

Application Checklist (1st Mortgage Lender)

City of Visalia CalHome Reuse Program

Forms/Disclosures

- Certification Letter (filled out and signed by lender)
- Conflict of Interest Disclosure (2 pages)
- Receipt from Buyers
- Lead –Based Paint Disclosure (pre 1978 homes-signed by buyer/seller/Agent)
- Lead-Based Paint Contingency (pre 1978 homes-signed by buyer/seller/Agent)
- Lead –Based Paint Visual Assessment Notice of presumption (pre 1978 homes; this form is required to be filled out by certified lead inspector. This form may follow after this pre-qualification stage-before extra expense is incurred)
- Fair Lending Notice
- Gross Income Worksheet (filled out and signed by lender)
- Statement of household composition
- Worksheet 1-Monthly expenses
- Worksheet 2-Cash and assets
- Worksheet 3-Gross monthly Income
- Worksheet 4-Monthly debt payments
- Worksheet 5-Subsidy Calculation (filled out by lender to determine eligibility and GAP needed)
- Declaration-Arm's Length Transaction (2 pgs.) (signed by buyer & seller)
- Borrowers Authorization Form-signed by all adult household members
- Application (19 pages)
- Pre-approval letter from primary lender
- Executed Purchase Agreement
- 2018, 2017 & 2016 Tax Returns and W-2's for all adults household
- Current (three months) employment paystubs, SSI/SSA/EDD/Public Assistance/Child Support or other income sources for all adults household (Program requirement- income may not exceed 80% of the area median income, calculations based on 24CFR 5.609 requirements)
- Verification of Employment for all adults household
- Primary Lenders 1003
- Bank Statements (three months)
- Credit Report (tri-merged)

**City of Visalia CalHome Reuse First Time Homebuyer Loan Program
CERTIFICATION LETTER**

Date: _____

RE: Certification of CalHome FT HB Program homeownership training, first time home buyer and gross family yearly income.

To whom it may concern:

1. This is to certify that _____ is applying for a CalHome Reuse funded second mortgage through the City of Visalia CalHome FT HB Loan Program.

Attached are the following worksheets completed by the borrower(s) that document their understanding of the material covered.

- CalHome Reuse FT HB Loan Program Gross Income Worksheet
- Worksheet 1 Your current monthly expenses
- Worksheet 2 Your available cash and assets
- Worksheet 3 Your gross monthly income
- Worksheet 4 Your monthly debt payments
- Receipt from Buyers

2. This is also to certify that _____ is a first time homebuyer and has not owned a house in the last three years (3)

3. This is also to certify that _____ has a gross family income that is less than 80% of the Visalia median income.

Loan Officer Date

Borrower Date

Lender Name

Co-Borrower Date

**CITY OF VISALIA CALHOME REUSE FTHB
CONFLICT OF INTEREST DISCLOSURE FORM**

As a prospective applicant of the **CalHome Reuse First Time Homebuyer Program**, a City of Visalia, **Community Development** administered program –

I/we understand that I/we must disclose my/our relationship(s) with other persons who I/we may be associated with. This includes, but not limited to official, employee, board member, commissioner, council member, committee representative, agent and/or other representative of the City, non-profit agency, or developer.

1)Therefore, I (Applicant No. 1)_____ attest to the following:

- I am not a current employee of the entity listed above, in which I wish to participate.
- I am a current employee of the specified entity listed above.
- I am a former official, employee, board member, commissioner, council member, committee representative, agent/and or other representative of the above specified entity.

Position/Title: _____ Agency: _____

Date Employment/Term Ended: _____

To the best of my knowledge, I am not related to an official, employee, board member, commissioner, agent/and or representative of the above specified entity, **OR**

I am related to or have a business relationship with a current official, employee, board member, commissioner, council member, committee representative, agent and /or other representative of the specified entity above, also referenced as a program administrator, developer or sponsor.

