

**GOOD NEIGHBOR
NEXT DOOR
Sales Program –
Teacher**

**U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner**

OMB Approval No. 2502-0306
(Expires 09/30/2008)

Public reporting burden for this collection of information is estimated to average 2 minutes 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. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required in order to administer the Good Neighbor Next Door Sales Program (24 CFR Part 291, Subpart F). The information is required in order to determine and document eligibility to participate in the program. This is an electronic form to be completed online. The form will be automatically converted to a print form for the selected participant's signature as a record for compliance enforcement. If this information were not collected, HUD would not be able to administer the Property Disposition Sales Program properly to avoid waste, mismanagement, and abuse. The information will be retained by the Department as part of the transaction record for a property disposition action. Failure to provide this information could affect your participation in HUD's Good Neighbor Next Door Sales program.

Warning: Falsifying information on this or any other form of the Department is a felony. It is punishable by a fine not to exceed \$250,000 and/or a prison sentence of not more than two years. Failure to adhere to the residency and resale requirements may result in administrative sanctions being taken against the Law Enforcement Officer, Teacher or Firefighter/Emergency Responder.

Privacy Act Notice – The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested on this form by virtue of Title 12, United States Code, Section 1701 et seq. The Housing and Community Development Act of 1987, U.S.C. 3543 authorized HUD to collect Employer ID and/or Social Security Numbers. These numbers are used to provide information to the IRS regarding payment of commissions or other fees. HUD may also disclose this information to Federal, State, and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the Employer ID Number or Social Security Number could affect your participation in HUD's Property Disposition Program.

Teacher Pre-Qualification Questionnaire

	YES	NO
1. Are you employed by a state accredited public or private school?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you employed full-time?	<input type="checkbox"/>	<input type="checkbox"/>
If your answer to questions 1 and 2 are YES, are you employed as a classroom teacher or administrator in grades pre-K-12?	<input type="checkbox"/>	<input type="checkbox"/>
3. Answer the following question appropriate for your employment position. <ul style="list-style-type: none"> • If you are employed by a public school or federal, state, county, or municipal educational agency, does your employer serve students from the district/jurisdiction where the home is located served? • If you are employed by a private school, does your employer school serve students who live in the area where the home you intend to purchase is located? (NOTE: Your employer will be required to certify that this statement is correct.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you previously purchased a home through the Good Neighbor Next Door Sales Program or its predecessor program, the Officer Next Door or Teacher Next Door Sales Program?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your spouse owned any residential real property within the calendar year previous to the date you are submitting this offer?	<input type="checkbox"/>	<input type="checkbox"/>
7. By proceeding to submit a bid you certify to the following: <ul style="list-style-type: none"> • You will live in the HUD home as your sole residence for the 3-year owner-occupancy term. • You will sign a second mortgage and note for the amount of the discount from the list price of the property you are awarded. • You do not and have not owned any residential real property for the calendar year preceding the date you are submitting this offer. • You will not purchase or accept any residential real property prior to the date you close on the purchase of a home if your offer is accepted? • You will certify initially and once annually that you have continuously occupied and are occupying the HUD home you purchased. 	<input type="checkbox"/>	<input type="checkbox"/>

I certify that the answers supplied to this eligibility questionnaire are true and correct.

Signature

SSN:

Date:

Employer Verification of Participant Employment

Property Disposition Program
Good Neighbor Next Door Sales Program

U.S. Department of Housing and Urban Development

Office of Housing
Federal Housing Commissioner

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(exp. 09/30/2008)

Public reporting burden for this collection of information is estimated to average 5 minutes 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. This information is required to obtain benefits. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required in order to administer the Good Neighbor Next Door Sales Program (24 CFR Part 291, Subpart F) and to determine and document eligibility to participate in the program. If this information were not collected, HUD would not be able to administer the Good Neighbor Next Door Sales Program properly to avoid waste, mismanagement, and abuse. The information will be retained by the Department as part of the transaction record for a property disposition transaction. Failure to provide this information could affect your employee's participation in HUD's Good Neighbor Next Door Sales program.

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To the employer:

The individual named below has represented to the U.S. Department of Housing and Urban Development that he/she is employed by your agency in one of the capacities identified below. The information must be verified by your agency as a prerequisite to participation in the Good Neighbor Next Door Sales Program. Please check the appropriate box provided below, sign/date where indicated and forward this form in the enclosed pre-addressed envelope. Participation in the Good Neighbor Next Door Sales Program by the named individual is dependent on receipt of this Verification from your agency.

Agency's Certification of Employment

I hereby certify that

Name: _____ **Address:** _____ **Case #:** _____

Is employed by the below-named agency and is: (check the appropriate box)

- a Law Enforcement Officer who, for purposes of GNND Sales Program, is defined as an individual who is employed full-time by a Federal, State, county, or municipal government and is sworn to uphold, and make arrests for violations of, Federal, State, county, or municipal law; or
- a Teacher, who, for purposes of the GNND Sales Program, is defined as an individual employed full time by a state accredited public school or private school, as a classroom teacher in grades pre-K through 12 and that this agency serves students from the school district or, in the case of a private school, from the area serving the above listed address.
- a firefighter/emergency responder who, for the purposes of the GNND Sales Program, is defined as an individual who is employed full-time as a firefighter or emergency medical technician by a fire department or emergency medical services responder unit of a federal, state, or general local government, or an Indian tribal government serving the above listed address:

Print or type your name			
Print or type your title			
Agency Name			
Agency Address			
Telephone Number			
Your signature		Date	