of the title and proof of land ownership.

APPLICATION FOR HOMEOWNERS ASSISTANCE

IF: You are or were a servicemember, a Federal employee, a member of the Coast Guard, or a U.S. citizen employee of a nonappropriated fund instrumentality serving at or near a military installation which has been ordered to be closed in whole or in part, or has been closed to reduce the scope of operations;

AND: You own or owned your home near that installation;

AND: You will be or have been obliged to move away to obtain new work, are reassigned to another area, or are involuntarily unemployed;

You may be entitled to benefits under the Department of Defense Homeowners Assistance Program. For details on how you may qualify, see below.

THE LAW

Public Law 89-754, Section 1013, as amended, authorizes the Secretary of Defense to provide financial help to eligible homeowners serving or employed at or near military installations which were ordered closed or partially closed, realigned or were ordered to reduce the scope of operations. The Department of the Army acts as executive agent for DoD in administering the program for all military departments. Before the benefits can be paid, certain conditions must be met.

CONDITIONS

The Base Closure or Reduction Action.

There must be a decline in the market value of your home which can reasonably be shown to have been caused by the closure.

The Homeowner.

There are several circumstances which may qualify you to benefit from the Homeowners Assistance Program. As a servicemember, Federal employee (other than a temporary employee serving under a time limitation), member of the Coast Guard, or U.S. citizen employee of a nonappropriated fund instrumentality, you may qualify if your service assignment or your job is ended as a result of the closure or reduction.

Benefits may also be available to eligible personnel on permanent change of station moves during the period of continued market impact. Payment may not duplicate any payment received under any other law. Benefits under the program are not available to personnel of contractors.

Service Requirements.

You must have served at or have been employed at or near the installation when the closure or reduction was announced; OR

You must have transferred from the installation (or had your employment ended as a result of reduction-in-force) within the six months prior to the announcement; OR

Be serving overseas as a Federal employee, with existing reemployment rights at the time of the announcement.

Service Requirements. *(Continued)*

You must have transferred from the installation on an oversea tour within three years prior to the announcement.

At the time of the announcement, transfer or job termination, you must have been the owner-occupant of the dwelling (or have left it after being ordered into on-post housing during the six months before the announcement).

The Dwelling.

Your residence must be a one- or two-family dwelling which you both owned and occupied at the time of the announcement, transfer or termination of employment. In general, a trailer or mobile home will not qualify unless demounted and permanently affixed to land which is owned or held under a long (27.5 years) lease.

The Local Real Estate Market.

The law permits benefits if your property has decreased in value because of the announced closure or reduction so that it cannot be sold on "reasonable terms." Local market conditions and causal relationships between a base closure or reduction action and reduced home market values will be determined by the Government.

Finally, to qualify, you MUST:

Relocate beyond a normal commuting distance from the dwelling for which assistance is sought; OR

Be unemployed involuntarily and able to demonstrate such financial hardship that you are unable to meet your mortgage payments and related expenses.

BENEFITS

There are three ways you can be assisted. The decision of which method you use is up to you.
NOTE: You cannot receive benefits and continue to own your home.

You may choose:

(1) To take a cash payment to cover part of your losses resulting from a private sale of the dwelling; or

(2) To sell your house to the Government; or

(3) To be paid losses incurred as a result of the foreclosure of a mortgage on the dwelling.

Cash Payment.

If you have sold your dwelling, the amount to be paid to you cannot be more than the difference between (a) 95 percent of the fair market value of the property before the announcement; and (b) the market value at the time of the sale.

Example: A house had a market value of $100,000 before the announcement. Ninety-five percent of that is $95,000. If you sold the house for $93,000 and that sum is accepted as the market value as of the time of sale, you will be paid $2,000 (the difference between the value at the time of sale and 95 percent of the value before the announcement).

If there is a Federally insured or guaranteed mortgage on the property, a cash payment will not be made unless (a) the mortgage debt is paid off before or at the time the Homeowners Assistance Program payment is made; or (b) the mortgage is assumed by a purchaser satisfactory to the Federal agency insuring the mortgage.

Selling to the Government.

