

CDPE Brief

Expanded Homeowners Assistance Program (HAP)

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Introduction to HAP

First Introduced	1966
Overseen By	Department of Defense
Administered by	US Army Corps of Engineers
Focus	Aids military families affected by base closures and resizing
Expansions	2009: \$555 million additional funding and nearly all levels of service members (including spouses) now covered
Expiration	September 30, 2012 for the Expanded HAP

What is the HAP?

The Homeowners Assistance Program (HAP) is a Department of Defense (DoD) sponsored initiative helping eligible service member and federal civilian, including non-appropriated fund, employee homeowners¹. Created in 1966², this program offers financial assistance to eligible homeowners facing financial loss when selling their primary residence in areas where real estate values have declined because of a base closure or realignment announcement. The program is authorized by Congress and administered by the US Army Corps of Engineers (USACE).

However, the HAP has recently been temporarily expanded with an extra \$555 million³ by the American Recovery and Reinvestment Act of 2009 (ARRA)^{4,5} to include service members and DoD employees who are wounded, injured, or become ill when deployed, surviving spouses of service



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members or DoD employees killed or died of wounds while deployed, service members and civilian employees assigned to BRAC 05 (2005 Defense Base Closure and Realignment Commission — a process used to reorganize base structure towards efficiently and effectively supporting forces, increasing operational readiness, and create new ways of doing business)⁶ organizations, and service members required to permanently relocate during the home mortgage crisis.

Details of the HAP

- 2009 Fannie Mae/Freddie Mac conforming loan limits by county
 - \$417,000-\$729,750
- Applies to all ARRA applicant homes
- Wounded, injured, or ill: must be on or after September 11, 2001
- Must sell home after July 1, 2006 and by September 20, 2012
- Must have purchased home prior to July 1, 2006
- County, parish, city home values must have declined at least 10%
- Individual home value must have declined at least 10%
- Homeowners may appeal the HAP if unsatisfied
- HAP will not reimburse or pay-off second mortgages, including equity lines of credit, unless obtained when home purchased, or funds were used to improve home⁷

Who is eligible for the HAP?

The US Army Corps of Engineers website on the Housing Assistance Program (HAP) defines eligibility in the following way:

- The applicant must be a military service member (including Coast Guard) or federal civilian employee (including non-appropriated fund) assigned at or near the installation announced for closure or realignment

Also Eligible Are:

- Personnel transferred or terminated within six months prior to the announcement who were owner-occupants at the time of transfer
- Civilian and military personnel on overseas tours who transferred within three years prior to the announcement and who are homeowners in the area
- Civilian employee homeowners on overseas tours with reemployment rights in the area affected by the announcement
- Military member homeowners ordered into on-post housing within six months prior to the announcement
- All applicants must have been the owner-occupant of their homes for which assistance is being requested on the announcement date
- A Non-Appropriated employee who was assigned at the installation on the closure/realignment announcement date may also apply

May 2010

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- Personnel transferred or terminated within six months prior to the announcement who were owners on March 3, 2010
- In addition, applicants must be relocating beyond commuting distance from the area
- All applicants must have been the owner-occupant of the home for which assistance is being requested on the announcement date. To qualify, the applicant must also meet all other eligibility criteria⁸

How to apply to the HAP

Eligible service members, or eligible spouses of service members, apply for assistance by filling out an application and sending it to the USACE District responsible for the area in which the home is located. Priority is given to Wounded, Injured, or Ill (WII) followed by Surviving Spouses (SS), BRAC 2005, and Permanent Change of Station (PCS). Eligible homeowners are encouraged to use a real estate agent to assist them in selling their home.

Who benefits from the HAP?

The beneficiaries of the HAP are, as follows, Wounded, Injured, or Ill (WII) service members, Surviving Spouses (SS), service members and other eligible persons affected by BRAC 05 and PCS base closure, realignment, or other types of permanent relocation. The benefits are as follows:

- WII and SS Benefits
 - Foreclosure: Assist after the foreclosure. Benefits may include direct cost of judicial foreclosure, expenses and enforceable liabilities according to the terms of the promissory note
 - Private Sale: Reimburse 95% of purchase price, minus sale price plus closing costs
 - Govt. Acquisition (base closure): Reimburse the greater of 90% of purchase price or mortgage payoff
- BRAC 05 and PCS Benefits
 - Foreclosure: Assist after the foreclosure. Benefits may include direct cost of judicial foreclosure, expenses and enforceable liabilities according to the terms of the promissory note
 - Private Sale: Reimburse: 90% of purchase price, minus sale price plus closing costs
 - Govt. Acquisition: When not able to sell home within 120 days, and approved by HQUSACE, applicant eligible to receive the greater of 75% of the purchase price or mortgage payoff

For further details on BRAC 05 and PCS, visit the link in endnote 6.



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What does the HAP mean for CDPEs?

