



CITY of CLOVIS

AFFORDABLE HOUSING PROGRAMS
1033 FIFTH STREET · CLOVIS, CA 93612

CalHome Loan Program (2023)

Subject: Home Repair and Rehabilitation Program
LOAN PROGRAM

Thank you for your interest in the City of Clovis' CalHome Loan Program, for repair of owner-occupied homes. The Loan Program will assist you in obtaining a more complete list of items repaired in your home, making it safe and habitable for a longer term.

In general, the terms of the program and loan are as follows:

- Applicant must own the home and be low-income
- Home must need health and safety repairs that will make it safe and habitable.
- The loan is due in 30 years, but there are NO PERIOD PAYMENTS DUE on the loan before the 30 years, as long as you live in the home.
- The maximum loan amount is up to \$75,000.00
- The loan carries zero percent interest
- Home Owner will be required to sign loan documents and add the City as a lien holder to their home hazard insurance.
- Loan will be immediately due and payable if owner sells the home, or no longer lives at, the property.
- Additional requirements apply and will be reviewed as the application progresses.

Please fill out the application form, attach needed documents, and return to my attention.

Please feel free to give me a call if you have any questions, at (559) 324-2094, or via email at claudiac@cityofclovis.com.

Claudia Cazares
Affordable Housing Management Analyst



CITY of CLOVIS

AFFORDABLE HOUSING PROGRAMS
1033 FIFTH STREET • CLOVIS, CA 93612
(559) 324-2094

CalHome APPLICATION Owner-Occupied Housing Rehabilitation

2023 INCOME LIMITS

1 PERSON	- \$46,200
2 PERSONS	- \$52,800
3 PERSONS	- \$59,400
4 PERSONS	- \$68,950
5 PERSONS	- \$71,250
6 PERSONS	- \$76,550
7 PERSONS	- \$81,800
8 PERSONS	- \$87,100

FOR OFFICE USE ONLY:

DATE/TIME RECEIVED: _____ DATE/TIME COMPLETE: _____



APPLICANT NAME:

HOME INFORMATION:

DATE:

PROPERTY ADDRESS:

IS YOUR HOME A SINGLE FAMILY HOME (1 UNIT/HOME)?

IF YES ☐, THEN PROCEED WITH APPLICATION

IF NO ☐, THEN STOP IT IS NOT ELIGIBLE

IS THE RESIDENCE OWNER OCCUPIED?:

IF YES ☐, THEN PROCEED WITH APPLICATION

IF NO ☐, THEN STOP IT IS NOT ELIGIBLE

REPAIRS NEEDED/REQUESTED FOR HOME: _____

APPLICANT INFORMATION:

DATE OF BIRTH:

SOCIAL SECURITY:

PHONE (Home):

(Work):

(Cell):