If you still own your dwelling and choose to sell it to the Government after having made a reasonable effort to sell the property, the amount to be paid to you cannot be more than 75 percent of the market value of the property before the announcement less the amount of outstanding mortgage balances, which the Government will pay or assume. If the outstanding mortgage balances are greater than 75 percent of the prior market value, the Government will take over your property and pay off or assume your mortgage liabilities but will not give you any cash payment.

Foreclosure.

If the lenders have foreclosed on the property, you may be reimbursed for amounts you paid out as a result of the foreclosure. This payment may include direct costs of foreclosure and expenses and liabilities enforceable under the terms of the loan agreement for the house. If these debts have not yet been paid, the Government may pay them on your behalf. This remedy is seldom used because of the availability of other remedies.

HOW TO APPLY

Attached to this instruction sheet is an Application for Homeowners Assistance. If you believe that you qualify for such assistance, read the application over carefully and answer completely each part which applies to you.

Please type or print, limiting each entry to the space provided. If there is not enough space for your answer, use the "Remarks" section on Page 4 of the form. Repeat the item number and give the additional information. If a date is required, enter year, month, and day (for example: June 1, 1995 would be 950601).

Your application must be reviewed by a department personnel office, military or civilian, for verification of your service or employment records and mailed to the appropriate office of the U.S. Army Corps of Engineers which administers the program on behalf of the Secretary of Defense.

The Corps of Engineers Office will notify you when your application is received.

*U.S. Government Printing Office: 1995 — 394-743/29037

APPLICATION FOR HOMEOWNERS ASSISTANCE

(Read Privacy Act Statement and Instructions before completing form.)

REPORT CONTROL SYMBOL

PRIVACY ACT STATEMENT

AUTHORITY: Public Law 89-754 Section 1013 and Executive Order 9397.

PRINCIPAL PURPOSE(S): To determine eligibility for and process an applicant's request for Homeowners Assistance.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish requested information will hinder our verification of your employment and homeowner information and may result in delay or denial of benefits provided under this law.

SECTION I - QUALIFICATION *(To be completed by Applicant)*

1. NAME *(Last, First, Middle Initial)*	2. SOCIAL SECURITY NUMBER	3. GRADE/RANK

4. PRESENT MAILING ADDRESS

a. STREET *(Include apartment number)*	b. CITY	c. STATE	d. ZIP CODE

5. HOME TELEPHONE NUMBER *(Include area code)*	6. WORK TELEPHONE NUMBER *(Include area code)*	
	a. COMMERCIAL	b. DSN

7. INSTALLATION OR ACTIVITY ANNOUNCED FOR CLOSURE OR REDUCTION IN SCOPE OF OPERATIONS

a. NAME OF INSTALLATION/ACTIVITY	b. CITY	c. STATE	8. DATE OF CLOSURE OR REDUCTION ANNOUNCEMENT *(YYMMDD)*

9. EMPLOYMENT OR SERVICE AT INSTALLATION NAMED IN ITEM 7.

a. UNIT IN WHICH EMPLOYED OR ASSIGNED	b. *(X if applicable)*	c. BRANCH OF SERVICE *(X one)*	
	☐ CSRS	☐ ARMY	☐ MARINE CORPS
	☐ FERS	☐ NAVY	☐ COAST GUARD
	☐ NAFI	☐ AIR FORCE	☐ OTHER *(Specify)*

d. STARTING DATE *(YYMMDD)*	e. TYPE OF APPOINTMENT	f. ENDING DATE *(YYMMDD)*	g. NATURE OF SEPARATION

10. REASON FOR DESIRING ASSISTANCE *(Complete 10.a. if Civilian, 10.b. if Military)*

a. CIVILIAN *(X and complete as applicable)*

☐ (1) ACCEPTED FEDERAL TRANSFER

(a) TO *(Name of Installation)*	(b) DATE *(YYMMDD)*	(c) LOCATION OF INSTALLATION *(City and State or Country)*

☐ (2) ACCEPTED OTHER EMPLOYMENT

(a) AT *(Name of Subsequent Employer)*	(b) DATE *(YYMMDD)*	(c) LOCATION OF EMPLOYMENT *(City and State or Country)*

