

**Certification of Law Enforcement Officer / Teacher / Firefighter / Emergency Medical Technician**

Property Disposition Program  
 Officer / Teacher / Firefighter / Emergency Medical Technician Next Door Sales Program

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

OMB Approval No. 2502-xxxx  
 (exp. xx/xx/xxxx)

**Public reporting burden** for this collection of information is estimated to average 10 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 Property Disposition Sales Program (24 CFR Part 291). The collection of information is required in order to provide a binding contract between the property purchaser and HUD. A real estate broker or one of its agents completes this form. This is an addendum to the Sales Contract and will be used as part of the contract. 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. While no assurances of confidentiality are pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information request. Failure to provide this information could affect your participation in HUD's Property Disposition 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 / Emergency Medical Technician.

**Applicant's Employer's Certification of Employment**

Name of Law Enforcement Officer / Teacher / Firefighter / Emergency Medical Technician Print or type	I hereby certify that _____ is: (check the appropriate box) <input type="checkbox"/> a Law Enforcement Officer who, for purposes of this 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 and is in good standing with the department; <input type="checkbox"/> a Teacher, who, for purposes of this program, is defined as an individual employed full time by a public school, private school, or Federal, State, county, or municipal educational agency as a State-certified classroom teacher or administrator in grades K through 12; or <input type="checkbox"/> a Firefighter or Emergency Medical Technician, who, for purposes of this program, is defined as an individual who is employed as a full-time firefighter or emergency medical technician by a fire department or emergency medical services responder unit of the federal government, a state, a unit of general local government, or an Indian tribal government serving the area where the home is located.	
Print or type your name		
Print or type your title		
Agency Name		
Agency Address		
Telephone Number		
Your signature and date (mm/dd/yyyy)		

**Certification of Law Enforcement Officer / Teacher / Firefighter / Emergency Medical Technician**

Name of Law Enforcement Officer / Teacher / Firefighter / Emergency Medical Technician Print or type	This is to certify that  I, _____, will, for at least 3 years from the agreed-upon occupancy start date, continuously own and use the property I am purchasing from HUD, as my sole residence. I further certify that I will dispose of my ownership interest in any other residential real property prior to the purchase of a HUD home under this program, and that I will not acquire or own any other residential real property for the 3 year period described above. If I am a teacher, I also certify that the HUD home I intend to purchase is located within the school district or jurisdiction served by my employer, or, in the instance that the employer is a private school, then, that the employer serves students from the public school district where the home is located. If I am a firefighter/emergency medical technician, I also certify that the HUD home I intend to purchase is located in the jurisdiction where I am employed. My signature further acknowledges that, in consideration of these conditions, I will receive a monetary benefit in the form of a 50% discount off HUD's appraised value of the home. I also certify that I will notify HUD within thirty days of any changes that will affect the foregoing obligations.	
Your signature and date (mm/dd/yyyy)		