MALE ☐ FEMALE ☐

VETERAN? YES ☐ NO ☐

SINGLE HEAD OF HOUSEHOLD? YES ☐ NO ☐

MARITAL STATUS: MARRIED ☐ UNMARRIED ☐ SEPARATED ☐ SINGLE ☐

RACE(S): ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other _____

ETHNICITY (select only one): ☐ Hispanic or Latino / ☐ Not Hispanic or Latino

CO-APPLICANT INFORMATION			
CO-APPLICANT NAME:			
DATE OF BIRTH:		SOCIAL SECURITY:	
PHONE (Home):		(Work):	
		(Cell):	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>	
MARITAL STATUS: MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE <input type="checkbox"/>			
RACE(S): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____			
ETHNICITY (select only one): <input type="checkbox"/> Hispanic or Latino / <input type="checkbox"/> Not Hispanic or Latino			
APPLICANT ADDITIONAL INFORMATION			
IS THE HEAD OF HOUSEHOLD/AND OR ANY MEMBER OF THE HOUSEHOLD DISABLED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IS THE DISABILITY A MOBILE IMPAIRMENT? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are property taxes paid current? YES <input type="checkbox"/> NO <input type="checkbox"/> (Applicants with property taxes in default may not be considered for funding)			
Are you a party to a lawsuit involving the City of Clovis? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you work for, or are you related to an employee of, the City of Clovis? YES <input type="checkbox"/> NO <input type="checkbox"/> Name: _____ Department: _____			
ASSETS			
Account 1:			
CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> IRA <input type="checkbox"/> STOCKS <input type="checkbox"/> BONDS <input type="checkbox"/> MONEY MARKET ACCT <input type="checkbox"/>			
NAME OF BANK:			BALANCE \$ _____
BANK ADDRESS:			
Account 2:			
CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> IRA <input type="checkbox"/> STOCKS <input type="checkbox"/> BONDS <input type="checkbox"/> MONEY MARKET ACCT <input type="checkbox"/>			
NAME OF BANK:			BALANCE \$ _____
BANK ADDRESS:			
OTHER REAL ESTATE OWNED? YES <input type="checkbox"/> NO <input type="checkbox"/>			
DECLARATIONS			
ARE YOU A CO-ENDORSER OF ANY OUTSTANDING LOANS MADE BY OTHER PEOPLE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES, WHO DID YOU CO-SIGN FOR, WHO IS THE LOAN WITH, AND WHAT IS THE OUTSTANDING LOAN BALANCE: Name of person you co-signed for: _____ Name of Lending Agency: _____ Loan Balance: \$ _____			
HAVE YOU EVER FILED FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHAT YEAR DID THE BANKRUPTCY OCCUR? _____			
ARE YOU A PARTY TO A LAWSUIT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE DETAILS: _____			
ARE YOU PRESENTLY DELINQUENT OR IN DEFAULT ON ANY FEDERAL DEBT OR ANY OTHER LOAN, MORTGAGE, FINANCIAL OBLIGATION, BOND OR LOAN GUARANTEE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PROVIDE DETAILS: _____			

CERTIFICATIONS AND ACKNOWLEDGMENTS

I/We understand that the information reported in this application will be used to determine eligibility for the City's program, as well as the amount of assistance needed from the City.

I/We acknowledge that **approval** of all funding is only made after the City verifies that this application meets all program and underwriting criteria, as stated in the most recent programmatic guidelines.

I/We understand that the funding will be provided as a deferred loan, repayable upon sale, transfer of title or when the home is no longer the Buyer's principal residence, whichever occurs first as will be identified in the Promissory Note.

I/We acknowledge and agree that the loan requested by this application will require applicants execution of a Promissory Note and Program Loan Agreement.

I/We agree to maintain fire insurance (and flood insurance, if applicable) in an amount at least equal to the replacement value of the improvements, and to name the City of Clovis, as a loss payee for that amount.

I/We further authorize verification or re-verification of the information contained herein, and additional normal inquiries related to or associated with this application from employers, creditors, banks, loan institutions, and from any other sources as may be required.

I/We acknowledge the City reserves the right to rescind my application at any time upon my failure to comply with the above listed conditions.

I/We acknowledge that this program is voluntary in nature and the City reserves the right to reject any and all applications at its sole and absolute discretion.

The City of Clovis will require annual monitoring procedures be accepted by all applicants. The monitoring may consist of a letter that will be sent out once a year asking you to verify that the home is still your principal place of residence, or other means of verification as identified by the City. You will be required to provide principal place of residency verification on the letter, sign, and return the letter to the City of Clovis. You will also be required to provide proof of: hazard insurance, payment of property taxes, good standing on primary loans and general upkeep of the home. This will continue for a period of twenty (20) years from the date of the close of escrow or until the home is no longer your principal place of residence, or as may be required by the Program Loan Agreement.

SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

No otherwise qualified individual with disabilities in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

APPLICANT ACKNOWLEDGEMENTS

I/We hereby make an application to the City of Clovis for funding for a home repair program, and acknowledge that this application is made pursuant to program policies and procedures administered by the City, and that the methods for rehabilitation, cost for repairs, and other permitted costs will be determined by the City of Clovis. Submitting an application is **not** a guarantee of services. The City of Clovis reserves the right to close-out the Program once funds have been exhausted.

AUTHORIZATION TO INSPECT PROPERTY

I/We hereby authorize the City of Clovis to make one or more inspections of the interior and/or exterior of the project site to determine the extent of work required to complete the project.

ACKNOWLEDGEMENT AND ACCEPTANCE OF VOLUNTARY RELOCATION

Applicant(s) agree that he/she is an owner occupant of the subject dwelling and is participating in a federally and/or state funded voluntary rehabilitation program. The improvements may result in the dwelling being temporarily uninhabitable. Applicant(s) agree to voluntarily move out of the home should it become necessary because of construction paid for in part (or whole) by the City's Program for home repairs. The City will not provide any relocation benefits if such relocation is necessary. Applicant(s) further understand and accept that any such relocation shall be accomplished without the assistance of the City.