☐ (3) TRANSFERRED FOR UNACCOMPANIED OVERSEAS TOUR ON *(YYMMDD)*

☐ (4) UNEMPLOYED *(Furnish unemployment dates only when application is based on financial hardship due to your inability to be employed in the area of the closed/reduced installation. Attach statement on why employment is not available or has not been accepted; also state amount and frequency of all income, nature and amount of debts, number and amount of installment payments (including mortgage) in arrears, and any other information providing evidence of financial hardship.)*

(a) UNEMPLOYED FROM *(YYMMDD)*

(b) TO *(YYMMDD)*

b. MILITARY *(X and complete as applicable)*

☐ (1) TRANSFERRED TO: (a) NAME OF INSTALLATION (b) DATE *(YYMMDD)*

☐ (2) TRANSFERRED FOR OVERSEAS TOUR ON *(YYMMDD)*

☐ (3) ORDERED INTO ON-POST QUARTERS ON *(YYMMDD)*

☐ (4) RETIRED OR SEPARATED ON *(YYMMDD)*

SECTION II - PROPERTY FOR WHICH ASSISTANCE IS SOUGHT *(To be completed by Applicant)*

(Complete this section and attach any other information which would be useful in determining fair market value. If SOLD, provide evidence of sale, including sale price. If FORECLOSED or in process of foreclosure, provide a statement of obligations ensuing from foreclosure. Documents provided in evidence of purchase, sale, and foreclosure must be legible, completed copies. THE DEPARTMENT OF DEFENSE WILL NOT BE RESPONSIBLE FOR SAFEKEEPING OR RETURN OF ORIGINAL DOCUMENTS.)

11. ADDRESS OF PROPERTY

a. STREET	b. CITY	c. COUNTY	d. STATE	e. ZIP CODE

12. PERIOD OF OWNERSHIP/OCCUPANCY		13. IF MORTGAGED, WAS IT *(X)*	14. PRESENT STATUS *(X one)*
a. FROM *(YYMMDD)*	b. TO *(YYMMDD)*	☐ FHA - INSURED ☐ VA - GUARANTEED ☐ OTHER	☐ OWNED BY YOU *(Complete Item 20)* ☐ SOLD *(Complete Item 21)* ☐ FORECLOSED *(Complete Item 22)*

15. DATE OF PURCHASE *(YYMMDD)*	16. PRICE	17. DEED IS RECORDED IN		
		a. VOLUME	b. PAGE	c. DEED RECORDS OF

18. APPROXIMATE DISTANCE FROM RESIDENCE TO WORK	19. LIST MAJOR IMPROVEMENTS MADE BY YOU DURING YOUR OWNERSHIP *(Such as adding garage, finishing rooms, adding bathroom, or other improvements. Include cost and approximate date each was completed.)*

20. IF DWELLING IS OWNED BY YOU: *(X and complete as applicable)*

☐	a. YOU STILL OCCUPY	☐	c. PLAN TO SELL ON PRIVATE MARKET	(1) LEASED THROUGH *(YYMMDD)*	(2) AMOUNT PER MONTH
☐	b. VACANT	☐	d. LEASED *(Attach copy of lease)*		

21. IF DWELLING WAS SOLD:

a. SOLD TO	b. DATE SOLD *(or will close)* *(YYMMDD)*	c. SALE PRICE

d. DEED RECORDED IN

(1) VOLUME	(2) PAGE	(3) DEED RECORDS OF

22. IF LIENHOLDER FORECLOSED ON PROPERTY:

a. DATE FORECLOSURE COMMENCED *(YYMMDD)*	b. COMMENCED BY *(X)*	c. PROCEEDING STILL PENDING *(X)*
	☐ VA ☐ FHA ☐ BANK *(Name of Bank)*	☐ YES ☐ NO

d. NAME OF COURT	e. LOCATION OF COURT	
f. DATE OF FORECLOSURE SALE *(YYMMDD)*	g. AMOUNT OF FORECLOSURE SALE	h. AMOUNT OF ENFORCEABLE LIABILITIES AGAINST YOU

23. IF YOU PLAN TO ASK THE GOVERNMENT TO PURCHASE YOUR DWELLING:

a. MORTGAGES

LENDER NAME a.	ADDRESS *(Street, City, State, ZIP Code)* b.	ORIGINAL AMOUNT c	CURRENT BALANCE d.	DATE OF LOAN *(YYMMDD)* e.
1st				
2nd				
3rd				
4th				

f. DATE DWELLING WAS CONSTRUCTED *(YYMMDD)*	g. TO THE BEST OF YOUR KNOWLEDGE, DOES THE DWELLING CONTAIN ENVIRONMENTAL HAZARDS? *(Such as friable asbestos, lead-based paint, etc.)*
	☐ YES *(Specify)* ☐ NO