The Homeowner Assistance Program has been in place for over 40 years to keep service members both financially solvent and in homes that they own, in the event of relocation. What has changed, however, are the following:

- The HAP was expanded in 2009 to cover the following individuals affected by the BRAC 05 relocation during the mortgage crisis:
 - Wounded members of the armed forces
 - Surviving Spouses
 - Service members undergoing Permanent Change of Station
- The tax liability that initially accompanied this expansion was eliminated with the signing of the Unemployment Compensation Extension Act of 2009⁹ on November 7, 2009
- This expanded coverage means that both the government and the Department of Defense see the housing and mortgage crisis as being a long-lasting, endemic issue to which service members – especially the wounded and surviving spouses – will be particularly vulnerable
- In effect, it is a government safety net for federal employee homeowners who must sell their home as a result of ordered relocation
- Expanded HAP will pay all normal sellers' closing costs, including Realtor® fees¹⁰
- The program will not pay commissions; they are the responsibility of the homeowner
- In the event of foreclosure, the government will pay all legal liabilities
- If the property has been deeded back to the mortgage company, the government will handle the property as a private sale
- Outstanding judgment liens, personal encumbrances, and junior mortgages – unless purchased at the same time as the original mortgage or used to improve the home – will not be paid through the HAP

CDPE Plan of Action

In the five years since BRAC 05 was announced, many service members have fallen on hard times and are now upside-down on their mortgages. Action is needed now. The deadline for base closures and relocations is September 15, 2011¹¹. Soon, service members will be asked to move to another part of the country and will need help avoiding foreclosure. A foreclosure can be incredibly harmful for a service member's career, particularly in its affect on security clearance.



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For CDPEs living in areas with military installations, the Extended Homeowner Assistance Program here are some steps you can take to help them:

- Read over the HAP Application¹² and Application Instructions and Checklist¹³ so that when you find service members in need, you will be able to instruct them on how to fill out the application before giving it to their commanding officer
- Reach out to your sphere and let everyone know you understand the HAP process
- If you live in an area with military housing, reach out to service members and all eligible individuals who may be looking to sell their homes
- Get them to apply for the HAP prior to listing their home
- Educate them as much as possible on the process
- If you already have military and defense contractor clients, contact them immediately and let them know that you can assist with relocations
- Encourage those who are being relocated to apply for the HAP immediately after receiving their orders

Summary

The HAP provides assistance to eligible federal employees who are stationed at or near a military installation that is either going to close or be realigned (the enlarging or shrinking of a base), have been wounded, injured to ill, or are surviving spouses who, due to circumstances beyond their control (i.e., the mortgage crisis or base closing), are unable to sell their homes or have sold their primary residence at a loss (most likely a short sale). The program assists with foreclosure assistance, private sale, and government purchase. Again, this only applies to properties in distress as a direct result of relocation from base closure, BRAC, or PCS. What has changed is that *whom* this program covers has been expanded in order to assist a greater number of service members. This is not for civilians.



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Endnotes

- ¹ US Army Corps of Engineers. "Homeowners Assistance Program" (209): <http://hap.usace.army.mil/>
- ² see Section 3374, Title 42 United States Code
- ³ United States Coast Guard. "Announcement" (2009): http://www.uscg.mil/announcements/alcoast/579-09_alcoast.txt
- ⁴ Recovery.gov. (2010): <http://www.recovery.gov/>
- ⁵ The Library of Congress. "American Recovery and Reinvestment act of 2009" (2009): [http://thomas.loc.gov/cgi-bin/query/F?c111:1:./temp/~c111Rj5Z7B:e241325:](http://thomas.loc.gov/cgi-bin/query/F?c111:1:./temp/~c111Rj5Z7B:e241325)
- ⁶ Defense Base Closure and Realignment Commission. (2005): <http://www.brac.gov/>
- ⁷ Recovery.gov. "HAP Expansion Brief 12 Nov. 09" (2009): [http://www.recovery.gov/News/featured/Documents/HAP_Expansion_Brief_12-Nov-09\[1\].pdf](http://www.recovery.gov/News/featured/Documents/HAP_Expansion_Brief_12-Nov-09[1].pdf)
- ⁸ US Army Corps of Engineers. "Eligibility" (2009): <http://hap.usace.army.mil/Eligibility.html>
- ⁹ The Library of Congress. "H.R.3548" (2009): [http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.3548:](http://thomas.loc.gov/cgi-bin/bdquery/z?d111:H.R.3548)
- ¹⁰ US Army Corps of Engineers. "FAQ" (2009): <http://hap.usace.army.mil/FAQs.html>
- ¹¹ Civilian Personnel On-line "BRAC" (2010): <http://cpol.army.mil/library/general/brac/>
- ¹² Housing Assistance Program "HAP Application" (2009): http://hap.usace.army.mil/Documents/Application_Package.pdf
- ¹³ Housing Assistance Program "HAP Application Instructions and Checklist" (2009): http://hap.usace.army.mil/Documents/ApplicationInstructions_and_Checklist.pdf





U.S. Army Corps
of Engineers

Department of Defense

**Homeowners
Assistance
Program**

**Application & Guidance
Package**

Complete application and mail it to the U.S.
Army Corps of Engineers District where
your property is located.

