



First Time Homebuyer Program Application

For:

HOME Investment Partnerships Program
Community Development Block Grant (CDBG) Program
CalHome Program

Serving Incorporated Areas of the City of Ukiah





COMMUNITY DEVELOPMENT DEPARTMENT
HOMEBUYER PROGRAM APPLICATION

GENERAL

The City of Ukiah (“City”) has entered into a contractual relationship with the California Department of Housing and Community Development (“HCD”) to administer one or more HCD-funded homebuyer programs. The homebuyer program described herein (the “Program”) is designed to provide assistance to eligible homebuyers in purchasing homes, also referred to herein as “housing units”, located within the Program’s eligible area. The Program provides this assistance in the form of deferred payment “silent” second priority loans as “Gap” financing toward the purchase price and closing costs of affordable housing units that will be occupied by the homebuyers as their primary residence. The Program will be administered by the City of Ukiah Housing Division (the “Program Operator”).

HOMEBUYER EDUCATION All Program participants are required to attend a City-approved homebuyer education class. The homebuyer education class will cover such topics as the following: preparing for homeownership; available financing; credit analysis; loan closing; homeownership responsibilities; home maintenance; impact of refinancing and loan servicing. Methods of homebuyer counseling and education may include, but are not limited to: one-on-one counseling between homebuyer, counselor and family/individual and/or group workshops and informational sessions. Tools of instruction may include flyers, brochures, power point presentations, worksheets, etc.



APPLICATION CHECKLIST

W-2s (Most Current) or Verification of Income from Business (only if self-employed)

Federal tax returns (past three years)

Income information: 3rd Party Verification of Income

Current consecutive paycheck stubs for (60 days)

6 months of bank statements for each account (checking, savings etc.)

Most recent statements for all other assets (retirement, IRAs etc.)

Evidence of rental payment (receipt)

Utility statement for most recent month

Completed Homebuyer Application

Certificate of Homebuyer Counseling

Please note: everything on the checklist above must be submitted with the application for homebuyer assistance for the application to be deemed complete. The Program Operator will not begin review of the application until all items are submitted.

HOME-City of Ukiah
First Time Homebuyers Program

PRE-QUALIFICATION APPLICATION

APPLICANT Full Name			Co-Applicant Full Name		
First	Middle	Last	First	Middle	Last

Street Address	Street Address
Mailing (if different)	Mailing (if different)

Home Phone	Work Phone	Message Phone	Home Phone	Work Phone	Message Phone

Date of Birth	SSN	Resident/Alien #	Date of Birth	SSN	Resident/Alien #

Place of Employment (include Mailing Address)		Place of Employment (include Mailing Address)	
Gross Monthly	\$	Gross Monthly	\$

Paid Daily _____ Weekly _____ 2 Weeks _____ Monthly _____ Paid Daily _____ Weekly _____ 2 Weeks _____ Monthly _____

Previous employer if less than two years	Previous employer if less than two years

Other Income: Source (i.e. Child Support, Disability, Public Assistance, Social Security, Retirement Income or Pensions, Veteran's or GI Benefits, Unemployment, Worker Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School) and Amount

Who	Source	Amount	Who	Source	Amount
		\$			\$
		\$			\$
		\$			\$

Other Household Members Full Name	SSN	Relationship	Age

Have you ever owned a home? Yes ___ No ___ Have you owned a home in the last three years? Yes ___ No ___

We certify that the information given in this form is true and accurate and complete to the best of my knowledge. I/ We certify that I/We have no additional income and that there are no persons living in or contributing to my household other than those described here. I/We understand that information on this form is subject to verification. I/We certify under penalty of perjury that the foregoing is true and correct.

Signature (Applicant)

Date

Signature (Co-applicant)

Date

**HOUSEHOLD
STATISTICAL INFORMATION**

The following information will be kept confidential and used only to provide aggregate data for the program analysis. The information provided will be maintained separately from your application. Completion of this form is optional and will not be used to evaluate your application for participation in this program.

Name	Relation to Head of Household	Age	Gender M/F	Marital Status	Race (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Multi-Racial, Other)	Hispanic/Latino Y/N	Veteran Y/N	Disabled Y/N

NOTE: No person shall be excluded from participation in the City of Ukiah’s First Time Homebuyer Assistance Loan Program, denied the benefit of, or be subject to discrimination under any program or activity funded in whole or in part with State funds on the basis of his or her religion or religious affiliation, age, race, color, creed, gender, sexual orientation, marital status, familial status (children), physical or mental disability, national origin, or ancestry, or other arbitrary cause.

I declare under penalty of perjury that the information on this application is given voluntarily, and that the information is true and correct.