24. POINT OF CONTACT TO ALLOW GOVERNMENT CONTRACTORS TO GAIN ACCESS TO YOUR DWELLING
(For Army Corps of Engineers' appraiser and inspector for environmental hazards)

a. NAME *(Last, First, Middle Initial)*	b. HOME TELEPHONE *(Include area code)*	c. WORK TELEPHONE *(Include area code)*	
d. ADDRESS			
(1) STREET *(Include apartment number)*	(2) CITY	(3) STATE	(4) ZIP CODE

SECTION III - DECLARATION *(To be completed by Applicant)*

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. *(See 62 Stat. 698, 749; 18 USC 287, 1001).*

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The applicant shall forfeit and pay to the United States the sum of not less than $5,000 and not more than $10,000 plus 3 times the amount of damages sustained by the United States *(See 31 USC 3739).*

25. I DECLARE UNDER THE PENALTIES OF PERJURY THAT THE INFORMATION PROVIDED BY ME HEREIN AND ATTACHED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

a. I APPLY FOR HOMEOWNERS ASSISTANCE IN THE FOLLOWING CATEGORY: *(X as applicable)*

	(1) FORECLOSURE RELIEF *(For applicants whose homes have been foreclosed)*
	(2) REIMBURSEMENT FOR LOSS ON PRIVATE SALE *(For applicants whose homes have been sold)*
	(3) GOVERNMENT ACQUISITION *(X (a) or (b) (For applicants who still own their homes) (Not available in foreign countries)*
	(a) SALE OF HOME TO THE GOVERNMENT FOR THE AMOUNT OF THE OUTSTANDING MORTGAGE(S).
	(b) SALE OF HOME TO THE GOVERNMENT FOR 75% OF THE FAIR MARKET VALUE PRIOR TO THE ANNOUNCEMENT.

b. SIGNATURE *(To be used in all future correspondence)*	c. DATE SIGNED *(YYMMDD)*

SECTION IV - VERIFICATION OF EMPLOYMENT OR SERVICE *(To be completed by Personnel Officer)*

26. REVIEW OF APPLICANT'S OFFICIAL PERSONNEL FOLDER INDICATES: *(X and complete as applicable)*

	a. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM HAS BEEN VERIFIED AND IS CORRECT AS STATED.
	b. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM IS NOT CORRECT. THE PERSONNEL FOLDER SHOWS THE FOLLOWING:

27. PERSONNEL OFFICER

a. NAME *(Last, First, Middle Initial)*	b. TITLE		
c. ADDRESS			
(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
d. SIGNATURE		e. DATE SIGNED *(YYMMDD)*	

SECTION V - REMARKS *(To be completed as necessary. Reference each entry by item number.)*

PRIVACY ACT INFORMATION

FOR HOMEOWNERS ASSISTANCE PROGRAM (HAP) APPLICANTS

The Homeowners Assistance Program was authorized by Section 1013 of the Demonstration Cities and Metropolitan Development Act of 1966, Public Law 89-754 (80 Stat. 1255,1290), as amended. The Corps of Engineers administers the Homeowners Assistance Program for the Department of Defense. Individuals seeking benefits under the Act must file an application form (DD Form 1607) and, in addition, may be requested to furnish supplemental information to support their applications. The information requested will be used to identify the number of homeowners affected by the announced closure/realignment, and to determine the impact on the market, eligibility, and entitlement to specific program benefits. The application and supporting information, including appeal cases, will be retained for ten years after completion. Information disclosed by applicants will be treated on a confidential basis and will not be disclosed except to personnel in the Department of Defense who have a need for the information. Sale of the property to the government and the amount thereof is also reported to Internal Revenue Service (IRS). Deeds of conveyance to the Government, which may contain data on mortgages assumed, and other documents regarding to sufficiency of title, may be furnished to the Department of Justice for review. Documents relating to sufficiency of title, information from the application package and the social security number on the application may be provided to Government contractors for use in performing title searches and closing services. Information contained in the application form and supporting documents are furnished voluntarily; however, if all required information is not furnished, eligibility for benefits may be affected and benefits may be denied. Benefits under this program are considered "wages" for tax purposes. The Social Security Number on the application is for identification purposes and is used to report to the IRS the sale of the property to the Government and to report withholdings for Federal Income Tax, FICA and Medicare Purposes. Its non-disclosure may or not affect payment benefits.