For correct address, see Contacts.



APPLICATION FOR DOD HOMEOWNERS ASSISTANCE PROGRAM

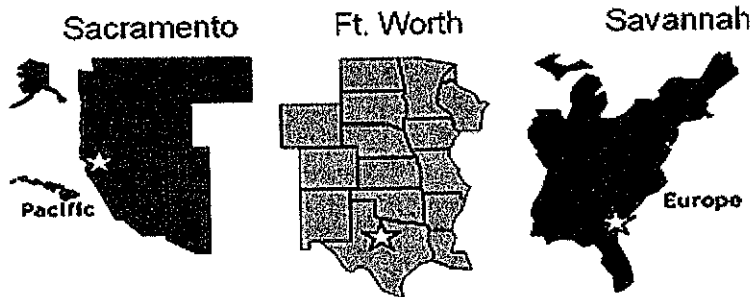
AUTHORITY

Public Law 89-754, Section 1013, as amended, authorizes the Secretary of Defense to provide financial assistance 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. This authority is referred to as "**Conventional HAP - BRAC Causation**".

Section 1001 of the American Recovery and Reinvestment Act of 2009 (ARRA), Public Law 111-5, temporarily expands authority provided in 42 USC 3374 to provide assistance to: Wounded, injured, or ill members of the Armed Forces (30% or greater disability), wounded Department of Defense (DoD) and US Coast Guard civilian homeowners reassigned in furtherance of medical treatment or rehabilitation or due to medical retirement in connection with their disability, surviving spouses of fallen warriors, Base Realignment and Closure (BRAC) 2005 impacted homeowners relocating during the mortgage crisis, and Service member homeowners undergoing Permanent Change of Station (PCS) moves during the mortgage crisis. This authority is referred to as "**Expanded HAP**".

This form is for applicants of either the Conventional HAP or Expanded HAP. **Applicants cannot receive benefits and continue to own the home.** Benefits under either program are not available to temporary employees or contractor personnel. In addition to DD Form 1607, additional documents may be required to determine HAP eligibility and benefits. Please contact the US Army Corps of Engineers (CoE) District where your home is located (see map below) for specific information. **PLEASE NOTE THE DEPARTMENT OF DEFENSE WILL NOT BE RESPONSIBLE FOR SAFEKEEPING OR RETURN OF ORIGINAL DOCUMENTS.**

Once you have completed your application - it **must** be reviewed by your personnel office, military or civilian, for verification of service or employment records (see Section IV, Page 3) and mailed to the appropriate District Office of the CoE. The District CoE Office will notify you when your application is received. If your application is determined to be ineligible, you will be notified by the District CoE and will have the opportunity to appeal this decision. You can request a review of your case by requesting the appropriate District forward your appeal to the HQUSACE (GEMP-CR). If application is further recommended for denial, HQUSACE will forward to the Deputy Assistant Secretary of the Army for Installations & Housing (DASA(I&H)) for review and consideration. DASA(I&H) may approve an appeal but must forward recommendations for denial to the Deputy Under Secretary of Defense for Installations & Environment (DUSD(I&E)) for final recommendation.



FOR LOCATIONS IN:

CONTACT:

Alaska, Arizona, California, Utah, Idaho, Oregon,
Pacific Ocean Rim, Washington, Montana, Nevada,
or Hawaii

U.S. Army Engineer District, **Sacramento**, CESP
1325 J Street
Sacramento, CA 95814-2922
(916) 557-6850 or 1-800-811-5532
Internet Address: <http://www.spk.usace.army.mil>

Arkansas, Louisiana, Oklahoma, Texas, New Mexico,
Colorado, Iowa, Nebraska, Minnesota, North and South
Dakota, Wisconsin, Wyoming, Kansas, or Missouri

U.S. Army Engineer District, **Fort Worth**, CESWF
P.O. Box 17300
Fort Worth, TX 76102-0300
(817) 886-1112 or 1-888-231-7751
Internet Address: <http://www.swf.usace.army.mil>

Georgia, North Carolina, South Carolina, Alabama, Mississippi,
Tennessee, Florida, Illinois, Indiana, Kentucky, Michigan, Ohio,
Maryland, Delaware, District of Columbia, Pennsylvania,
Virginia, Rhode Island, New York, Vermont, New Hampshire,
Massachusetts, Connecticut, Maine, New Jersey,
West Virginia, or Europe

U.S. Army Engineer District, **Savannah**, CESAS
ATTN: RE-AH
P.O. Box 889
Savannah, GA 31402-0889
1-800-861-8144
Internet Address:
<http://www.sas.usace.army.mil/hapinv/index.html>

APPLICATION FOR HOMEOWNERS ASSISTANCE
(Read Privacy Act Statement and Instructions before completing form.)

OMB No. 0704-0463

REPORT CONTROL SYMBOL
DD-A&T(AR)1154

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0463). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.
PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ARMY CORPS OF ENGINEERS OFFICE.

