



First-Time Homebuyer Assistance Program Application Checklist

Thank you for your interest in the Housing Trust's Closing Cost Assistance and Mortgage Assistance Programs. For your convenience, the Application Checklist and Program Application can be used for both programs and are fillable PDF files.

Please submit the following:

- Completed First-Time Homebuyer Assistance Program Application with **original signatures** of borrower(s) and lender/broker.
- \$250 non-refundable application fee payable to "Housing Trust of Santa Clara County".
- Signed Federal Income Tax Returns with W2s from the last three (3) years.
- Two (2) most recent paystubs for all household members over the age of 18.
- Written Verification of Employment for all household members earning an income.
- Two (2) most recent statements from all asset accounts for all household members.
- Copy of credit report, both spouses even if only one spouse will be on the loan.
- Copy of certificate from homebuyer education class for borrower and any co-borrowers.
- An applicant who is self-employed will need to provide the last three (3) years' income tax returns, both State and Federal, plus a profit and loss statement from an accountant for the last six (6) months. An applicant who both has a job and is self-employed must provide documentation for both.
- Completed Uniform Residential Loan Application (Fannie Mae Form 1003) with original signature(s).
- Uniform Underwriting and Transmittal Summary (Fannie Mae 1008).
- Copy of Automated Underwriting System (AUS) approval.
- Copy of appraisal on property.
- Wire Transfer Instructions.
- Borrower Release Authorization Form.
- Preliminary Report for Property.
- Executed Purchase Contract.
- Proof of earnest money deposit.
- Copy of re-sale restrictions, if any.

Loan packages must be submitted in **hard copy** to:

The Housing Trust of Santa Clara County
95 S. Market Street, Suite 610
San Jose, CA 95113
Attn: Homebuyer Program

For any questions, please contact:

Dan Lachman, Director of Homebuyer Lending
NMSL# 350592
Phone: (408) 436-3450, ext. 230
Fax: (408) 436-3454

The Housing Trust of Santa Clara County reserves the right to decline a Homebuyer Assistance Program application at anytime prior to the close of escrow of the subject property if the agency obtains information contradictory to that of the application provided by the borrower or lender/broker. **Any misrepresentations or falsifications on this application will result in disqualification from this and future Housing Trust programs.**

Housing Trust of Santa Clara County First-Time Homebuyer Assistance Program Application

Select One Program Closing Cost Assistance Program Mortgage Assistance Program

1. Household Information:

	Borrower	Co-Borrower
Name		
Current Address		
City/State/Zip		
Phone (home)		
Phone (work)		
Email		
Age and Date of Birth		

Attach a sheet for any additional co-borrowers.

Full names, ages and date of birth of **all** other people in the household:

Name	Age	Date of Birth

Have you ever owned a home as a primary residence? Yes or No If yes:

Address _____ Date Purchased _____
 City/State/Zip _____ Date Sold _____

2. Annual Gross Household Income

Total annual gross income of all household members over the age of 18 from all sources (such as salary, overtime, bonuses, tips, interest, dividend income, alimony, child support, net business income, IRA distributions, pensions and annuities, net rental income, royalties, partnership income, trust income, farm income, unemployment compensation, Social Security Benefits):

$$\frac{\$ \text{Borrower}}{\text{Borrower}} + \frac{\$ \text{Co-borrower}}{\text{Co-borrower}} + \frac{\$ \text{All other adults in household}}{\text{All other adults in household}} = \frac{\$ \text{TOTAL ANNUAL GROSS HOUSEHOLD INCOME}}{\text{TOTAL ANNUAL GROSS HOUSEHOLD INCOME}}$$

3. Property and Loan Information

Property Address	_____	Purchase Price	\$ _____
City/State/Zip	_____	Escrow Number	_____
Borrower Contribution	\$ _____	Close of Escrow Date	_____
HTSCC Loan Amount	\$ _____	Loan Contingency Date	_____

List all funding sources (attach a sheet for any additional loans):

	Loan #1	Loan #2	Loan #3
Loan Amount			
Lender			
Phone #			
Interest Rate			
Loan Type			
Monthly Payment			

Lender/Broker Information

Contact Name _____
 Company Name _____
 Phone _____ Fax _____
 Email _____
 Address _____
 City/State/Zip _____

Title Company Information

Contact Name _____
 Company Name _____
 Phone _____ Fax _____
 Email _____
 Address _____
 City/State/Zip _____

4. Lender/Broker Certifications

I, the lender/broker, hereby certify that to the best of my knowledge and belief each of the foregoing statements is true and correct, and each is consistent with the information submitted by the borrower(s) in connection with his/her/their application for assistance. I, the lender/broker, agree that I will assist as necessary to certify that the applicant has satisfied all requirements of HTSCC. I, the lender/broker, understand that any misrepresentations or falsifications on this application or related documents will result in denial of this application and my disqualification from all Housing Trust programs.