Name of Person _____ Entity: _____ Position: _____

The relation of the person is as follows:

Parent; Spouse; Immediate family; Business associate; Other: _____

Parent; Spouse; Immediate family; Business associate; Other: _____

2)Therefore, I (Applicant No. 2)_____ attest to the following:

- I am not a current employee of the entity listed above, in which I wish to participate.
- I am a current employee of the specified entity listed above.
- I am a former official, employee, board member, commissioner, council member, committee representative, agent/and or other representative of the above specified entity.

Position/Title: _____ Agency: _____

Date Employment/Term Ended: _____

To the best of my knowledge, I am not related to an official, employee, board member, commissioner, agent/and or representative of the above specified entity, **OR**

I am related to or have a business relationship with a current official, employee, board member, commissioner, council member, committee representative, agent and /or other representative of the specified entity above, also referenced as a program administrator, developer or sponsor.

Name of Person _____ Entity: _____ Position: _____

The relation of the person is as follows:

Parent; Spouse; Immediate family; Business associate; Other: _____

Parent; Spouse; Immediate family; Business associate; Other: _____

Applicant's Name (Print)

Applicant's Signature

Date:

Applicant's Name (Print)

Applicant's Signature

Date:

Property Address

Conflict of Interest guidelines are based on Department of Housing and Community Development regulations found in Title 25 of the California Code of Regulations. In addition, Conflict of Interest rules must be adhered to when purchasing supplies, equipment, construction, and other related services [See 24CFR 85.36 and 24 CFR 85.42 (the Common Rule)].

In accordance with Title 25 of the California Code of Regulations, Section 6500, no member of the governing body and no official, employee or agent of the local government, nor any person who exercises policy or decision-making responsibilities (including members of the loan committee and officers, employees and agents of the loan committee and similar agencies) in connection with the planning and implementation of the Program shall directly or indirectly be eligible for the Program. This ineligibility shall continue for one year after an individual's relationship with the Sub recipient ends. Exceptions to this policy can only be made after public disclosure and formal approval by HUD and the City Council.

City of Visalia CalHome Reuse First Time Homebuyers Program

Sellers Lead-Based Paint Disclosure
Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards
Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning.

Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women.

The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards.

A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

- (a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):
(i) ___ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).
(ii) ___ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.
(b) Records and reports available to the seller (check (i) or (ii) below):
(i) ___ Seller has provided the purchaser with all available records and reports pertaining to Lead-based paint and/or lead-based paint hazards in the housing (list documents).
(ii) ___ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (initial)

- (c) ___ Purchaser has received copies of all information listed above.
(d) ___ Purchaser has received the pamphlet Protect Your Family from Lead in Your Home.
(e) ___ Purchaser has (check (i) or (ii) below):
(i) ___ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or
(ii) ___ waived the opportunity to conduct a risk assessment or inspection for the presence of Lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (initial)

- (f) ___ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d and is ware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Seller Date Purchaser Date

Seller Date Purchaser Date

Agent Date Agent Date

**City of Visalia CalHome Reuse First Time Homebuyers Program
Lead-Based Paint Contract Contingency**

This contract is contingent upon a risk assessment or inspection of the property for the presence of lead-based paint and/or lead-based paint hazards at the Buyer's expense until 9 p.m. on the tenth calendar-day after ratification.

This ending date is: _____ . [Insert date 10 days after contract ratification or a date mutually agreed upon].

(Intact lead-based paint that is in good condition is not necessarily a hazard. See the EPA pamphlet "Protect Your Family From Lead in Your Home" for more information.)

This contingency will terminate at the above predetermined deadline unless the Buyer (or Buyer's agent) delivers to the Seller (or Seller's agent) a written contract addendum listing the specific existing deficiencies and corrections needed, together with a copy of the inspection and/or risk assessment report.