Signed: _____

Date: _____

Signed: _____

Date: _____



ASSETS

Description: _____ Checking: _____
List Checking, Savings, CD and Credit Union accounts below:
Name and Address of Financial Institution

Cash or Market Value

\$ _____

Description _____ Savings _____
List Checking, Savings, CD and Credit Union accounts below:
Name and Address of Financial Institution

\$ _____

Account Number: _____

Description _____ Savings _____
List Checking, Savings, CD and Credit Union accounts below:
Name and Address of Financial Institution

\$ _____

Account Number: _____

Stocks and Bonds (company name/number & description)

\$ _____

Account Number: _____

Life Insurance net cash value

\$ _____

Face amount

\$ _____

Subtotal Liquid Assets

\$ _____

Vested Interest in Retirement Fund

\$ _____

Net Worth of Businesses Owned

\$ _____

Automobiles owned (make and year)

\$ _____

\$ _____

Other Assets (itemize)

\$ _____

\$ _____

TOTAL

\$ _____

Please attach additional pages as needed.

LIABILITIES

List the names of creditor(s) and addresses and account numbers for all outstanding liabilities (debt). This includes liabilities such as automobile loans, revolving charge credit accounts, real estate loans, alimony, child support, medical bills, stock pledges, etc.
Use continuing sheet if necessary.

Name and Address of Company _____ _____	Monthly Payment \$ _____	Unpaid Balance \$ _____
Account Number _____		

Name and Address of Company _____ _____	Monthly Payment \$ _____	Unpaid Balance \$ _____
Account Number _____		

Name and Address of Company _____ _____	Monthly Payment \$ _____	Unpaid Balance \$ _____
Account Number _____		

Name and Address of Company _____ _____	Monthly Payment \$ _____	Unpaid Balance \$ _____
Account Number _____		

Name and Address of Company _____ _____	Monthly Payment \$ _____	Unpaid Balance \$ _____
Account Number _____		

Alimony/Child Support/Separate Maintenance	\$ _____	
Job Related Expense (Child Care, Union Dues, etc.)	\$ _____	
TOTAL	\$ _____	

I/We certify under penalty of perjury that the foregoing is true and correct

Signature

Date

Signature

Date

Declarations

Borrower and Co-Borrower should answer all the following questions:

	Borrower		Co-Borrower	
	Yes	No	Yes	No
Are there any outstanding judgements against you?				
Have you declared bankruptcy within the past 7 years?				
Have you had property foreclosed upon or given title or deed in lieu thereof in the past 7 years?				
Are you party to a lawsuit?				
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement? (This would include such loans as: home mortgage loans, SBA loans, home improvement loans, any mortgage financial obligation, bond or loan guarantee). If "Yes," provide details, including name, date, address of lender, FHA or VA case number, etc. and reasons for the action).				
Are you presently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee? If "YES," give details as described in the preceding question.				
Are you under obligation to pay alimony, child support or separate maintenance?				
Are you a co-maker or endorser on a note?				
Are you a U.S. Citizen?				
Are you a permanent resident alien?				
Do you intend to occupy the property as your primary residence?				
Have you had ownership interest in a property in the past 3 years?				

Signature

Date

Signature

Date

CREDIT INFORMATION DISCLOSURE AUTHORIZATION

I/We hereby authorize you to release to the City of Ukiah Community Development Department, Housing Division and participating lender, for verification purposes, information concerning:

- Employment history, dates, title, income, hours worked, etc.
- Banking and savings account records
- Mortgage loan rating including open date, high credit, payment amount, due date, loan balance, and payment record.
- Any other information deemed necessary in connection with a consumer credit report for a real estate transaction.

The above reports are for confidential use in compiling information regarding a real estate loan requested by the applicant(s) signing this form.

A photographic copy of this authorization (being a photographic copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite the real estate loan application.

Please provide credit disclosure authorization by signing below.

Applicant's Signature

Date

Applicant's Signature

Date

**TO: ALL APPLICANTS FOR FINANCIAL ASSISTANCE THROUGH THE USE OF PROGRAM FUNDS
FOR THE PURCHASE OF SINGLE-FAMILY TO FOUR- FAMILY HOMES IN THE CITY OF UKIAH**

IT IS UNLAWFUL, under the Housing Financial Discrimination Act of 1977, for the public agency to consider any of the following in determining whether or not, or under what terms and conditions, to provide or arrange for financial assistance:

1. Trends, Neighborhood characteristics (such as the average age of the homes or the income level in the neighborhood), except as 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, the racial, ethnic or religious composition of a particular neighborhood or whether or not such composition is undergoing change or is expected to undergo change.