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE(S): To determine eligibility for benefit and process requests for the Homeowners Assistance Program.

ROUTINE USE(S): In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) including the Department of Housing and Urban Development when assuming custody of acquired homes, to manage and dispose of such properties on behalf of the Secretary of Defense; Department of Veterans Affairs in accepting subsequent purchaser in private sales when property is encumbered by a mortgage loan guaranteed or insured by them; Department of Justice to review final title and deeds of conveyance to the Government for properties acquired under the program, pursuant to their responsibilities under Public Law 91-393; and the Internal Revenue Service to determine tax liability for sale of property to the Government.

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

Please type or print, limiting each entry to the space provided. If there is not enough space for an answer, use the "Remarks" section on Page 4 of this form. Repeat the item number and give the additional information. If a date is required, enter year, month and day (for example, June 1, 2008 would be 20080601). Complete all sections of the form as indicated.

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

1. NAME <i>(Last, First, Middle Initial)</i>		2. SOCIAL SECURITY NUMBER		3. GRADE/RANK	
4. PRESENT MAILING ADDRESS					
a. STREET <i>(Include apartment number)</i>		b. CITY		c. STATE	d. ZIP CODE
5. EMAIL ADDRESS					
6. HOME TELEPHONE NUMBER <i>(Include area code)</i>			7. WORK TELEPHONE NUMBER <i>(Include area code)</i>		
a. HOME		b. CELL		a. COMMERCIAL	
				b. DSN	
8. INSTALLATION/ACTIVITY ANNOUNCED FOR CLOSURE OR REDUCTION IN SCOPE <i>(BRAC applicants only)</i>					9. DATE OF CLOSURE OR REDUCTION ANNOUNCEMENT (BRAC) <i>(YYYYMMDD)</i>
a. NAME OF INSTALLATION/ACTIVITY		b. CITY		c. STATE	
10. EMPLOYMENT OR SERVICE AT INSTALLATION <i>(Military and Federal Employee Applicants only)</i>					
a. ELIGIBILITY CATEGORY <i>(X)</i>		b. (X one)		c. BRANCH OF SERVICE. <i>(X one)</i>	
<input type="checkbox"/> WOUNDED	<input type="checkbox"/> CSRS	<input type="checkbox"/> ARMY	<input type="checkbox"/> MARINE CORPS		
<input type="checkbox"/> BRAC	<input type="checkbox"/> FERS	<input type="checkbox"/> NAVY	<input type="checkbox"/> COAST GUARD		
<input type="checkbox"/> PCS	<input type="checkbox"/> NAFI	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> OTHER <i>(Specify)</i>		
d. STARTING DATE <i>(YYYYMMDD)</i>		e. TYPE OF APPOINTMENT		f. ENDING DATE <i>(YYYYMMDD)</i>	
				g. NATURE OF SEPARATION	
11. REASON FOR DESIRING ASSISTANCE <i>(Complete 11.a. if Civilian Employee, 11.b. if Military Service Member)</i>					
a. CIVILIAN EMPLOYEE <i>(X and complete as applicable)</i>					
<input type="checkbox"/> (1) ACCEPTED FEDERAL TRANSFER		<input type="checkbox"/> (2) WOUNDED, INJURED OR ILL (WII)		<input type="checkbox"/> (3) SURVIVING SPOUSE	
(a) FOR BRAC OR WII <i>(Name of Installation or Hospital)</i>		(b) DATE <i>(YYYYMMDD)</i>		(c) LOCATION OF INSTALLATION <i>(City, State, Country)</i>	
<input type="checkbox"/> (4) ACCEPTED OTHER EMPLOYMENT <i>(BRAC applicants only)</i>					
(a) AT <i>(Name of Subsequent Employer)</i>		(b) DATE <i>(YYYYMMDD)</i>		(c) LOCATION OF EMPLOYMENT <i>(City, State, Country)</i>	
<input type="checkbox"/> (5) UNEMPLOYED <i>(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.)</i>				(a) UNEMPLOYED FROM <i>(YYYYMMDD)</i>	
				(b) TO <i>(YYYYMMDD)</i>	
b. MILITARY SERVICE MEMBER <i>(X and complete as applicable)</i>					
<input type="checkbox"/> (1) TRANSFERRED TO: (a) NAME OF INSTALLATION				(b) DATE <i>(YYYYMMDD)</i>	
<input type="checkbox"/> (2) ORDERED INTO ON-POST QUARTERS ON <i>(YYYYMMDD)</i>					
<input type="checkbox"/> (3) PCS ORDERS <i>(YYYYMMDD)</i>					
<input type="checkbox"/> (4) RETIRED OR SEPARATED ON <i>(YYYYMMDD)</i>					

SECTION II - PROPERTY FOR WHICH ASSISTANCE IS SOUGHT

If home was **SOLD**, provide a copy of the Form HUD-1 (closing statement) (OMB Approval No. 2502-0265) of sale, and the deed with the recording information such as Book and Page Number. 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 IS NOT RESPONSIBLE FOR SAFEKEEPING OR RETURN OF ORIGINAL DOCUMENTS.

