

## Palm Beach County Department of Housing and Economic Development Mortgage and Housing Investments (MHI)

## Purchase Assistance Program Housing Partners' Fee Schedule for Preferred Agencies

Organization	Name:			
Address:				
Telephone #:		Email:		
Applicant(s) I	Name:			
The fees r	noted <u>belo</u>	ow will be paid at Closing:		
Please chec	ck <u>ALL</u> that	apply, for services provided to the above not	ed applicant(s).	
	\$900 Fee	Purchase Assistance Program		
		File packaging: Conducting one on one (in-person or vi	rtual) intake appointments, to	
		include, but not limited to the following: assisting with	completing application,	
		gathering all correct and current required documents,		
		addressing inquiries, pre and post budget counseling ar	nd follow-up. <i>(Incomplete files</i>	
		are subject to reduction at the discretion of MHI)		
	\$100 Fee	Education Requirement: Homebuyer Education Eight (	er Education Eight (8) hour training, in which six (6)	
		hours shall be in a virtual interactive classroom setting	(and) two (2) hour one-on-one,	
		provided by a HUD Certified Counseling Agency (or) Ne	ighborWorks America	
		Certification. Complete, sign and submit Homebuyer Ed		
		Thorough overview of property taxes, homeowners ins	•	
		filing, mandatory escrows and applicants' minimum cor	ntribution.	
	\$200 Fee	Property Services: Ensure that either your organization	n or a realtor was	
		actively involved in the eligible property selection process. If the home is located within		
		a HOA or Condo Association, the applicant was provide		
		responsibilities they have within an association. Thorou	• •	
		investor owned properties. (Fee is subject to reduction	n at the discretion of MHI)	
	\$300 Fee	Liaison: Responsible for communicating with all parties	s involved in this real estate	
	transaction until the file is closed and funded. Submit contact sheet for all p		contact sheet for all parties	
		involved in the transaction. Submit executed contract.	(If the sellers, realtors, buyers,	
		etc repeatedly contact MHI, the file is subject to redu	uction in the Liaison fee at the	
		discretion of MHI).		
I/We affirm t	hat all service	es identified above was/were performed prior to fundi	ng. I/We fully understand that	
-		will be receiving a fee from Palm Beach County for the	•	
understand t	hat the non-p	rofit or developer's fee of \$ma	ay be deducted from the total	
subsidy awar		· · · · · · · · · · · · · · · · · · ·		
Applicant:		Signature:	Date:	
Co-Applicant:		Signature:	Date:	
Provider:		Provider Signature:		
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