



First-Time Homebuyer Down Payment Assistance Application

Administered by Neighborhood Housing Services of the Inland Empire, Inc.

APPLICATION INSTRUCTIONS

Please complete the attached application. The information provided is confidential and shall be used for the purpose of determining eligibility for the City's First-Time Homebuyer Program.

PART I –

Please attach the following to your application in order to receive a Pre-Approval for down payment. Please allow 5-7 business days for review, underwriting, and issuance of pre-approval letter.

- This completed Application. You may attach your own VOE's in lieu of page 7.
- Application Processing Fee (**\$100 for Highland, \$150 for Banning, \$150 for Rancho Cucamonga, \$0 for Riverside**) from buyer's funds made payable to NHSIE. (Refundable if the down payment assistance is not approved by the NeighborWorks® HomeOwnership Center or City Redevelopment Agency).
- A minimum of 30 days paycheck stubs and/or documentation for other household income (ex: Social Security, disability payments, pension, child support, alimony, self-employment, bonuses, and other income where applicable.)
- Last 3 years Federal Income Tax Returns.
- Last 3 month's bank statements showing the required down payment from the borrowers own funds.
- Copy of tri-merged credit report with credit scores.
- Typed 1003 application (Fixed rate first mortgage. No CalHFA firsts.)
- 1008 Form or equivalent (back ratios not to exceed 42%)
- DU/LP Underwriting Findings or Lender's approval letter.
- Signed Rancho Cucamonga loan term disclosure (Rancho only)

PART II –

Once client has found a property, please immediately submit all documentation so that NHSIE may review, request final approval from City, issue loan documents, and request funds. Please allow approx. 3 weeks.

- Copy of executed Purchase Contract, reflecting required NHSIE review time in COE date.
- Escrow instructions/Preliminary Title Report.
- Copy of standard Home Inspection.
- Copy of recent Appraisal (within 60 days of application).
- Certificate(s) of Completion from required courses at NHSIE.
 - Homebuyer Education (Riverside,Rancho,Highland,Banning)
 - Financial Fitness (Riverside)
 - Post Purchase (Riverside) (Rancho will substitute community svc. for cert.)

APPLICATION INSTRUCTIONS

Once you have gathered all required documentation, you may submit the complete application package along with your business card. NHSIE reserves the right to refuse and return any incomplete applications. Any missing documentation will guarantee delays in processing and/or funding.

NHSIE Down Payment Assistance Applications for ALL CITY PROGRAMS are always submitted to the main office in San Bernardino for initial processing.

Please mail or overnight application and documentation to:

**Neighborhood Housing Services
of the Inland Empire, Inc.
ATTN: NeighborWorks® HomeOwnership Center
1390 N. D Street
San Bernardino, CA 92405**

Incomplete applications will not be processed. If you need assistance, please contact the NeighborWorks® HomeOwnership Center at **(951) 530-1790** OR **(909) 884-6891**

APPLICANT INFORMATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address (if residing less than 3 years at above address): _____

Home Phone: () _____ Work Phone: () _____

Date of Birth: _____ / _____ / _____ Social Security: _____ - _____ - _____

Co-Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address (if residing less than 3 years at above address): _____

Home Phone: () _____ Work Phone: () _____

Date of Birth: _____ / _____ / _____ Social Security: _____ - _____ - _____

Purchase Information:

Property Address: Address: _____

City: _____ State: _____ Zip Code: _____

Mortgage Company: _____ Loan Officer: _____ Phone: () _____

Type of Financing: () FHA () CONV () VA Interest Rate: _____

Additional Information:

Household Family Size: _____

How many dependents under the age of 18 live at home? _____ Over 18? _____

If any member of your family is disabled, state the nature of disability: _____

EMPLOYMENT AND INCOME INFORMATION

Applicant:

Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Previous Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Other income (include pension plans, annuities & child support): _____

Co- Applicant:

Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Previous Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Other income (include pension plans, annuities & child support): _____

**EMPLOYMENT AND INCOME INFORMATION
(Additional Applicants)**

Co- Applicant:

Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Previous Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Other income (amount and source): _____

Co- Applicant:

Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Previous Employer: _____ Length of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Monthly Gross Income: \$ _____

Other income (amount and source): _____

**EMPLOYMENT AND INCOME INFORMATION
(Non-Borrowers)**

List names and income/employment information of additional family members who will be living in the house that are not Borrowers of this purchase transaction:

Non-Borrower Name: _____

Employer _____ Monthly Gross Income: _____

Non-Borrower Name: _____

Employer _____ Monthly Gross Income: _____

Non-Borrower Name: _____

Employer _____ Monthly Gross Income: _____

Office Use Only

Total Borrowers Monthly Gross Income: \$ _____

Total Non-Borrowers Monthly Gross Income: \$ _____

Total Household Monthly Gross Income:

\$

**Income Verification
(For Employers Only)**

To Whom It May Concern:

The undersigned has applied for the City Redevelopment Agency's First-Time Homebuyer Down Payment Assistance Program and/or NHSIE's First-Time Homebuyer Down Payment Assistance Program. Every income statement of the applicant must be verified. Please indicate below the employee's current annual gross income from wages, overtime, bonuses, commissions, or any other form of compensation received on a regular basis.

