



City of Buffalo Office of Strategic Planning
 Byron W. Brown, *Mayor*
 Timothy E. Wanamaker, *Executive Director*

MOVE TO BUFFALO PROGRAM

For Non Exempt City of Buffalo Teachers, Firefighters and Police Officers

This program is for closing cost assistance at the time of transfer of the residence. No reimbursement of closing costs after transfer shall be made. It is the Borrower's responsibility to communicate with our City of Buffalo Office of Strategic Planning (OSP) **at least five (5) days prior to closing** to ensure that we are aware of the closing and are able to fund on the day of transfer. Failure to do so shall result in loss of the closing cost assistance.

Full time teachers, firefighters, and police officers employed or entering employment with the City of Buffalo are eligible to apply for this program.

To be considered, you must complete this application and submit it with required attachments to the address listed below. Please do not complete this application without completing your online application first. In addition, this application must be accompanied with the following:

- ✓ **Copy of current teacher, firefighter or police officer certification.**
- ✓ **Current Resume.**
- ✓ **Proof of Employment.**
- ✓ **Confirmation of no outstanding City of Buffalo financial obligations.**
- ✓ **Executed sales contract dated after August 15, 2006.**
- ✓ **Copy New York State Driver License**
- ✓ **Copy Legal Description of Property**

Completion of this application is not a commitment of funds.

Name _____			SS# _____		
(Last)	(First)	(MI)	-	-	-
Spouse Name _____			_____		
(Last)	(First)	(MI)			
E-mail Address: _____					
Current Address _____					
Street			Apartment		
_____		_____		_____	
City		State		Zip	
Phone #: _____		Cell Phone #: _____			
<input type="checkbox"/> - Police Officer		<input type="checkbox"/> - Fire Fighter		<input type="checkbox"/> - Teacher	
Indicate the year(s) and subject(s) of current employment, if new employee indicate your date of hire _____.					

Property to be purchased

Address _____ Zip Code _____

The property is [] already built [] new construction.

Purchase Price \$ _____ Estimated Closing / Date _____

Do you currently own a home in the City of Buffalo? Yes No

WARNING: Pursuant to New York State law, a person who knowingly makes a false statement on an application is guilty of Class E Felony. I understand that if selected for the BUFFALO HOUSING SUPPORT PROGRAM, I will be required to enter into a contract with the Office of Strategic Planning indicating my commitment to the terms of this program.

Print Full Name

Teacher: _____ Date: _____
Signature

Email this application and the required documents to eprodriguez@city-buffalo.com

You may also send the required documents by regular mail (please send certified mail, return receipt requested) to

Evelyn Rodriguez
Buffalo Housing Support Program
Office of Strategic Planning
920 City Hall
Buffalo, NY. 14202

FOR OFFICE USE ONLY

_____ Police _____ Fire _____ Teacher _____ Non-EXP

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Authorized by:

Scott C. Billman
BURA Legal Counsel

Evelyn Rodriguez
Housing Support Specialist