12. ADDRESS OF PROPERTY

a. STREET	b. CITY	c. COUNTY	d. STATE	e. ZIP CODE
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13. PERIOD OF OWNERSHIP/OCCUPANCY

a. FROM (YYYYMMDD)	b. TO (YYYYMMDD)
--------------------	------------------

14. IF MORTGAGED, WAS IT (X one)

<input type="checkbox"/> FHA - INSURED
<input type="checkbox"/> VA - GUARANTEED
<input type="checkbox"/> OTHER

15. PRESENT STATUS (X one)

<input type="checkbox"/> OWNED BY YOU (Complete Item 21)
<input type="checkbox"/> SOLD (Complete Item 22)
<input type="checkbox"/> FORECLOSED (Complete Item 23)

16. DATE OF PURCHASE (YYYYMMDD)

17. PRICE

18. DEED IS RECORDED IN

a. VOLUME	b. PAGE	c. DEED RECORDS OF
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19. APPROXIMATE DISTANCE FROM RESIDENCE TO WORK:

20. 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. Please specify whether improvements were made using home equity lines of credit or additional mortgages.)

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

<input type="checkbox"/> a. YOU STILL OCCUPY	<input type="checkbox"/> c. PLAN TO SELL ON PRIVATE MARKET	<input type="checkbox"/> (1) LEASED THROUGH (YYYYMMDD)	<input type="checkbox"/> (2) LEASE AMOUNT (Per month)
<input type="checkbox"/> b. VACANT	<input type="checkbox"/> d. LEASED (Attach copy of lease)		

22. IF DWELLING WAS SOLD:

a. SOLD TO	b. DATE SOLD (or will close) (YYYYMMDD)	c. SALE PRICE
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d. DEED RECORDED IN

(1) VOLUME	(2) PAGE	(3) DEED RECORDS OF
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23. IF LIENHOLDER FORECLOSED ON PROPERTY:

a. DATE FORECLOSURE COMMENCED (YYYYMMDD)	b. COMMENCED BY (X one) <input type="checkbox"/> VA <input type="checkbox"/> BANK (Name of Bank) <input type="checkbox"/> FHA	c. PROCEEDING STILL PENDING (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO
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d. NAME OF COURT

e. LOCATION OF COURT

f. DATE OF FORECLOSURE SALE (YYYYMMDD)

g. AMOUNT OF FORECLOSURE SALE

h. AMOUNT OF ENFORCEABLE LIABILITIES AGAINST YOU

24. IF YOU PLAN TO ASK THE GOVERNMENT TO PURCHASE YOUR DWELLING (Mortgages):

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

f. DATE DWELLING WAS CONSTRUCTED (YYYYMMDD)

g. TO THE BEST OF YOUR KNOWLEDGE, DOES THE DWELLING CONTAIN ENVIRONMENTAL HAZARDS? (Such as friable asbestos, lead-based paint, etc.)

<input type="checkbox"/> YES (Specify)
<input type="checkbox"/> NO

25. (BRAC APPLICANTS ONLY) 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 <i>(Last, First, Middle Initial)</i>	b. HOME TELEPHONE <i>(Include area code)</i>	c. WORK TELEPHONE <i>(Include area code)</i>
--	--	--

d. ADDRESS

(1) STREET <i>(Include apartment number)</i>	(2) CITY	(3) STATE	(4) ZIP CODE
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26. POINT OF CONTACT THAT KNOWS YOUR WHEREABOUTS AT ALL TIMES *(Someone who does not live with you)*

a. NAME <i>(Last, First, Middle Initial)</i>	b. HOME TELEPHONE <i>(Include area code)</i>
--	--

SECTION III - DECLARATION

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 3729).*

27. 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)*

<input type="checkbox"/> (1) FORECLOSURE RELIEF <i>(For applicants whose homes have been foreclosed)</i>
<input type="checkbox"/> (2) REIMBURSEMENT FOR LOSS ON PRIVATE SALE <i>(For applicants whose homes have been sold or who plan to sell)</i>
<input type="checkbox"/> (3) GOVERNMENT ACQUISITION <i>(For applicants who still own their homes) (Not available in foreign countries)</i>

I voluntarily request and give my consent to the disclosure of my personal information. I am aware that I may revoke my consent at any time by doing so in writing. This Consent is valid for one year from the date of authorization.

b. SIGNATURE <i>(To be used in all future correspondence)</i>	c. DATE SIGNED <i>(YYYYMMDD)</i>
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SECTION IV - VERIFICATION OF EMPLOYMENT OR SERVICE *(To be completed by Personnel Office)*

28. 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 IN ITEMS 1, 8, AND 10.

b. THE EMPLOYMENT/SERVICE INFORMATION SHOWN ON THIS FORM IS NOT CORRECT. THE PERSONNEL FOLDER SHOWS THE FOLLOWING:

(This area is left blank for the applicant to describe discrepancies in their personnel folder.)

