

City of Ceres
Down Payment Assistance
First Time Home Buyers Program

Dear Perspective Client,

The following is the application for the First Time Buyers Program through the City of Ceres distributed by the Housing Authority of the County of Stanislaus.

It is the intent of the City of Ceres to offer first-time homebuyer down payment assistance to very low and low-income households for the purchase of qualified homes in the City of Ceres. The City of Ceres' First Time Home Buyer Down payment Assistance Program (DAP) supports first time homebuyers purchasing market rate homes in Ceres with assistance up to the DAP maximum loan limit, currently \$80,000, in order to provide a larger down payment contribution, therefore lowering the monthly mortgage payments.

All eligibility is contingent upon approval, availability of funds, and the rules related to the funding sources being used.

Your application must consist of the following in order to be considered for the program:

- Signed Intake Form
- Signed Wage Verification
- Copies of Other Income (Ch. Support, TANF, etc)
- Signed Student Verification
- Copies of Income Tax- 3 years
- Copies Recent W2s
- Copies of Pay Stubs- At least 3
- Copies Bank Statements (3 months)

If you have any questions, please contact Korin Vallejo at (209) 557-2009.
Mail or deliver completed application and required documents to:

**Housing Authority County of Stanislaus
First Time Buyers Program
P.O. Box 581918
Modesto, CA 95358-0033**



City of Ceres – First Time Home Buyers Program Intake Form

2720 Second Street, Ceres, CA 95307-3292 · (209)557-2009

Are you a first-time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Indicate “yes” or “no”: _____

Name: _____
First *MI* *Last*

Street _____

City _____ State _____ Zip Code _____

Primary Number: (____) _____ – _____ Work: (____) _____ – _____

Email _____ Secondary Number (____) _____ – _____

Household Members Names, Social Security # and Date of Birth	Relation to Head of Household	Source / Type of Income	Gross Monthly Income
1. (Head = O) Name: _____ SS #: _____ Date of Birth: _____			
2. (Co-Head=X) Name: _____ SS #: _____ Date of Birth: _____			
3. Name: _____ SS #: _____ Date of Birth: _____			
4. Name: _____ SS #: _____ Date of Birth: _____			
5. Name: _____ SS #: _____ Date of Birth: _____			
6. Name: _____ SS #: _____ Date of Birth: _____			
7. Name: _____ SS #: _____ Date of Birth: _____			
8. Name: _____ SS #: _____ Date of Birth: _____			

Race (please use “O” for head of household and use an “X” for co-head to answer all the following questions):

1. White ___/___ 2. Black or African American ___/___ 3. American Indian/Alaskan Native ___/___ 4. Asian ___/___
 5. Native Hawaiian/Other Pacific Islander ___/___ 6. American Indian/Alaskan Native and White ___/___ 7. Asian and White ___/___
 8. Black/African American and White ___/___ 9. American Indian/Alaskan Native and Black ___/___ 10. Other ___/___

Ethnicity (please write "yes" or "no" for Hispanic Origin. Select both a "Race" category and indicate "yes" or "no" for Hispanic origin:)

Hispanic: Yes No

Marital Status: 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender: Male Female

Handicapped (indicate "yes" or "no")? _____

Current Housing Arrangement (please circle):

1. Rent, if so how long? _____ 2. Homeless 3. Homeowner with mortgage
4. Living with family member and not paying rent 5. Homeowner with mortgage paid off

Household Type (please select the most accurate)?

1. Female headed single parent household 2. Male headed single parent household 3. Single adult
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other

Family/Household Size: _____ **How many dependents** (other than those listed by any co-borrower)? _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home (indicate "yes" or "no")? _____ If yes, list below:

Relationship	Age	Relationship	Age

Annual Family or Household Income: \$ _____

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College | 4. Bachelors Degree |
| 5. Masters Degree | 6. Above Masters Degree |

Referred to by (please circle all that apply):

- | | | | | |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank | Government | TV | Realtor |
| Staff/Board member | Walk-In | Friend | Radio | Newspaper Article |

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

EMPLOYMENT – Last 2 Years

Please Print Clearly

Employer	HEAD Monthly Amount	CO-HEAD Monthly Amount
Primary Employer		
Employer's Address		
Employer's Phone/Fax Number		
Job Title		
Hire Date		
Part-Time/ Full-Time		
Gross Income (before taxes)		
Paid – hrly/ wkly/ two-wks/ twice mnthly/ mnthly		
2nd Employer		
Job Title / Hire Date		
Part-Time or Full-Time		
Address/Gross Income		

Paid – hrly/ wkly/ two-wks/ twice mnthly/ mnthly		
INCOME		
	HEAD	<i>Please Print Clearly</i> CO-HEAD
<i>Type of Income</i>	<i>Monthly Amount</i>	<i>Monthly Amount</i>
Salary		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		
Other Employment		

	HEAD		CO-HEAD	
<i>Can you document your child support/alimony income? If yes, how long will it continue?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
	_____		_____	
<i>If your child or a family member receives SSI, how many more years will the payments continue?</i>				
	_____		_____	
<i>If you receive disability income, is it for a permanent disability?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Regarding other employment, have you worked in this field for two years or more?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Whose Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

HEAD **CO-HEAD**

Are you currently in bankruptcy?

Yes

No

Yes

No

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

<i>BANK NAME</i>	<i>HEAD</i>	<i>CO-HEAD</i>
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)

Yes

No

If yes, how much? \$ _____

LIVING EXPENSES

	<i>HEAD</i>	<i>CO-HEAD</i>
Current monthly rent		
Electric/Gas/Solid Waste		
Telephone		
Cellular		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>HEAD</i>		<i>CO-HEAD</i>	
Have you owned a home in the last three (3) years?	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
Are you a Veteran?	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>

AUTHORIZATION

I authorize the Housing Counselor to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001. I/We understand that any fraudulent claims made on this form may be grounds for prosecution under local, state, and federal law.

HEAD

Date

CO-HEAD

Date





BORROWERS' CERTIFICATION AND AUTHORIZATION
CERTIFICATION

The Undersigned certify the following:

1. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount, source of down payment, employment, income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that the **City of Ceres and The Stanislaus County Housing Authority** reserves the right to change the mortgage loan review process. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by a fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/we have applied for a mortgage loan through the **City of Ceres First Time Home Buyers Program**. As part of the application process, the City of Turlock Housing Program Services Division may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to **City of Ceres and The Stanislaus County Housing Authority** any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, bank, money market and similar account balances, credit history, and copies of income tax returns.
3. The copy of this authorization may be accepted as an original.

Borrower Signature

Borrower Signature

S.S.N. #

Date

S.S.N.#

Date





FTHB DOWN PAYMENT ASSISTANCE CERTIFICATION WORKSHEET

Applicant: _____ Phone Number: _____

Address: _____

FAMILY COMPOSITION

#	Last Name	First Name	#	Last Name	First Name
1					
2					
3					

Income Source		

\$0.00

H.H. #	ASSET DESCRIPTION	CURRENT CASH VALUE	ACTUAL INCOME FROM ASSETS
	1. Net Cash Value of Assets	1	
	2. Total Actual Income from Assets		2
	3. If line 1 is greater than \$5,000, multiply line by 2.5% and enter results here; if less than \$5,000 enter 0		3

TOTAL FAMILY INCOME **\$0.00**