

CITY OF ELK GROVE HOMEBUYER ASSISTANCE PROGRAM

This application provides the City with basic information we need to determine your eligibility for the program. It also serves as a certification to the City that the information you are providing is correct and authorizes the City to verify the information required to determine your eligibility.

APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	
Street Address:		Home Phone:	
City:	CA	ZIP Code:	Cell Phone:
Email Address:			
Social Security Number:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
Are you Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N		Are you a veteran? <input type="checkbox"/> Y <input type="checkbox"/> N	
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other			
CO-APPLICANT INFORMATION			
Last Name:	First Name:	M.I.:	
Email Address:			
Social Security Number:	Birth Date:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> Y <input type="checkbox"/> N
Are you Hispanic? <input type="checkbox"/> Y <input type="checkbox"/> N		Are you a veteran? <input type="checkbox"/> Y <input type="checkbox"/> N	
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other			

HOUSING INFORMATION			
Have you ever owned a home or land?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes: <input type="checkbox"/> Currently own <input type="checkbox"/> Date last sold: _____	
Do you currently rent?	<input type="checkbox"/> Y <input type="checkbox"/> N	What is your monthly rent?	\$
		How much do you estimate you pay for gas and electric?	\$



HOUSEHOLD COMPOSITION

List the head of your household and all persons who live in your home. Give relationship of each family member to head of household.

Name	Relationship to Applicant	Gender (M/F)	Date of Birth	Age	Employed? (Y/N)
Does anyone in your household have a permanent disability? <input type="checkbox"/> Y <input type="checkbox"/> N			If so, give name and relationship:		
Does anyone who is not listed above live with you now or plan to live with you? <input type="checkbox"/> Y <input type="checkbox"/> N			If so, give name and relationship:		

INCOME INFORMATION

Include annual income for all adults (18 years or older) in the household. Income types include wages, tips, commissions, Social Security, retirement, unemployment benefits, workers' compensation, alimony, child support, and welfare payments. Failure to list any source of income may result in disqualification.

Who receives the income?	Who is the income from?	Type of income?	\$/month



ACCOUNT INFORMATION
Please list all checking, savings, retirement, stocks and bonds, or other cash asset accounts. Failure to list any account may result in disqualification.

Institution Name	Type of Account (checking, savings, retirement)	Current Balance or Market Value

LIABILITY INFORMATION
Please list all outstanding obligations, including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans, etc.

Creditor Name	Type of Loan (mortgage, auto, credit card)	Monthly Payment	Unpaid Balance

Do you have any accounts in collections? Y N

If so, please be advised you may be required to pay off any accounts in collections prior to receiving city assistance.



OTHER INFORMATION

Are you pre-approved for a mortgage loan?	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, what amount?	\$
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PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION.

- Executed Release of Information for all adults in the household
- Executed Financial Privacy Act Notice
- Most recent six months of paystubs for all employed adults
- Current proof of income for other income sources for all adults
- Most recent 3 years of federal income tax returns with W-2s for all adults
- Most recent six months of banking/investment account statements for all adults (include all accounts and all pages of statements)
- Most recent investment account statements for all persons (include all accounts and all pages of statements)
- Lender pre-qualification or pre-approval letter

CERTIFICATION

By signing below I/we certify that the above information is correct and complete to the best of my/our knowledge and that I/we have disclosed all income received from all sources and have disclosed all assets. I/we also consent to the allow the City of Elk Grove and/or its authorized agents to contact employers, financial institutions, and other agencies as appropriate to verify the information contained in this application. I/we understand that information regarding my/our credit and employment may be disclosed. I/we understand that should the City of Elk Grove determine that any information is false or incomplete, I/we may be determined to be ineligible to receive assistance from the City.

APPLICANT	
X	Date: / /
CO-APPLICANT	
X	Date: / /

RETURN YOUR APPLICATION IN PERSON OR BY MAIL TO:

City of Elk Grove
8401 Laguna Palms Way
Elk Grove, CA 95758
Attn: Housing Program Manager



Homebuyer Assistance Program
Authorization for Release of Information



To Whom It May Concern:

I/We the undersigned have applied for a loan through the City of Elk Grove's Homebuyer Assistance Program ("Program"). As a part of the application process, I/we authorize the City of Elk Grove, its employees, and authorized agents to verify any information necessary to evaluate my/our eligibility and creditworthiness in connection with my/our Program application, including, but not limited to, the following:

1. Credit history
2. Bank and investment accounts
3. Employment and income
4. Benefits
5. Bankruptcy
6. Outstanding obligations
7. Federal debarment status
8. Rental history
9. Mortgage loan application and proposed terms and conditions

I/We authorize you to provide to the City of Elk Grove any and all such documentation they request, and I/we hereby release you and your organization from liability or damage which may result from furnishing the information requested to the City of Elk Grove.

I acknowledge that:

1. A photocopy or facsimile copy of this form is as valid as the original.
2. I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
3. I have the right to copy information from this file and to request correction of information I believe inaccurate.
4. All adult household members will sign this form and cooperate with the City of Elk Grove.

Applicant Name Social Security Number Date of Birth

Signature Date

Co-Applicant Name Social Security Number Date of Birth

Signature Date



Homebuyer Assistance Program Financial Privacy Act Notice



This notice is required by the Rights to Financial Privacy Act of 1978 and the Gramm-Leach-Bliley Act of 1999 to inform you of the types of financial records that are kept on file by the City of Elk Grove and which agencies or organizations have access to that information.

1. **Purpose of Financial Record Keeping.** Financial records are kept on file by the City of Elk Grove, and/or its assigned agents, for the purpose of documenting eligibility for the Homebuyer Assistance Program.
2. **Financial Records Kept on File.** Financial records kept on file include, but are not limited to, loan applications, income certifications, federal tax returns, employment verification, income verification, verification of benefits, personal credit reports, verification of assets, loan payment records, and other such information relating to the Homebuyer Assistance Program eligibility determinations and/or loan servicing.
3. **Right of Access.** Agencies and organizations that have right of access to financial information without further notice:
 - A. Federal and state agencies, including the:
 - U.S. Department of Housing and Urban Development
 - California Department of Housing and Community Development
 - B. Law enforcement agencies
 - C. Other agencies or organizations as required or permitted by law or court order
4. **Right of Access with Express Written Consent.** Except as described above, your financial records may not be shared or released to private individuals, private businesses, or other entities without your express written consent.

I/We acknowledge receipt of a completed copy of this statement.

Applicant

Date

Co-Applicant

Date