APPLICANT(S) ACKNOWLEDGEMENT OF FUNDING CONDITIONS

1. I/We understand that the information reported in this application will be used to determine my eligibility for funding to improve my home/property. I/We acknowledge and understand that to knowingly make false statements concerning this information may lead to the revocation of the funding and other penalties. I/We certify under penalty of law, to the best of our knowledge, all statements made in this application and supporting documentation are true, accurate, correct and complete.
2. I/We acknowledge the home to be improved is my **principal place of residence**.
3. I/We authorize the City of Clovis to order a title search on the property when needed to verify ownership. I/We further authorize verification or re-verification of the information contained herein, and additional normal inquiries related to or associated with this Application from employers, creditors, banks, loan institutions, and from any other sources as may be required.
4. I/We acknowledge and agree that the City administers both a grant program and a loan program. The home repairs requested by this application, availability of grant funding, and/or the repairs deemed by the City to be necessary at the home, will determine applicant's participation in the grant or loan program. If only minor repairs are needed at the home, and grant funding is available, as determined by the City/City Representative, a grant may be provided as the ideal funding source. If substantial repairs are needed at the home, as determined by the City/City Representative, a loan will be provided as the funding source. The funding amount will be determined by the City/City Representative based on rehabilitation costs from estimates and bids.
5. I/We understand that the City of Clovis and/or City of Clovis Representative will provide administration of the program and will administer the rehabilitation contract, prepare the scope of work and will monitor the construction work. I/We further understand that I/We will not hold the City liable for any construction defects that may occur from the work performed.
6. I/We acknowledge the City reserves the right to rescind any funded amount, at any time, upon my failure to comply with the above listed conditions or to meet program guidelines and procedures. I/We further understand the City will provide written notification of such termination of my application, and that the original copy of the Application will be returned to the applicant if not needed by the City.
7. I/We acknowledge that this rehabilitation program is voluntary in nature and the City reserves the right to reject any and all applications at its sole and absolute discretion.
8. I/We acknowledge and agree that the City makes no representations or warranties, express or implied, to the applicant(s) regarding the property, the condition of the property, or the value of the property.
9. I/We further agree to comply with any and all federal, state and local laws in regard to illegal discrimination, and we will not illegally discriminate against any persons on basis of race, color, ancestry, national origin, religion, sex, age, marital status, family status, source of income/rental assistance subsidy, physical or mental disability, Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related conditions (ARC), sexual orientation, or any other arbitrary basis. I/We will comply with equal opportunity laws in employment, housing and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto, and Title VIII of the Civil Rights Act of 1968, as amended.

<p>10. All properties assisted under this program may be placed on a future web based list accessible to all City of Clovis Departments. Other agencies may have access to this list, including, but not limited to: U.S. Department of Housing and Urban Development, State of California, and other pertinent agencies.</p>		
<p>11. I/We understand and acknowledge that if my property is determined to be eligible for the rehabilitation program all improvements will be made under a separate contract with a licensed contractor. I/We further understand that the City of Clovis is not a party to the rehabilitation contract between the contractor and the parties to this application and that the pursuit of all performance and improvements services are to be made through the contractor, and not the City of Clovis.</p>		
<p>12. Applicant(s), and their contractor and subcontractor(s), shall indemnify, hold harmless and defend the City and each of its officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages incurred by the City, Applicant(s) or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly in the performance of this Program. Applicant's obligations under the preceding sentence shall apply regardless of whether the City or any of its officers, officials, employees, agents or volunteers are passively negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused by the active negligence or by the willful misconduct of the City or any of its officers, officials, employees, agents or volunteers.</p>		
<p>13. I/we understand that if my records are audited and the income information provided is found to be incorrect (over the allowable income limits) at the time of the City funding, I will immediately start to repay the City funds.</p>		
Applicant Name:		Co-Applicant Name:
Signature:		Signature:
Date:		Date:

☐ I/we understand that the City of Clovis may utilize photos and/or video of the rehabilitation work to be completed at our home, and we authorize the City of Clovis to utilize such, for promotion and marketing purposes.