_____ _____

Date Signature

HOMEOWNERS ASSISTANCE PROGRAM

CERTIFICATION OF ENTITLEMENTS
AND
DECLARATION OF FILING

Reimbursable closing costs for sale of a residence

1. ADDRESS OF PROPERTY SOLD:_____

_____

_____

2. CERTIFICATION: I certify that if application for "Reimbursement of Allowable Closing Costs for the sale of a residence" is filed under the Homeowners Assistance Program (HAP), I have not or will not file for this entitlement through any other source for this particular transaction on the above listed property.

FRAUD AND FALSE STATEMENTS: I am aware that any false or fraudulent claims, statements, or representations made by me or my representative can and will be prosecutable (criminal or civil), and subject to fines and/or imprisonment. (18 U.S.C. 1001)

( ) I am filing for reimbursable closing costs benefits under the HAP Program.

( ) I am **NOT** claiming closing costs under the Homeowners Assistance Program. I am filing or filed for authorized reimbursable closing costs for the **sale** of my residence with my Permanent Change of Station (PCS) orders.

_____ _____

Applicant's Signature Date

_____

Print or type applicant's full name

RIGHT OF ENTRY

I/we hereby grant to the United States, its representative, agents, contractors and assigns, the right to enter upon the land described and known as (address)

_____

to appraise, survey, and perform any other work necessary to process an application for benefits under the Homeowners Assistance Program reserving, however, to the owner(s), their heirs, executors, administrators, successors and assigns, all such right, title, interest and privilege as may be used and enjoyed without interfering with or abridging the rights and easement hereby acquired. The United States, its representative, agents, contractors and assigns will give the owner(s) at least 24 hours notice of any entry upon the land for the purposes described herein.

_____

Applicant or Owner

_____

Applicant or Owner

Gentlemen:

RE: Home Mortgage Loan Number _____

Mortgage Company _____

Mortgage Company Address _____

_____

Mortgage Company Phone No. _____

Property Address: _____

I have been determined eligible for benefits of the Department of Defense's Homeowners Assistance Program (HAP). The U S Army Corps of Engineers administers this program and will require information on my mortgage in order to process my application. I hereby request and authorize your company to release any and all information requested by the Corps. Should you need to contact someone with the Corps of Engineers, you may contact the HAP Team at (800) 861-8144. Please refer to the application number listed below when you contact this agency.

Please furnish a payoff statement upon request by the Corps. For your convenience, you may fax the payoff statement to 912-652-5575.

If this request does not meet your requirements, please return the proper form to us at P. O. Box 889, Attention: RE-RH, Savannah, Georgia 31402 or fax it to 912-652-5575.

Sincerely,

_____ _____

Date (Applicant's Name)

_____ _____

Date (Spouse's Name, If Applicable)

_____

(HAP Application Number)

Gentlemen:

RE: Home Mortgage Loan Number _____

Mortgage Company _____

Mortgage Company Address _____

_____

Mortgage Company Phone No. _____

Property Address: _____

I have been determined eligible for benefits of the Department of Defense's Homeowners Assistance Program (HAP). The U S Army Corps of Engineers administers this program and will require information on my mortgage in order to process my application. I hereby request and authorize your company to release any and all information requested by the Corps. Should you need to contact someone with the Corps of Engineers, you may contact the HAP Team at (800) 861-8144. Please refer to the application number listed below when you contact this agency.

Please furnish a payoff statement upon request by the Corps. For your convenience, you may fax the payoff statement to 912-652-5575.

If this request does not meet your requirements, please return the proper form to us at P. O. Box 889, Attention: RE-RH, Savannah, Georgia 31402 or fax it to 912-652-5575.

Sincerely,

_____ _____

Date (Applicant's Name)

_____ _____

Date (Spouse's Name, If Applicable)

_____

(HAP Application Number)