The Seller may, at the Seller's option, within _____ days after Delivery of the addendum, elect in writing whether to correct the condition(s) prior to settlement. If the Seller will correct the condition, the Seller shall furnish the Buyer with certification from a risk assessor or inspector demonstrating that the condition has been remedied before the date of the settlement. If the Seller does not elect to make the repairs, or if the Seller makes a counteroffer, the Buyer shall have _____ days to respond to the counter-offer or remove this contingency and take the property in "as is" condition or this contract shall become void. The Buyer may remove this contingency at any time without cause.

Property Address:

_____ Seller	_____ Date	_____ Purchaser	_____ Date
_____ Seller	_____ Date	_____ Purchaser	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

City of Visalia CalHome Reuse First Time Homebuyers Program

LEAD-BASED PAINT

VISUAL ASSESSMENT, NOTICE OF PRESUMPTION, AND HAZARD REDUCTION FORM

Section 1: Background Information			
Property Address:		No LBP found or LBP exempt <input type="checkbox"/>	
Select one:	Visual Assessment <input type="checkbox"/>	Presumption <input type="checkbox"/>	Hazard Reduction <input type="checkbox"/>

Section 2: Visual Assessment. Fill out Sections 1, 2, and 6. If paint stabilization is performed, also fill out Sections 4 and 5 after the work is completed.	
Visual Assessment Date:	Report Date:
Check if no deteriorated paint found <input type="checkbox"/>	
Attachment A: Summary where deteriorated paint was found. For multi-family housing, list at least the housing unit numbers and common areas and building components (including type of room or space, and the material underneath the paint).	

Section 3: Notice of Presumption. Fill out Sections 1, 3, 5, and 6. Provide to occupant w/in 15 days of presumption.	
Date of Presumption Notice:	
Lead-based paint is presumed to be present <input type="checkbox"/> and/or Lead-based paint <i>hazards</i> are presumed to be present <input type="checkbox"/>	
Attachment B: Summary of Presumption: For multi-family housing, list at least the housing unit numbers and common areas, bare soil locations, dust-lead location, and or building components (including type of room or space, and the materials underneath the paint) of lead-based paint and/or hazards presumed to be present.	

Section 4: Notice of Lead-Based Paint Hazard Reduction Activity. Fill out Sections 1, 4, 5, and 6. Provide to occupant w/in 15 days of after work completed.	
Date of Hazard Reduction Notice:	
Initial Hazard Reduction Notice? Yes <input type="checkbox"/> No <input type="checkbox"/>	Start & Completion Dates:
If "No", dates of previous Hazard Reduction Activity Notices:	
Attachment C: Activity locations and types. For multi-family housing, list at least the housing unit numbers and common areas (for multifamily housing), bare soil locations, dust-lead locations, and/or building components (including type of room or space, and the material underneath the paint), and the types of lead-based paint hazard reduction activities performed at the location listed.	
Attachment D: Location of building components with <u>lead-based paint remaining</u> in the rooms, spaces or areas where activities were conducted.	
Attachment E: Attach clearance report(s), using DHS form 8552 (and 8551 for abatement activities)	

Section 5: Resident Receipt of Notice for Presumption or Lead-Based Paint Hazard Reduction Activity		
Printed Name:	Signature:	Date:

Section 6: Contact Information		Organization:	
Contact Name:		Contact Signature:	
Date:	Address:	Phone:	

STATE OF CALIFORNIA FAIR LENDING NOTICE

TO: ALL APPLICANTS FOR FINANCIAL ASSISTANCE FOR THE PURCHASE, CONSTRUCTION, REHABILITATION, IMPROVEMENT OR REFINANCING OF ONE OR MORE FAMILY RESIDENCES:

IT IS UNLAWFUL, UNDER THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977, FOR A PUBLIC AGENCY TO CONSIDER ANY OF THE FOLLOWING IN DETERMINING WHETHER OR NOT, OR UNDER WHAT TERMS AND CONDITIONS, TO PROVIDE OR ARRANGE FOR FINANCIAL ASSISTANCE:

- 1. NEIGHBORHOOD CHARACTERISTICS (SUCH AS THE AVERAGE AGE OF THE HOMES OR THE INCOME LEVEL IN THE NEIGHBORHOOD), EXCEPT TO A LIMITED EXTENT NECESSARY TO AVOID AN UNSAFE AND UNSOUND BUSINESS PRACTICE.
- 2. RACE, SEX, COLOR, RELIGION, MARITAL STATUS, NATIONAL ORIGIN OR ANCESTRY.