29. PERSONNEL OFFICER

a. NAME <i>(Last, First, Middle Initial)</i>	b. TITLE
--	----------

c. UNIT ADDRESS

(1) STREET	(2) CITY	(3) STATE	(4) ZIP CODE
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d. SIGNATURE	e. DATE SIGNED <i>(YYYYMMDD)</i>
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SECTION V - REMARKS *(To be completed as necessary. Reference each entry by item number.)*

APPLICATION CHECKLIST
HOMEOWNERS ASSISTANCE PROGRAM
(March 2010)

If you have questions pertaining to the checklist, call one of the following Districts that is within your jurisdiction:
Fort Worth, 1-888-231-7751; Sacramento, 1-800-811-5532; and Savannah, 1-800-861-8144.

- _____ 1. APPLICATION - Complete DD Form 1607 with **original** signatures by you and a Personnel Officer (Parts III & IV). **Please include an email address on the application.**
- _____ 2. ORDERS TO - Orders to the location of the home requiring assistance indicated by PCS orders or History of Assignments; Civilians must provide a SF 50 or other personnel action.
- _____ 3. ORDERS OUT - Orders leaving the location of the home requiring assistance with date and destination indicated. If you have not received PCS orders yet, write "pending" in the line. Your application will be suspended until the district receives your orders. A History of Assignments is an acceptable alternative.
- _____ 4. DEED - Shows ownership of property (when your home was acquired) with recording information such as the book, page #, and recording date of deed. This information is found in rubber stamp format on the deed you received in the mail after purchase of your home. If the county you reside/resided in updated their technology to replace the rubber stamp with a bar code, then this information is probably not available. If that is the case, write "bar coded" over items 18.a. & 18.b. If you do not have this information, you need to contact the county.
- _____ 5. PROOF OF OCCUPANCY - This must be a Statement of Service (letter) from a utility company in applicant's name with property address and indicating the period of time you had the utility put in your name, and the period of time you had the utility transferred out of your name. If you still occupy the home, and have not moved out, the letter should state that the service is still "active." Bills are not an acceptable alternative.
- _____ 6. COPY OF BILL OF LADING or Do-it-yourself (DITY) - Provide copies of your receipts/evidence for move of household goods out of the home needing assistance. If you have not moved out yet, place "pending" on the line. Provide these documents as soon as you can thereafter.
- _____ 7. PRIVACY ACT STATEMENT - Provide with the application. Please read, sign and return.
- _____ 8. CERTIFICATE OF ENTITLEMENT AND DECLARATION OF FILING - Provide with the application. Please read, sign and return. Civilian personnel normally receive closing costs benefits in a regular PCS transfer. Civilians check "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." For military personnel do not normally receive closing cost reimbursement under normal PCS circumstances. Military check "I am filing for reimbursable closing costs benefits under the HAP Program."
- _____ 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 you depart the area.
- _____ 10. Provide the Settlement Statement (HUD-1) from when you purchased the home.
- _____ 11. Provide the name and telephone number in Section II of the application of a POC. Your POC should be someone who does not live with you that will know your whereabouts at all times. This can be your realtor, or whoever can contact you successfully and quickly. **Please contact the HAP office to update changes in your POC and your address immediately when necessary.**
- _____ 12. POWER OF ATTORNEY (POA) (if closing by POA) - Original POA must be recorded and a copy provided to HAP. You only need a power of attorney in this instance: you and your spouse (or someone else) are dual owners of the home. You (or your spouse) are unable to attend closing, in which you will need to go to your

local JAG/attorney's office and request a POA so that your spouse (or you) can sign for you (or your spouse) at closing. The HAP needs a copy filed with your application, the original *must* be brought to closing. This is necessary for private sale, private sale augmentation, and government acquisition.

_____ 13. PRIVATE SALE (This applies only if you have already sold your home. If you have not sold your home, place "N/A" on the line) – Provide these documents:

- A copy of signed **Closing Statement (HUD-1)**
- A copy of signed **Sales Contract**
- A copy of signed **Deed of Transfer to Purchaser**
- A copy of signed **Power of Attorney** (if used)
- A copy of the **Release of Liability** from the Lender, VA or FHA. Release(s) of liability are necessary in all home sales that involve the payoff of existing liens (including short sales). You should provide a release for all liens taken against the property.

_____ 14. PRIVATE SALE AUGMENTATION - When you are unable to sell your property for the outstanding mortgage balance(s) and wish to use HAP benefits (at closing) to complete the sale. A copy of all **mortgage (promissory) notes, estimated HUD-1, Sales Contract (Purchase Agreement)**, and the signed **Authorization and Release of Mortgage Information** form should be forwarded with your application when applying for Private Sale Augmentation.

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_____ 16. 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 Information form if applicable for additional mortgages. **Send to the U.S. Army Corps of Engineers with this application package**, and when the District begins processing your application, the District will send this to your mortgage company. You will not receive a HAP APPLICATION NUMBER until after HAP personnel are assigned to your application.

