

Submission Form/Lender Cover letter & Application for Homebuyer



To: **Shadie:** shadie@selfhelpenterprises.org Phone: (559) 802-1608 Fax (559)651-3634

From: _____ Company: _____

Fax: _____ Phone #: _____ E-mail: _____

Borrower(s) Name: _____

City/County: _____ Amount Requested: \$ _____

First Mortgage Pre-qualification amount \$ _____

Total Household Size: _____ - [# Adults _____ # under 18 years _____]

Annual Income: \$ _____ Income Limit \$ _____

Incomplete packages cannot be processed. Send ALL ITEMS at once.

Check items Needed & Attached:

- Submission Form/Lender Cover Letter & Application for Homebuyer-Self Help Form (signed by lender & borrower)
- Pre-Application for Homebuyer
- Program Income Inclusions-Self Help Form attached-signed by borrower(s) 2 pgs.
- Borrowers Authorization-Self Help Form attached-signed by borrower(s)
- 4506-T-Self Help Form attached signed by borrower(s)
- Lenders Application (1003) **verify all total # of household members** are listed (all will be verified)
- Loan Estimate
- Credit Report Tri-merged (3 Sources-Experian, Trans Union, Equifax)
 - Credit report for all ADULT household members – includes adults NOT going on title/loan.**
 - If no FICO scores; require 3 alternative credit letters
 - Explanation letter for each derogatory
- Current pay stubs or proof of all other income (60 days) –**FOR ALL ADULT HOUSEHOLD MEMBERS**
 - Child Support/SSI/SSA/Unemployment, etc...
- 2017 Tax Returns and W-2's– **FOR ALL ADULT HOUSEHOLD MEMBERS**
 - Confirm total number of household members are listed
 - If others are listed as dependent's but no longer part of household include letter of explanation
 - Self Employed-3 years' tax returns
- Current Bank Statements (2 months) & 401-K or any other retirement account statement (all asset accounts)
 - Unnamed deposits from other sources other than employer (explanation for each deposit)

After reviewing the completed package, you will receive a pre-qualification letter identifying eligibility, amount of assistance and remaining items that will be needed for final approval. For borrowers that do not qualify, you will receive a letter indicating the reason for denial and appeal process.

By signing below, I acknowledge the above applicant has been pre-qualified by our office for the amount listed.

Primary Lender- Signature Date

By signing below, I acknowledge that the information provided above is true and correct.

Borrower-Signature

Date

Co-Borrower Signature

Date

HOME/CDBG/CalHOME Program: Income and Asset Inclusions



Type of Income	YES	NO	Type	Received from whom?	Amount Received Annually
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.					
2 The net income from the operation of a business of profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.					
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.					
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.					
5 Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.					
6 Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31)) program.					
7 Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.					
8 All regular pay, special pay, and allowances of a member of the Armed Forces.					
			Subtotal Total:	A.	

Type of Assets:		Yes	No	Source	Total Value of Asset	Interest Earned Annually
1a	Cash held in savings accounts (current balance)					
1b	Cash held in checking accounts (avg. balance for last 6 mos.)					
1c	Cash held in safe deposit boxes					
1d	Other cash					
2	Cash value of revocable trusts available to the applicant.					
3	Equity in rental property or other capital investments.					
4	Cash value of stocks or bonds.					
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.					
5b	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).					
6	Retirement and pension funds.					
7	Cash value of life insurance policies available before death.					
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.					
9	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.					
10	Mortgages or deeds of trust held by applicant.					
11	Assets(cash, property, etc.) gifted or sold below market value in last 24 months					
Total Assets:						B.
Total Income; Subtotal + Assets (A+B):						

APPLICANT'S CERTIFICATION

I/we certify that all information on this form is true and correct to the best of my knowledge and I understand that any deliberate falsifications are grounds for rejection of the application. I consent to all verification of any information herein contained.

***Family/Income Details & Income Determination Worksheet will have the final and verified income**

Signature

Print Name

Date

Signature

Print Name

Date

PRE-APPLICATION FOR HOMEBUYER/ PRE-APLICACIÓN PARA COMPRADORES

Date / Fecha: _____

THE INFORMATION IN THE BOX BELOW IS REQUIRED / LA INFORMACIÓN EN LA CAJA ABAJO SE REQUIERE

Applicant Name / Nombre del Solicitante		Co-Applicant Name / Nombre del Co-Solicitante	
Home Phone / Teléfono de Casa		Work or Cell Phone / Trabajo o Celular	The best time to call me is _____ AM / PM Es el mejor hora para llamarme _____ AM / PM
Email Address/ Dirección de correo electrónico			
Current Address / Dirección Corriente			
City / Ciudad	Zip / Código Postal	County / Condado	
Mailing Address / Dirección Para Envío			
City / Ciudad	Zip / Código Postal		

Total # persons in household / Total personas en el hogar	Estimated Annual Income/Ingreso Anual Estimado: \$
Have you owned a property in the last 3 years?/¿Ha sido dueño de un propiedad en los últimos 3 años? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please explain: _____	
IN WHAT CITY ARE YOU LOOKING TO BUY A HOME? _____ ¿EN QUÉ CIUDAD ESTÁ BUSCANDO PARA COMPRAR SU CASA? _____	
Spanish speaking only?/Sólo Habla en Español? <input type="checkbox"/> Yes / Si <input type="checkbox"/> No / No	

How did you hear about us?/ ¿Cómo se enteró de nosotros? _____

*The information below is for statistical/government monitoring purposes only. This information is voluntary.
La información abajo es para estadística y seguimiento por parte del gobierno. Esta información es voluntaria.*

Applicant Demographic Information / Información demográfica del solicitante:

Age / Edad: (please check one box / marque sólo una caja)

18 19-24 25-44 45-64 65 and over

Ethnicity / Etnicidad:

Hispanic or Latino (Hispano) Not Hispanic or Latino (No Hispano)

Race / Raza:

11 – White (Blanco) 12 – Black/African American (Negro) 13 – Asian (Asiático)
 14 – American Indian/Alaskan Native (Am.-Indio) 15 – Native Hawaiian/Other Pacific Islander (Isleño Pacífico) 20 – Other Multi-Racial (Otro Multi-Racial)

Gender / Género: Male / Varón Female / Hembra

Handicapped /Incapacitado: Yes / Si No / No

**I CERTIFY THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
CERTIFICO QUE LA INFORMACIÓN DADA EN ESTA FORMA ES VERDADERA Y EXACTA A LO MEJOR DE MI CONOCIMIENTO.**

NAME / NOMBRE

DATE / FECHA

NAME / NOMBRE

DATE / FECHA



Request for Transcript of Tax Return

▶ **Do not sign this form unless all applicable lines have been completed.**
▶ **Request may be rejected if the form is incomplete or illegible.**
▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. Self Help Enterprises, 8445 W. Elwin Court, Visalia CA 93291 (559) 651-1000	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ 1040

a Return Transcript , which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days	<input checked="" type="checkbox"/>
b Account Transcript , which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days	<input type="checkbox"/>
c Record of Account , which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days	<input type="checkbox"/>
7 Verification of Nonfiling , which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days	<input type="checkbox"/>
8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days	<input type="checkbox"/>

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

12/31/2017	12/31/2016	12/31/2015	
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Sign Here