IT IS ALSO UNLAWFUL TO CONSIDER, IN APPRAISING A RESIDENCE, THE RACIAL, ETHNIC, OR RELIGIOUS COMPOSITION OF A PARTICULAR NEIGHBORHOOD, OR WHETHER OR NOT SUCH COMPOSITION IS UNDERGOING CHANGE, OR IS EXPECTED TO UNDERGO CHANGE.

IF YOU WISH TO FILE A COMPLAINT, OR IF YOU HAVE QUESTIONS ABOUT YOUR RIGHTS, CONTACT:

DEPT. OF FAIR EMPLOYMENT AND HOUSING
1277 E ALLUVIAL AVE, SUITE 101
FRESNO, CA 93720

Phone: 1-800-233-3212 Toll Free (Within California) or 559-244-2950

Website: <http://www.dfeh.ca.gov>

IF YOU FILE A COMPLAINT, THE LAW REQUIRES THAT YOU RECEIVE A DECISION WITHIN THIRTY (30) DAYS.

I(WE) RECEIVED A COPY OF THIS NOTICE:

_____	_____
APPLICANT	DATE
_____	_____
APPLICANT	DATE
_____	_____
APPLICANT	DATE
_____	_____
APPLICANT	DATE

THIS NOTICE MUST BE PRINTED IN NOT LESS THAN 10-POINT BOLDFACE TYPE





**CalHome Reuse Program
Gross Income Worksheet**

ASSETS				
Household Member	Assets Description	Current Value	Actual Income from Assets (Annualized)*	
1. Totals		1(a)	1(b)	
2. If line 1(a) is \$5,000 or less, enter 0 here and in line 6(d) below. Income from assets of \$5,000 or less is not included in the determination of income eligibility.			2.	
3. If line 1(a) is greater than \$5,000:				
(a) multiply line 1(a) by 2.0% and enter results here			3(a)	
(b) enter amount from line 1(b)			3(b)	
(c) Enter the greater of lines 3(a) or 3(b) here and in line 6(d) below.			3(c)	
ANTICIPATED ANNUAL INCOME *				
Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Other Income	d. Asset Income
6. Totals	a.	b.	c.	d.
7. Enter total of items from 6a.through 6d. (Total Income)				7.

* Use Wage Income Calculations Worksheet (includes method for annualizing amounts)

Completed and Reviewed by: _____ Date: _____

Statement of Household Composition

Head(s) of Household: _____

Property purchasing: _____

	<u>Name</u>	<u>Age</u>	<u>Relationship to the Head of Household</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____

Worksheet 1

Your current monthly expenses

Use this worksheet to calculate your current monthly expenses. By comparing your nonhousing expenses with your gross monthly income (in Worksheet 3), you can see how much you have left for housing-related expenses. Remember that when you are a homeowner, your housing expenses will include your monthly mortgage payment, property taxes and homeowner's insurance, condominium fee (if applicable), utilities, and maintenance costs.

	Average Monthly Payment
Rent	\$
Utilities (if paid separately)	\$
Current Nonhousing Expenses	
Food	\$
Clothing	\$
Daycare/tuition	\$
Car loan	\$
Car insurance	\$
Gas and Oil	\$
Car repairs	\$
Health care	
Credit card payments	\$
Installment loan payments	\$
Student loan	\$
Alimony/child support	\$
Entertainment	\$
Taxes	\$
Telephone	\$
Insurance (other than car)	\$
Other (specify)	\$
Other (specify)	\$
Total Monthly Expenses	\$

Worksheet 2

Your available cash and assets

List here all your sources of cash and any assets you can use for the down payment and closing costs.

