



SAN BENITO COUNTY HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME) FIRST-TIME HOMEBUYER (FTHB) DOWN PAYMENT ASSISTANCE PROGRAM CHECK LIST FOR HOME BUYERS

- ___ Completed and signed Program Application with all applicable disclosures.
- ___ Proposed purchaser(s) must qualify as a first-time homebuyer:
 - A “first-time” is generally defined as a home buyer who has not had an ownership interest in residential real estate for **three (3) years** immediately prior to applying for the Program.
- ___ A copy of the Lender’s Mortgage Loan Application (Form 1003), Good Faith Estimate (GFE), Mortgage Form (Form 1008), Credit Report and Pre-Approval Letter.
- ___ A completed and signed copy of the Purchase Agreement (if applicable at the time) showing all terms, addendums and the terms of the sale.
- ___ A copy of all proposed purchaser’s tax returns for the last **three (3) years**. *
- ___ A copy of all proposed purchaser’s W-2 (s) for the last **two (2) years**. *
- ___ A copy of all proposed purchaser’s **two (2)** most current pay stub(s) showing Y-T-D Gross Income. *
- ___ A copy of all proposed purchaser’s **two (2)** most recent bank statements (all pages) and/or 401K/Retirement statements. *

*** This information must be provided for all household members 18 years of age and older***

For Further Information Contact:

Christopher “C.J.” Valenzuela, Housing Programs Coordinator
3224 Southside Road, Hollister, Ca. 95023
831.636.1763 (Direct); 831.636.2803 (Fax)
cvalenzuela@planning.co.san-benito.ca.us (E-mail)



**San Benito County
Application for First-Time Homebuyer (FTHB)
Downpayment Assistance (HOME Program)**

LOAN PROCESSOR _____ DATE RECEIVED _____ File # _____

NOTE: READ "CERTIFICATION" ON LAST PAGE BEFORE FILLING OUT APPLICATION

Applicant's Name _____ Social Security# _____
 Co-Applicant's Name _____ Social Security# _____
 Street Address _____
 City _____ Zip _____
 Mailing Address _____
 County _____
 Phone _____ Work or other contact: (____) _____
 E-Mail Address _____

For statistical/government monitoring purposes only: Enter code from list below (voluntary)

Applicant's race* _____ Co-applicant's race* _____

***Race of Household Codes:**
 11-White 12-Black/African American 13-Asian 14-American Indian/Alaskan 15-Native Hawaiian/other Pacific Islander 16-American Indian/Alaskan Native & White 17-Asian & White 18-Black/African American & White 19-American Indian/Alaskan Native & Black/African American 20-Other Multi-Racial

Hispanic: Yes _____ No _____

Please list your address(es) for the last three years, starting with the most recent:

MO./YR. -- MO./YR.	ADDRESS
1) _____	_____
2) _____	_____
3) _____	_____

Has any of the applicants held ownership or interest in a property in the last three years?
 Yes ___ No ___ If yes, please explain:

INCOME: Check applicable sources of income currently and during the prior calendar year for any residents:

Wages _____	AFDC(TANF) _____	Interest _____	Other _____
SSA _____	Disability _____	Rentals _____	explain
SSI _____	Unemployment _____	Pension _____	

STAFF USE ONLY BELOW THIS LINE

Total persons who will live at address	_____	In Target Area?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Total seniors in household	_____	Conflict of Interest?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Annual Family Income	_____	Handicapped:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Previous Year's Income	\$ _____	FHOH?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Projected Income	\$ _____	Farm worker?	<input type="checkbox"/> No <input type="checkbox"/> Yes
HCD Definition (Circle)			
LI VLI XLI			

FAMILY AND INCOME DETAILS

LIST ALL PERSONS WHO WILL BE LIVING IN THE PROPERTY BEING PURCHASED INCLUDING APPLICANT AND CO-APPLICANT(S). INCOME MUST BE IDENTIFIED IN TERMS OF "GROSS ANNUAL".

NAME	RELATIONSHIP	AGE/SEX	ANNUAL INCOME	OFFICE USE	
				ACTUAL INCOME	LS
	Applicant	/			
		/			
		/			
		/			
		/			
		/			
		/			

INCOME INFORMATION

Gross family income would include income from any of the following sources or any other source of income. Wages, Self-Employment, Farming Income, Public Assistance, Social Security, Retirement Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School.

PERSON RECEIVING INCOME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT

CHECKING AND SAVINGS

Account Holder(s)	Name of Bank or Credit Union	Account No.	Type	Balance
			Ckg____ Svg____	
Account Holder(s)	Name of Bank or Credit Union	Account No.	Type	Balance
			Ckg____ Svg____	
Account Holder(s)	Name of Bank or Credit Union	Account No.	Type	Balance
			Ckg____ Svg____	

LIST OTHER ASSETS

Retirement funds/stocks/bonds, etc. (from attached checklist)

Family Member	Asset Description	Cash Value	Income From Assets

EMPLOYMENT			
APPLICANT		CO-APPLICANT	
Name and Address of Employer __Self-Employed		Name and Address of Employer __Self-Employed	
Position/Title/Type of Business Business phone		Position/Title/Type of Business Business phone	
Years on Job/Years employed in this line of work		Years on Job/Years employed in this line of work	

LIABILITIES
 List the creditor's name and account number for all outstanding debts, including but not limited to automobile loans, revolving charge accounts, alimony, child support, stock pledges, etc.