 LENDER/BROKER NAME

 NMLS #

 LENDER/BROKER SIGNATURE

 DATE

5. Employment History

	Borrower	Co-borrower
Current Employer		
Address		
City/State/Zip		
Position		
Salary		
Period of Employment		

My (Our) current position(s) would be best categorized as:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Engineer | <input type="checkbox"/> IT/Technical Associate | <input type="checkbox"/> Office admin/Clerical | <input type="checkbox"/> Manufacture/Industrial |
| <input type="checkbox"/> Sales/Marketing | <input type="checkbox"/> Trades/Construction | <input type="checkbox"/> Accounting/Finance | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> Teacher/Education | <input type="checkbox"/> Student/Homemaker | <input type="checkbox"/> Civil Service/Gov't | <input type="checkbox"/> Medical/Dental |
| <input type="checkbox"/> Other, please specify _____ | | | |

6. Statement of Non-Discrimination

The Housing Trust of Santa Clara County is an equal opportunity lender. In accordance with applicable law, HTSCC prohibits discrimination based on race, color, religion, creed, gender, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition, veteran status, sexual orientation, lifestyle, citizenship status or any other consideration protected by federal, state or local laws. All such discrimination is unlawful. HTSCC’s commitment to equal opportunity applies to all persons involved in our operations and prohibits unlawful discrimination by any of HTSCC’s employees, including supervisors and coworkers.

7. Borrower(s) Certifications

I (We) the undersigned borrower(s), as part of my (our) application for HTSCC’s FTHB Program, certify the following:

1. I (We) certify that the residence to be purchased will not be used as an investment property, vacation home, or recreational home. I (We) certify that I (we) will notify HTSCC in writing if the residence ceases to be my (our) primary residence, and I (we) acknowledge that HTSCC may send out periodic certifications to this fact for my (our) review and signature.
2. I (We) understand that the decision to make any other loan is completely within the discretion of the lender(s). HTSCC plays no part in the decision to make those loans nor in determining the amount of those loan(s).
3. I (We) understand that the decision to approve an applicant for the FTHB Program is completely within the discretion of HTSCC.
4. I (We) authorize HTSCC to verify any information contained in the FTHB Program application package.
5. I (We) certify that the information provided in this application is true and correct as of the date set forth opposite my (our) signature(s) on this application.
6. I (We) certify that my (our) current gross annual household income as stated in this application is true and correct and that it does not exceed 120% of the Area Median Income of Santa Clara County (see program guidelines).
7. I (We) certify that I (we) HAVE NOT owned a home as my (our) principal residence within the last three (3) years.
8. I (We) understand that there is a non-refundable two hundred fifty dollar (\$250.00) application fee payable to the Housing Trust.
9. I (We) understand that the FTHB loan is a secured loan which must be paid back either when the home is sold, upon expiration of the term, or upon the refinance of my (our) first loan.
10. I (We) understand that the Housing Trust Deed of Trust will be recorded against property being purchased in conjunction with this loan and the Housing Trust Promissory Note must be executed by the borrower(s).

BORROWER

DATE

CO-BORROWER

DATE

CO-BORROWER

DATE

CO-BORROWER

DATE

Publicity for our programs helps the Housing Trust of Santa Clara County to solicit voluntary donations from local governments, employers and citizens. To assist us with our fundraising efforts, we wish to identify those FTHB Program recipients who are willing to share their home buying experience with others. I (we) am (are) willing to be contacted by Housing Trust staff and/or members of the media, to talk about how the Housing Trust’s Homebuyer Program helped me (us) purchase my (our) home: (check one): Yes No

Where did you hear about the Housing Trust Homebuyer Assistance Program? (check all that apply):

- Loan Officer Real Estate Agent Newspaper Housing Trust website
 City Workshop/Class Other, please specify _____