☐ I/we would like to volunteer to be interviewed/videotaped, for promotion and marketing purposes, in regards to the completed rehabilitation work to be completed at our home. We authorize the City of Clovis to contact us for such in the future.

REVIEWED BY CITY STAFF:
NAME:
DATE:
SIGNATURE:

HOUSEHOLD COMPOSITION AND INCOME DECLARATION

Applicant Name:

Co-Applicant Name:

Property Address:

Clovis, CA

Zip Code:

Date:

- Please complete this form for yourself and your household members.
- Include all sources of income even if the primary lender will not include.

Family Member Name	Relationship to Applicant	Date of Birth (MM/DD/YY)	F/T Student (Y or N)	Gross Income*	Employer Name or Source of Income

***Submit this form along with copies of supporting documentation for all sources of income. Sources of income include employment, social security, child support, unemployment, etc.**

I certify under Penalty of Perjury under the laws of the State of California that the foregoing is true and correct.

Applicant Name:

Co-Applicant Name:

Signature:

Signature:

Date:

Date:



Fair Lending Notice

The Housing Financial Discrimination Act of 1977

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or condition in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin, or ancestry.

It is illegal to consider the racial, ethnic, religious, or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

For any person, bank, mortgage company, or other financial institution that provides financial assistance for the purchase, organization, or construction of any housing accommodation to discriminate against any person or group of persons because of race, color, religion, sex, sexual orientation, marital status, national origin, ancestry, familial status, source of income, or disability in the terms, conditions, or privileges relating to the obtaining or use of that financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation, or refinancing of one-to-four unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution, or:

Department of Fair Employment
Opportunity (FHEO) and Housing
Urban Development
611 West Sixth St., Suite 1500
Los Angeles, CA 90017
(800) 233-3212

Fair Housing and Equal
U.S. Dept. of Housing &
600 Harrison Street, 3rd Floor
San Francisco, CA 94107-1387
(800) 347-3739; TTY (415) 436-6594

If the loan applied for is for the purchase, construction, rehabilitation, or refinancing of a housing accommodation, information regarding your race/national origin, sex of applicant and co-applicant and marital status is requested by the State of California and the Federal government to monitor this financial institution's compliance with the Housing Financial Discrimination Act, Equal Credit Opportunity Law, and Fair Housing Law. The law provides that a financial institution may neither discriminate on the basis of this information nor on whether or not it is furnished. Furnishing this information is optional.

You have a right to file a written grant application and to receive a copy of this institution's underwriting standards.

I (we) hereby acknowledge receipt of a copy of this Notice.

Applicant Name:		Co-Applicant Name:
Signature:		Signature:
Date:		Date:



Applicant/Borrower's Certification And Authorization

I/We applied for assistance from the City of Clovis' Home Repair and Rehabilitation Program. In applying for the assistance, I/we completed an application containing information regarding income.

I/We made no mis-representations in the application or other documents nor did I/we omit any pertinent information.

I/We authorize the City of Clovis staff to verify information contained in our application and other documents, either before the grant or loan is closed or after, as part of its audit program, including obtaining a credit report from a credit reporting agency.

I/We authorize you to provide to the City of Clovis any and all information staff requests. Such information includes, but is not limited to, employment history, bank accounts, credit reports, title reports and income tax returns.

A copy of this authorization may be accepted as an original.

I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for this loan, as applicable under the provisions of Section 1014 of Title 18, United States Code.

Applicant Name:		Co-Applicant Name:
Signature:		Signature:
Date:		Date:



Confirmation of Receipt of Lead Pamphlet

I, _____ (insert Applicant's name) and
_____ (insert Co-Applicant's name),
residing at _____ (insert address),
affirm to the City of Clovis, that I have received a copy of the lead hazard
information pamphlet ("Protect Your Family From Lead in Your Home") informing
me of the potential risk of the lead hazard exposure from renovation activity to be
performed in my dwelling unit. I received this pamphlet before the work began.