Creditor Name	Account No.	Monthly payments	Payments Left	Approximate Balance
Total Liabilities		\$		\$

EXPLANATION OF INCOME SOURCE, ANNUAL AMOUNT OR OTHER COMMENTS

ADDITIONAL INFORMATION

List additional employment, assets or liabilities in the space provided below.

CERTIFICATION--READ BEFORE SIGNING
 I certify that this will be my primary residence of occupancy.
 I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and that there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under law.

Dated: ___/___/___ APPLICANT _____ CO-APPLICANT _____

San Benito County
HOME Investment Partnerships Program (HOME): Income Inclusions

Type of Income	YES or NO	Type	Received from whom?	Amount Received Annually
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.				
2 The net income from the operation of a business of profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.				
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.				
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.				
5 Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.				
6 Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31)) program.				
7 Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.				
8 All regular pay, special pay, and allowances of a member of the Armed Forces.				
Subtotal Total:				

	Assets:	Source	Total Value of Asset	Interest Earned Annually	
1a	Cash held in savings accounts (current balance)				
1b	Cash held in checking accounts (avg. balance for last 6 mos.)				
1c	Cash held in safe deposit boxes				
1d	Other cash				
2	Cash value of revocable trusts available to the applicant.				
3	Equity in rental property or other capital investments.				
4	Cash value of stocks or bonds.				
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.				
5b	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).				
6	Retirement and pension funds.				
7	Cash value of life insurance policies available before death.				
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.				
9	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.				
10	Mortgages or deeds of trust held by applicant.				
Total Assets:					
Total Income (Subtotal + Assets):					

APPLICANT'S CERTIFICATION

I certify that all information on the **San Benito County HOME Investment Partnerships Program (HOME): Income Inclusions** is true and correct to the best of my knowledge and I understand that any deliberate falsifications are grounds for rejection of the application. I consent to all verification of any information herein contained.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Print Name

Print Name

San Benito County

Application for First-Time Homebuyer (FTHB)
Downpayment Assistance (HOME Program)

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct the San Benito County Housing & Economic Development Department (hereinafter "Department") to obtain and review my credit report. My credit report will be obtained from a credit report agency chosen by the Department. I understand and agree that the Department intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to the Department in connection with such evaluation. Authorization is further granted to the credit-reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan I

_____ Authorize,

_____ do not authorize,

the Department to share with potential mortgage lenders my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible.

I understand that I may revoke my consent to these disclosures by notifying the Department in writing.

Applicant's Name

Co-Applicant's Name

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Social Security Number

Date

Date

Return this form to:
San Benito County Housing & Economic Development Department
3224 Southside Road, Hollister, California 95023

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FAIR LENDING NOTICE

TO: ALL APPLICANTS FOR A LOAN FOR THE PURCHASE, CONSTRUCTION, REHABILITATION, IMPROVEMENT, OR REFINANCING OF A ONE-TO-FOUR FAMILY RESIDENCE.

UNDER THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977, IT IS UNLAWFUL FOR A FINANCIAL INSTITUTION TO REFUSE TO MAKE A LOAN OR TO OFFER LESS FAVORABLE TERMS THAN NORMAL (SUCH AS A HIGHER INTEREST RATE, LARGER DOWN PAYMENT, OR SHORTER MATURITY) BASED ON ANY OF THE FOLLOWING CONSIDERATIONS:

1. NEIGHBORHOOD CHARACTERISTICS (SUCH AS THE AVERAGE AGE OF THE HOMES OR THE INCOME LEVEL IN THE NEIGHBORHOOD) EXCEPT TO A LIMITED EXTENT NECESSARY TO AVOID AN UNSAFE AND UNSOUND BUSINESS PRACTICE.
2. RACE, SEX, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN, OR ANCESTRY.

IT IS ALSO UNLAWFUL TO CONSIDER, IN APPRAISING A RESIDENCE THAT THE RACIAL, ETHNIC, OR RELIGIOUS COMPOSITION OF THE NEIGHBORHOOD IS UNDERGOING CHANGE OR IS EXPECTED TO UNDERGO CHANGE.

IF YOU WISH TO FILE A COMPLAINT, OR IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT:

OFFICE OF THE COMPTROLLER OF THE CURRENCY (O.C.C.)
ATTENTION: CONSUMER COMPLAINT DEPARTMENT
50 FREMONT STREET, SUITE 3900
SAN FRANCISCO, CA 94105 (415) 545-5975

IF YOU FILE A COMPLAINT, THE LAW REQUIRES THAT YOU RECEIVE A DECISION WITHIN THIRTY (30) DAYS. I (WE) RECEIVED A COPY OF THIS NOTICE.

Applicant

Date

Co-Applicant

Date

Return this form to:
San Benito County Housing & Economic Development Department
3224 Southside Road, Hollister, California 95023

