GOOD NEIGHBOR NEXT DOOR U.S. Department of Housing

and Urban Development

Office of Housing - Federal Housing Commissioner

OMB Approval No. 2502-0570 (Expires 04/30/2027)

Sales Program -Firefighter/Emergency Medical Technician

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time to search existing data sources, gather and maintain the data needed, complete and review the collection of information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2502-0570. This information is required to obtain benefits and required to administer the Good Neighbor Next Door (GNND) Sales Program (24 CFR Part 291, Subpart F) including to determine and document eligibility to participate in the program. This is an electronic form to be completed online and will be automatically converted to a print form for the selected participant's signature as a record for compliance enforcement. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. If this information were not collected, HUD would not be able to administer the GNND Sales Program properly to avoid waste, mismanagement, and abuse. HUD will retain the information 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, Firefighter, or Emergency Medical Technician.

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, 42 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 or Social Security Numbers could affect your participation in HUD's Property Disposition Program.

Firefighter/Emergency Medical Technician Pre-Qualification Questionnaire

1. Are you employed full-time as a firefighter or emergency medical technician by a fire department or emergency medical services responder unit of the Federal Government, a state, unit of general local government, or an Indian tribal government serving the community, neighborhood, or jurisdiction of th unit of general local government, or Indian tribal government where the home is located? (NOTE: Your employer will be required to certify that this statement is correct.)	e	
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?		
3. Have you owned any residential real property within the previous 12 months prior to submitting a bid	? 🗌	
Has your spouse owned any residential real property within the previous 12 months prior to submitting a bid?		
5. By proceeding to submit a bid you certify to the following:		
 You will live in the HUD home as your sole residence for the 36 month owner-occupancy term. 		
 Your good faith intention to continue employment as a firefighter or emergency medical technician date of closing. You will sign a second mortgage and note for the amount of the discount from the list price of the property of the calendar year preceding the discount submitting this offer. 	property you	u are awarded.
 You will not purchase or accept any residential real property prior to the date you close on the purcif your offer is accepted? 	chase of a h	nome
You will certify initially and once annually that you have continuously occupied and are occupying to	he HUD ho	me you purchased.
I/We , the undersigned, certify under penalty of perjury that the information provided above is true and co knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, in years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C.	cluding cor	nfinement for up to 5
Signature Date:		