_____ 17. COPY OF ALL MORTGAGE (PROMISSORY) NOTES. You can call your mortgage company to provide you with this information if you did not receive a copy in your closing documents. Typically the promissory note contains the verbiage "I promise to pay X amount", with "X" being the loan amount.

_____ 18. REFINANCED MORTGAGES - If you refinanced your home after 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 principle of your ORIGINAL loan. If you have a second mortgage on your home, please provide a copy of the promissory note.

_____ 19. 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.

NOTE: In 7-14 days you will receive an electronic email informing you of the receipt of your application. In approximately 30 days (from receipt of application) you will receive communication from the assigned HAP representative who has reviewed the file. You will receive a name, application number, method for communicating (email or tele#), and a list of missing documents. Upon receipt of this information, refer to your application number whenever you communicate with your HAP representative. We strongly recommend you **DO NOT** call the District office for status because there will not be a status until the review process is complete.

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” if files 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).

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

() (Civilians only) 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 (PSC) 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 Telephone No.: _____

Property Address: _____

I have been determined eligible for benefits of the Department of Defense 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 one of the following Districts HAP team that is within your Jurisdiction: Savannah, 1-800-861-8144; Sacramento, 1-800-811-5532; Fort Worth, 1-888-231-7751. 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 or mail the payoff statement.

Sincerely,

Date

Applicant's Name

Date

Spouse's Name, If Applicable

HAP Application 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 3 years, except in appeal cases where the record is considered permanent. Information disclosed by applicants will be treated on a confidential basis and will not be disclosed except to personnel in the Federal Government who have a need for the information. Sale of the property to the government and the amount thereof is also reported to the Internal Revenue Service (IRS). Deeds of conveyance to the Government, and other documents relating to sufficiency of title, are furnished to the Department of Justice for review. Information contained in the application form and supporting documents is 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 may not affect payment of benefits.

Date

Signature

DD FORM 1607 INSTRUCTIONS

5. EMAIL ADDRESS: Required to expedite correspondence.

10. EMPLOYMENT OR SERVICE AT INSTALLATION: This information is needed from all applicants.

10.b. If you are military, leave blank.

10.d. The date of your orders attaching you to your duty station close to the residence for which you are requesting assistance.

10.e. Accepted phrases include: "active duty," "activated," "career conditional," "career."

10.f. The date of your orders detaching you from your duty station close to the residence for which you are requesting assistance.

10.g. Accepted phrases include: "realignment," "closure," "PCS," "medical transition," "medical retirement," "return to HOR" (home of record, for surviving spouses).

11. REASON FOR DESIRING ASSISTANCE: This information is mandatory, unless a Surviving Spouse.

11.b.(4) RETIRED OR SEPARATED ON: For BRAC 05 affected military personnel only.

12. ADDRESS OF PROPERTY: Required.

13. PERIOD OF OWNERSHIP/OCCUPANCY a. FROM: Date you moved into the residence.

13. PERIOD OF OWNERSHIP/OCCUPANCY b. TO: Date you moved out. If you have not moved out, leave blank.

16. DATE OF PURCHASE: Date you closed on the purchase of your home (the SETTLEMENT DATE on your HUD-1 Settlement Statement), or signed the contract to purchase your home (if you closed after 1 July 2006).

17. PRICE: Purchase Price, Line 101 on your HUD-1 Settlement Statement from when you purchased your home.

18. DEED RECORDED IN: Information related to when your deed was recorded by the county/city. It is printed or stamped on your deed by the recording governmental body. Digitally recorded deeds may have one number instead of a book and page number, or it may be listed on a page attached to the deed. If you do not have this information, contact your county/city property records department.

18.c. DEED RECORDS OF: The county/city where your deed was recorded.

19. APPROXIMATE DISTANCE FROM RESIDENCE TO WORK: Distance from the residence requiring assistance to the duty station where you worked before PCS'ing or being BRAC'ed. This does not apply to wounded warriors or surviving spouses.

20. LIST MAJOR IMPROVEMENTS MADE BY YOU DURING YOUR OWNERSHIP: Include an itemized list of all major improvements you made to your home, including the price paid. These improvements will be included in your purchase price in order to give you the best possible benefit. You must provide valid and legible receipts and proof of payment (copy of canceled checks, "before" and "after" appraisal, credit card receipts/statements and/or bank statements) for any listed improvement.

NOTE: To assist in expediting the processing of applications, applicants should organize receipts. For each improvement, match it to the correct receipt (s). Failure to do so may cause a delay in the processing of your claim.

21. IF DWELLING WAS SOLD:

22.a. SOLD TO: The Buyer of your residence. Located in Block D (NAME AND ADDRESS OF BORROWER) of your sale HUD-1 Settlement Statement.

22.b. DATE SOLD: Date you closed on the sale of your home (the SETTLEMENT DATE on your HUD-1 Settlement Statement).