Checking account(s)	\$
Savings account(s)	\$
Mutual funds, stocks, and bonds	\$
Current Nonhousing Expenses	\$
Cash value of life insurance policy	\$
Cash gifts from parents or other relatives	\$
Other assets	\$
Total Cash and Assets	\$

Worksheet 3

Your gross monthly income

List all current, regular gross monthly income for yourself and any co-borrowers. Consider all sources of income during the past 12 months if they are likely to continue for at least three years.

	Average Monthly Amount
Gross pay (before taxes and other deductions)	\$
Overtime/part-time/seasonal/commission income	\$
Bonuses/tips	
Dividends/interest earnings	\$
Business or investment earnings	\$
Pension/Social Security benefits	\$
Unemployment compensation	\$
Public assistance	\$
Alimony/child support/separate maintenance income	\$
Other	\$
Total Gross Monthly Income	

HOME Funds utilize 24 CFR 5.609 income guidelines. Income is calculated based on current gross (projecting 12 months)

Worksheet 4

Your monthly debt payments

List all the monthly debt obligations of your household (other than your current housing expenses).

If your Total Monthly Debt Payments equal more than 8 percent -- or 10 percent if you have very good credit -- of your gross monthly income (which you calculated on Worksheet 3), then your “excess debt” will reduce the amount of mortgage for which you can qualify.

Refer to Chart 3 for additional detail.

	Average Monthly Amount
Car Payment	\$
Other installment loan payments with ten or more monthly payments remaining (furniture, appliance, etc.).	\$
Average monthly credit card payment	
Student loan payment	\$
Medical/health care payment	\$
Alimony/child support payment	\$
Total Monthly Debt Payments	\$

CALHOME REUSE FTHB ESTIMATE SUBSIDY CALCULATION

Purchase Price of Property *For estimate purposes only* \$ -

Housing Expense Ratio (1)

ENTER Total Gross Monthly Income (*from Worksheet 3*) \$ -

multiply by 30% 0.30

Minimum allowable for PITI plus HOA or condo fee \$ -

SUBTRACT MIP - \$ -

Minimum allowable for PITI plus fees & MIP \$ - (1)

Total Debt Ratio (2)

Total Gross Monthly Income \$ -

multiply by 45% 0.45

Maximum allowable for PITI and other monthly debts \$ -

SUBTRACT Debts - \$ -

\$ - (2)

The lower of (1) or (2) -----> \$ - (3)

This figure represents the maximum allowable for PITI, given current gross monthly income and debts

Multiply the amount in Line (3) by 80% to estimate portion of PITI that represents P&I only.

$$\text{\$ } \underline{\hspace{2cm}} \text{ - (3) } \times .80 = \text{\$ } \underline{\hspace{2cm}} \text{ - (4)*}$$

* Maximum Allowable for P&I

Enter factor ♦ table on page 2)

$$\text{\$ } \underline{\hspace{2cm}} \text{ - (4) } \div \underline{\hspace{2cm}} \text{ 0 (factor) } = \text{\#DIV/0!} \text{ **}$$

** Maximum Loan Amount (P & I)

Purchase Price of Home	\$	-
Less Primary Loan Amount **	-	\$ <u> -</u>
Less down payment of 1.5%	-	\$ <u> -</u>
Equals "GAP"	\$	<u> -</u>
Plus allowable settlement charges	+	\$ <u> -</u>

Equals Total Subsidy	\$	-	(A)*(Cannot exceed \$60,000)
Minus 6% activity Delivery (max \$3,400)	\$	-	
	\$	-	(B)
Enter higher of A or B (not to exceed \$56,600)	\$	<u> -</u>	AMOUNT OF ASSISTANCE

