



SAN BENITO COUNTY INCLUSIONARY HOUSING FIRST-TIME HOMEBUYER (FTHB) HOMEBUYER 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 INCLUSIONARY HOUSING FIRST-TIME HOMEBUYER (FTHB) PROGRAM APPLICATION

This application will be used to determine your eligibility to buy an Affordable Housing Unit within San Benito County. Please provide all information requested and return to the San Benito County Housing & Economic Development Department at 3224 Southside Road, Hollister, CA 95023 – Phone (831) 636.1763, Fax (831) 636.2803.

A. Applicant Information

1. Legal Name: _____

Applicant Name	Social Security Number
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2. Current Residence: _____

Street Address	City, State, Zip Code
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3. Applicant Telephone: _____

Home Phone	Work Phone	Cell Phone
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4. Applicant E-mail: _____
 E-Mail Address

B. Co-Applicant Information

1. Legal Name: _____

Applicant Name	Social Security Number
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2. Current Residence: _____

Street Address	City, State, Zip Code
----------------	-----------------------
3. Applicant Telephone: _____

Home Phone	Work Phone	Cell Phone
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4. Co- Applicant E-mail: _____
 E-Mail Address

C. Unit Information:

1. Unit Type: *(check one)* Single Family Residence Condo Manufactured Home
2. Address: _____

Street Address	City, State, Zip Code
----------------	-----------------------
3. Assessor's Parcel Number: _____
4. Approximate Square Footage: _____
5. Number of Bedrooms: _____
6. Number of Bathrooms: _____



Eligibility Application (Continued)

Please list **Employment & Income Information** for all household members 18 years of age or older.

D. Applicant Employer Information

1. Employer Name: _____
2. Employer Address: _____
3. Employer Phone: _____
4. Employment Start Date: _____
5. Number of Hours Worked per Week: _____
6. Gross Monthly Income: \$ _____
(before deductions)

E. Co-Applicant Employer Information

1. Employer Name: _____
2. Employer Address: _____
3. Employer Phone: _____
4. Employment Start Date: _____
5. Number of Hours worked per week: _____
6. Gross Monthly Income: \$ _____
(before deductions)

Household Member Name	Birth Date	Social Security No.	Relationship to Applicant
			Applicant
			Co-Applicant



Eligibility Application (Continued)

F. Applicant Certifications

The undersigned (“Applicant” and “Co-Applicant”), in conjunction with this Eligibility Application to purchase a San Benito County Affordable Housing Unit, hereby certifies the following:

1. Applicant understands and agrees that the San Benito County Affordable Housing unit contemplated for purchase by Applicant will be used as Applicant’s principal place of residence within thirty (30) days after close of escrow. Applicant certifies that the unit will not be used as an investment property or a vacation home.
2. Applicant will notify San Benito County in writing if the unit ceases to be Applicant’s principal place of residence.
3. Applicant understands and agrees that San Benito County may impose conditions on the occupancy of the unit set forth in the Affordable Housing Resale Restrictions required by this program.
4. Applicant’s gross annual income as stated above is \$_____.
5. Co-Applicant’s gross annual income as stated above is \$_____.
6. The total resale purchase price of the unit, including land is \$_____.
7. No additional agreement, either verbal or written, or understood is presently being contemplated or being included in the resale purchase price.
8. No person related to Applicant has or is expected to have an interest as a creditor in the acquisition loan for the unit.
9. Applicant understands that Applicant may seek financing from any lender of Applicant’s choosing.
10. Applicant understands and agrees that this Application will be relied upon for purposes of determining Applicant’s eligibility for the purchase of a San Benito County Affordable Housing Unit.
11. Applicant understands and agrees that a material misstatement negligently made in this Application or in any other statement made by Applicant in connection with this Application will constitute a federal violation punishable by a fine, in addition to any criminal penalty imposed by law.
12. Applicant understands and agrees that in addition, any material misstatement or false statement which affect Applicant’s eligibility will result in a denial of Applicant’s Application.



Eligibility Application (Continued)

I declare under penalty of perjury in the State of California, that the foregoing is true and correct.

Applicant Signature

Date

Applicant's Printed Name

Co-Applicant Signature

Date

Co-Applicant's Printed Name

San Benito County

Application for Inclusionary Housing
First-Time Homebuyer (FTHB) Program

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

San Benito County

Application for Inclusionary Housing
First-Time Homebuyer (FTHB) 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



San Benito County Homebuyer Certification

Applicant and co-applicant(s), if any, understand that they must be a first time homebuyer to qualify to purchase the home. Please check one box below that best describes your status as a first time homebuyer.

- A prospective homebuyer who has not had ownership interest in residential real estate during the three year period immediately prior to this Agreement.
- A displaced homemaker who has not worked full-time in the labor force for a number of years but has, during such years, worked primarily without remuneration to care for the home and family, and is unemployed or underemployed and is experiencing difficulty in obtaining or upgrading employment.
- A single parent who is unmarried or legally separated from a spouse, and has one or more minor children for whom the individual has custody or joint custody or is pregnant.
- A current owner-occupant of a home that does not meet local codes and cannot be brought into compliance with codes for less than the cost of construction of a new home.
- An owner of a manufactured home that is not permanently affixed to a permanent foundation in accordance with the local code.

By signing below, I/we certify, understand, and agree to the following:

1. I/we will attend or have attended a homebuyer education class provided by the County, Local Lender or Non-Profit Agency.
2. I/we will reside in the home as my/our principal residence.
3. I/we are current residents of San Benito County. You must submit a copy of a utility bill with your name and address. If I/we are not residents of San Benito County, I/we understand a preference for purchasing the home will be given to residents of San Benito County.
4. Submission of this application to San Benito County does not constitute an offer or agreement by San Benito County to sell the home to the applicant and co-applicant(s) if any.
5. All information provided in this application is true and accurate to the best of my/our knowledge under penalty of perjury in the state of California.
6. Any false statements contained in this application shall result in immediate disqualification of this application and your opportunity to qualify as a prospective buyer.
7. I/we agree to provide the required information by the application deadline to prove I/we meet the low or moderate-income requirements: Income tax returns, pay stubs, documentation of sources of other income, such as investment income, alimony, child support, or other regular income.
8. For an application to be considered complete, I/we must provide a preapproval letter from a lender indicating that I/we have been qualified for a loan sufficient to purchase the home pending the appraisal and preliminary title report. A preapproval letter that contains additional conditions will not be accepted and my/our application will be disqualified. A prequalification letter is not sufficient to meet this requirement. If I/we submit a prequalification letter, my/our application will be disqualified.

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____