Applicant Name:		Co-Applicant Name:
Signature:		Signature:
Date:		Date:



Fannie Mae

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I – Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period)				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) _____ \$ _____ <input type="checkbox"/> Weekly _____				Pay Grade		
				Type	Monthly Amount	15. If paid hourly – average hours per week
				Base Pay	\$	
12B. Gross Earnings				Rations	\$	16. Date of applicant's next pay increase
Type	Year To Date	Past Year	Past Year	Flight or Hazard	\$	
Base Pay	Thru _____	\$	\$	Clothing	\$	17. Projected amount of next pay increase
Overtime	\$	\$	\$	Quarters	\$	
Commissions	\$	\$	\$	Pro Pay	\$	18. Date of applicant's last pay increase
Bonus	\$	\$	\$	Overseas or Combat	\$	
Total	\$	\$	\$	Variable Housing Allowance	\$	19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)
22. Date Terminated	Base _____ Overtime _____ Commissions _____ Bonus _____
23. Reason for Leaving	25. Position Held

Part IV – Authorized Signature – Federal Statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

Instructions

Verification of Employment

The lender uses this form for applications for conventional first or second mortgages to verify the applicant's past and present employment status.

Copies

Original only.

Printing Instructions

This form must be printed on letter size paper, using portrait format.

Instructions

The applicant must sign this form to authorize his or her employer(s) to release the requested information. Separate forms should be sent to each firm that employed the applicant in the past two years. However, rather than having an applicant sign multiple forms, the lender may have the applicant sign a borrower's signature authorization form, which gives the lender blanket authorization to request the information it needs to evaluate the applicant's creditworthiness. When the lender uses this type of blanket authorization, it must attach a copy of the authorization form to each Form 1005 it sends to the applicant's employer(s).

For Mortgages:

The lender must send the request directly to the employers. We will not permit the borrower to hand-carry the verification form. The lender must receive the completed form back directly from the employers. The completed form should not be passed through the applicant or any other party.



CITY *of* CLOVIS

AFFORDABLE HOUSING PROGRAMS
1033 FIFTH STREET • CLOVIS, CA 93612

CALHOME LOAN PROGRAM
HOME REPAIR PROGRAM
TWENTY-YEAR OCCUPANCY REQUIREMENTS
Agreement/Acknowledgement

I/we, _____

the owner (s) of the mobile home/home located at,

_____ Clovis, CA _____

understand and agree that as a condition of the CalHome Program funded Home Repair Loan Program I/we will occupy the above-described dwelling for a period of at least twenty years following the receipt of the loan.

In the event that I/we as owners sell, or no longer live in, the above-described property, within the twenty year from the date the repairs are completed, we will immediately repay the grant.

Owner Signature

Owner Signature

Date



DOCUMENTATION NEEDED (submit with application)

<input type="checkbox"/>	Copy of California driver's license, or California identification card or another form of acceptable identification for all adult household members
<input type="checkbox"/>	Copy of Social Security Card for applicant(s)
<input type="checkbox"/>	Deed to Property Showing Ownership
<input type="checkbox"/>	Property tax statement (may not be in default)
<input type="checkbox"/>	Household Composition and Income Declaration Form (page 6)
<input type="checkbox"/>	Fair Lending Notice (page 7)
<input type="checkbox"/>	Applicant's/Borrower's Certification and Authorization (page 8)
<input type="checkbox"/>	Confirmation of Receipt of Lead Pamphlet (page 9)
<input type="checkbox"/>	Verification of Employment Form (Fannie Mae form, page 10)
<input type="checkbox"/>	Proof of Income, including:
<input type="checkbox"/>	2 months of the most current paycheck stubs
<input type="checkbox"/>	Current Award letter for social security and/or supplemental security income
<input type="checkbox"/>	Document stating current pension or retirement amounts
<input type="checkbox"/>	Current Unemployment and/or disability information
<input type="checkbox"/>	Three most recent tax returns or Tax Affidavit
<input type="checkbox"/>	Other income documentation
<input type="checkbox"/>	Six most recent bank statements (checking and savings) (all pages)
<input type="checkbox"/>	Retirement Accounts (401K)
<input type="checkbox"/>	Whole Life Insurance (cash value available) / Term Life Insurance (first page to verify)
<input type="checkbox"/>	All application pages and forms requiring signatures shall be signed by applicant and co-applicant, as applicable
<input type="checkbox"/>	Twenty (20) Year Occupancy Agreement/Acknowledgement

Additional information may be requested to determine eligibility.

CITY STAFF USE: REVIEWED BY _____ DATE: _____