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

OFFICE OF FAIR LENDING
BUSINESS & TRANSPORTATION AGENCY
1120 "N" STREET
SACRAMENTO, CA 95814

OR CALL COLLECT: 1-916-654-2852

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 Signature

Date

Co-Applicant Signature

Date

WATCH OUT FOR LEAD-BASED PAINT POISONING NOTIFICATION

TO: OWNERS OF HOUSING CONSTRUCTED BEFORE 1978

If this property was constructed before 1978 there is a possibility it contains lead-based paint.

PLEASE READ THE FOLLOWING INFORMATION CONCERNING LEAD PAINT POISONING.

Sources of Lead-Based Paint

The interior of older homes and apartments often have layers of lead-based paint on the walls, ceilings, windowsills and door frames. Lead-based paint and primers may also have been used on outside porches, railings, garages, fire escapes and lampposts. When the paint chips, flakes or peels off, there may be a real danger for babies and young children. Children may eat paint chips or chew on painted railings, windowsills or other items when parents are not around. Children can also ingest lead even if they do not specifically eat paint chips. For example, when children play in an area where there are loose paint chips or dust particles containing lead, they may get these particles on their hands, put their hands in their mouths, and ingest a dangerous amount of lead.

Hazards of Lead-Based Paint

Lead poisoning is dangerous-especially to children under the age of seven (7). It can eventually cause mental retardation, blindness and even death.

Symptoms of Lead-Based Paint Poisoning

Has your child been especially cranky or irritable? Is he or she eating normally? Does your child have stomach aches and vomiting? Does he or she complain about headaches? Is your child unwilling to play? These may be signs of lead poisoning. Many times though, there are no symptoms at all. Because there are no symptoms does not mean you should not be concerned if you believe your child has been exposed to lead-paint.

Advisability and Availability of Blood Lead Level Screening

If you suspect your child has eaten chips of paint or someone told you this, you should take your child to the doctor or clinic for testing. If the test shows that your child has an elevated blood lead level, treatment is available. Contact your doctor or local health department for help or more information. Lead screening and treatment are available through the Medicaid Program for those who are eligible. If your child is identified as having an elevated blood lead level, you should immediately notify the City of Ukiah Community Development Department or other agency to find out the necessary steps that can be taken to test your home for lead-based paint hazards. If your home does not have lead-based paint, you may be eligible for assistance to abate that hazard.

Precautions to Take to Prevent Lead-Based Paint Poisoning

You can avoid lead-based poisoning by performing some preventative maintenance. Look at your walls, ceilings, doorframes and windowsills. Are there places where the paint is peeling, flaking, chipping or powdering? If so, there are some things you can do immediately to protect your child:

1. Cover all furniture and appliances.
2. Get a broom or stiff brush and remove all loose pieces from walls, woodwork, window wells and ceilings.
3. Sweep up all pieces of paint and plaster and put them in a paper bag or wrap them in newspaper. Put these packages in the trashcan. DO NOT BURN THEM.
4. Do not leave paint chips on the floor or in window wells. Damp mop floors and windowsills in and around the work area to remove all dust and paint particles. Keeping these areas clear of paint chips, dust and dirt is easy and very important.
5. Do not allow loose paint to remain within your children's reach since children may pick loose paint off the lower part of the walls.

Homeowner Maintenance and Treatment of Lead-Based Paint Hazards

As a homeowner, you should take the necessary steps to keep your home in good shape. Water leaks from faulty plumbing, defective roofs and exterior holes or breaks may admit rain and dampness into the interior of your home. These conditions damage walls and ceilings and cause paint to peel, crack or flake. These conditions should be corrected immediately. Before repainting, all surfaces that are peeling, cracking, chipping, or loose should be thoroughly cleaned by scraping or brushing the loose paint from the surface, then repainted with two (2) coats of non-lead paint. Instead of scraping and repainting, the surface may be covered with other material such as wall board, gypsum or paneling. Beware that when lead-based paint is removed by scraping or sanding, a dust is created which may be hazardous. The dust can enter the body either by breathing or swallowing it. The use of heat or paint removers could create a vapor or fume which may cause poisoning if inhaled over a long period of time. Whenever possible the removal of lead-based paint should take place when there are no children or pregnant women on the premises.

SIMPLY PAINTING OVER DEFECTIVE LEAD-BASED PAINT SURFACES DOES NOT ELIMINATE THE HAZARD. REMEMBER THAT YOU AS AN ADULT PLAY A MAJOR ROLE IN THE PREVENTION OF LEAD POISONING. YOUR ACTION AND AWARENESS ABOUT THE LEAD PROBLEM CAN MAKE A BIG DIFFERENCE.

I have received a copy of the notice entitled "WATCH OUT FOR LEAD PAINT POISONING"

Signature

Date

Signature

Date