Employer to Complete:

Annual Gross Wages: \$ _____

Overtime: \$ _____

Bonuses: \$ _____

Commissions: \$ _____

Other: \$ _____

Total Current Income: \$ _____

I hereby certify that the above statements are true and accurate to the best of my knowledge.

Authorized Employer Name (Please Print)

Title (Please Print)

Authorized Signature

Date

FINANCIAL INFORMATION

Assets:

Checking: \$ _____ Bank: _____

Savings: \$ _____ Bank: _____

Itemized stocks, bonds, & other investments (list values): _____

Monthly Expenses:

Expense/Merchant	Monthly Payment	Balance (if applicable)
Rent: _____	\$ _____	
Car Payment (1): _____	\$ _____	\$ _____
(2): _____	\$ _____	\$ _____
Credit Cards (1): _____	\$ _____	\$ _____
(2): _____	\$ _____	\$ _____
(3): _____	\$ _____	\$ _____
(4): _____	\$ _____	\$ _____
(5): _____	\$ _____	\$ _____
Student Loans: _____	\$ _____	\$ _____
Other Loans: _____	\$ _____	\$ _____
Other Expense: _____	\$ _____	\$ _____

Office Use Only

Total Assets: \$ _____

Total Expenses: \$ _____

INCOME VERIFICATION AUTHORIZATION

Applicants to Complete:

I hereby grant my employer permission to disclose my income to the NeighborWorks® HomeOwnership Center, a division of Neighborhood Housing Services of the Inland Empire, and the respective City Redevelopment Agency, where applicable, in order that they may determine my income eligibility for the First-Time Homebuyer Down Payment Assistance Program.

Applicant Name (Please Print)

Applicant Signature

Date

Name and Address of Employer:

Co-Applicant Name (Please Print)

Co-Applicant Signature

Date

Name and Address of Employer:

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish this information, please provide both ethnicity and race. For race, you may check more than one designation, If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person.

APPLICANT	CO-APPLICANT
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family/Household Size? Number of Persons: _____ Ages: _____, _____, _____, _____, _____, _____, _____, _____, _____	
Current Housing Arrangement: <input type="checkbox"/> Rent <input type="checkbox"/> Living with family member and not paying rent <input type="checkbox"/> Homeless <input type="checkbox"/> Homeowner with a mortgage paid off	Current Housing Arrangement: <input type="checkbox"/> Rent <input type="checkbox"/> Living with family member and not paying rent <input type="checkbox"/> Homeless <input type="checkbox"/> Homeowner with a mortgage paid off

Household Type: <input type="checkbox"/> Female-headed single parent household <input type="checkbox"/> Single Adult <input type="checkbox"/> Married with children/dependents <input type="checkbox"/> Married without children/dependents <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other	Household Type: <input type="checkbox"/> Female-headed single parent household <input type="checkbox"/> Single Adult <input type="checkbox"/> Married with children/dependents <input type="checkbox"/> Married without children/dependents <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Other
Have you owned a home in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you owned a home in the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Family/Household Income: \$ _____	
Education: <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Two Year College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's Degree	Education: <input type="checkbox"/> Below High School Diploma <input type="checkbox"/> High School Diploma or Equivalent <input type="checkbox"/> Two Year College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Above Master's Degree
Referred to NHSIE by: <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Government: _____ <input type="checkbox"/> Lender: _____ <input type="checkbox"/> Real Estate Agent: _____ <input type="checkbox"/> Newspaper article <input type="checkbox"/> Walk-in <input type="checkbox"/> NHSIE staff: _____ <input type="checkbox"/> Other: _____	Referred to NHSIE by: <input type="checkbox"/> Friend or Relative <input type="checkbox"/> Government: _____ <input type="checkbox"/> Lender: _____ <input type="checkbox"/> Real Estate Agent: _____ <input type="checkbox"/> Newspaper article <input type="checkbox"/> Walk-in <input type="checkbox"/> NHSIE staff: _____ <input type="checkbox"/> Other: _____

**CERTIFICATION OF NON-OWNERSHIP, APPLICATION FEE
AND HOLD HARMLESS AGREEMENT**

IMPORTANT – READ BEFORE SIGNING

I certify that I have not owned any real property for the past three years and that all statements in this application are true. I authorize the NeighborWorks® HomeOwnership Center, a division of Neighborhood Housing Services of the Inland Empire, Inc., to verify my employment, bank deposits, and to review my credit.

I understand and agree that if my First-Time Homebuyer Application is approved, and I withdraw my application and/or cancel my purchase for whatever reason, the \$100-150 application fee will not be refunded. If my First-Time Homebuyer Application is declined by the NeighborWorks® HomeOwnership Center or the City of Riverside, Banning, Highland, or Rancho Cucamonga Community Redevelopment Agency, the \$150-200 application fee will be refunded in its entirety.

I understand that it is my responsibility to ensure that my first mortgage lender has approved this program and I agree to indemnify and hold Neighborhood Housing Services of the Inland Empire, Inc. and its officers, employees, and agents harmless from any and all liability, loss, damage or hardship I may suffer as a result of claims, demands, costs or judgments against me which directly or indirectly result from, or arise in connection with this application and my first mortgage loan for the purchase of real estate.

Applicant Name (Please Print)

Applicant Signature

Date

Co-Applicant Name (Please Print)

Co-Applicant Signature

Date

Co-Applicant Name (Please Print)

Co-Applicant Signature

Date