22.c. SALE PRICE: Line 101 on your HUD-1 Settlement Statement when you sold your home.

22.d. IF DWELLING WAS SOLD, DEED RECORDED IN: Information related to when your deed was recorded by the county/city. It is printed or stamped on your deed by the recording governmental body. Digitally recorded deeds may have one number instead of a book and page number, or it may be listed on a page attached to the deed. If you do not have this information, contact your county/city property records department.

23.a. IF YOU PLAN TO ASK THE GOVERNMENT TO PURCHASE YOUR DWELLING, LENDER NAME: If your loan was sold or transferred, provide the name of the current lender.

24. POINT OF CONTACT TO ALLOW GOVERNMENT CONTRACT APPRAISERS TO GAIN ACCESS TO YOUR DWELLING: This can be your realtor, or whoever has keys to the property.

25. POINT OF CONTACT THAT KNOWS YOUR WHEREABOUTS AT ALL TIMES: Someone who does not live with you. This can be your realtor, relative, friend, or whoever can contact you successfully and quickly.

26.a. I APPLY FOR HOMEOWNERS ASSISTANCE IN THE FOLLOWING CATEGORY: Choose which benefit will be the best for you in your situation. HAP personnel cannot counsel you as to what price you can sell your home for. Try to sell your home at the best price possible (current fair market value).

27.b. The DD Form 1607 with ORIGINAL signatures must be mailed to the Army Corps District handling your application.

28. SECTION IV - VERIFICATION OF EMPLOYMENT OR SERVICE (To be completed by a Personnel Officer): This can be anyone in your chain of command which has access to and control of your personnel records: Orderly, Unit Administrator, Personnel Office, NCOIC, OIC, S/G-1 Personnel. If personnel files are not readily available, documentation, e.g., permanent change of station (PCS) orders, discharge orders, SF50s, or other official documents may be used to establish eligibility; however, the application will be considered incomplete if this section is not filled and signed by an appropriate individual.

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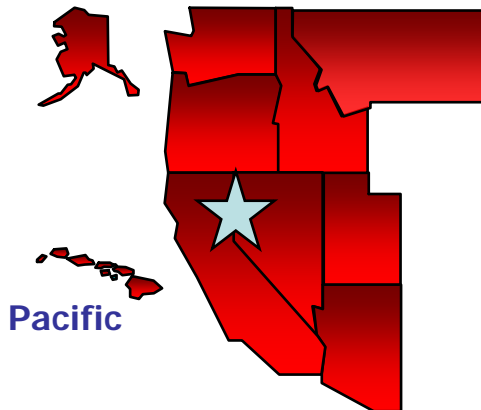
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MAILING INSTRUCTIONS

The below Homeowners Assistance Program field offices process HAP applications for installations located in the States indicated. Questions and applications should be directed to the field office listed with the state applicable to your home which requires assistance. The DD Form 1607 with ORIGINAL signatures and supporting documentation are sent to the Army Corps District handling your application. It is STRONGLY suggested that you make copies of your full application prior to mailing it to the proper district.

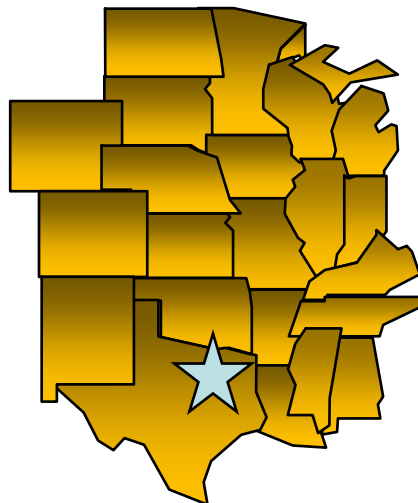
Field Office	For Homes Located In:
U.S. Army Engineer District, Sacramento, CESPCK Real Estate Division (HAP) 1325 J Street Sacramento, CA 95814-2922 1-800-811-5532 Internet Address: http://www.spk.usace.army.mil/organizations/cespk-re/hap/index.html	Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, Oregon, Pacific Ocean Rim, Utah, and Washington
U.S. Army Engineer District, Savannah Attn: CESAS-RE-HM P.O. Box 889 Savannah, GA31402-0889 1-800-861-8144 Internet Address: http://www.sas.usace.army.mil/hapinv/index.html	Alabama, Connecticut, Delaware, District of Columbia, Europe, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan (except Sawyer AFB and Wurtsmith AFB), Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, and West Virginia
U.S. Army Engineer District, Fort Worth, CESWF P.O. Box 17300 Fort Worth, TX 76102-0300 1-888-231-7751 E-mail Address: swf.homeownersassistance@usace.army.mil Internet Address: http://www.swf.usace.army.mil/pubdata/hap/HAP.asp	Arkansas, Colorado, Iowa, Kansas, Louisiana, Minnesota, Missouri, Nebraska, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Wisconsin, and Wyoming

Sacramento District



Pacific

Ft. Worth District



Savannah District



Europe