CALHOME REUSE FTHB ESTIMATE SUBSIDY CALCULATION*For estimate purposes only*

Monthly Principal & Interest Payment Factors for 30 year mortgages
 Utilize this table to complete Worksheet 5- Estimated Subsidy

Interest Rate	Factor
4.00%	4.77
4.13%	4.85
4.25%	4.92
4.38%	4.99
4.50%	5.07
4.63%	5.14
4.75%	5.22
4.88%	5.29
5.00%	5.37
5.13%	5.44
5.25%	5.52
5.38%	5.60
5.50%	5.68

Interest Rate	Factor
5.63%	5.76
5.75%	5.84
5.88%	5.92
6.00%	6
6.13%	6.08
6.25%	6.16
6.38%	6.24
6.50%	6.32
6.63%	6.40
6.75%	6.49
6.88%	6.57
7.00%	6.65
7.23%	6.74

**City of Visalia CalHome Reuse First Time Homebuyers Program
Disclosure to Seller with Voluntary, Arm's Length Purchase Offer**

Part One

DECLARATION

This is to inform you that (name of buyers) _____
would like to purchase the property, located at (address) _____
_____, if a satisfactory agreement can be reached. The City will not be
conducting its own appraisal of the subject property.

Because Federal and State funds may be used in the purchase, the City is required to disclose to you the following information:

1. The sale is voluntary. If you do not wish to sell to the buyer, _____,
the City of Visalia will not acquire your property. The buyer does not have the power of eminent domain to acquire your property by condemnation (i.e. eminent domain) and the City of Visalia will not use the power of eminent domain to acquire the property.
2. The estimated fair market value of the property is \$ _____ and was estimated by _____, to be finally determined by a professional appraiser prior to close of escrow.

Since the purchase would be a voluntary, arm's length, transaction, you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation.

Again, please understand that if you do not wish to sell your property, The City will take no further action to acquire it.

Buyer

Date

Buyer

Date

**City of Visalia CalHome Reuse First Time Homebuyers Program
Disclosure to Seller with Voluntary, Arm's Length Purchase Offer**

Part Two

Acknowledgement

As the Seller, I/we understand that the City of Visalia will inspect the property for health and safety deficiencies (Code Compliance Inspection). I/we also understand that public funds may be involved in this transaction and, as such, if the property was built before 1978, a lead-based paint disclosure must be signed by both the buyer and seller, and that a Visual Assessment will be conducted to determine the presence of deteriorated paint.

As the Seller, I/we understand that under the City of Visalia's program, the property must be currently owner-occupied, vacant for four months at the time of submission of purchase offer, new (never occupied), or renter purchasing the unit.

I/we hereby certify that the property is: *(select one)*

Vacant at least 4 months; Owner-occupied; New; or Being Purchased by Occupant

I/we hereby certify that I have read and understand this "Declaration" and a copy of said Notice was given to me prior to the offer to purchase. If received after presentation of the purchase offer, I/We choose to withdraw or not to withdraw, from the Purchase Agreement.

Seller

Date

Seller

Date

CITY OF VISALIA CALHOME REUSE FTHB LOAN PROGRAM APPLICATION

Note: This is an application to **Reserve funds only**. This application requires the review by the City of Visalia. A "Reservation Number" must be obtained. 1) Contact Self-Help Enterprises to verify the availability of funding; 2) submit application to Self Help Enterprises ; 3) Self-Help Enterprises will review with the City of Visalia the preliminary information and will provide a reservation of funding number only. In order to receive the funds reserved, the applicant must meet all the program and underwriting guidelines. Upon a signed authorization through the "Final Loan Recommendation Form", the funds will be deemed approved. Please refer to your program guidelines.

A. FAMILY INFORMATION (TO BE COMPLETED BY APPLICANT OR LENDER)

- FAMILY NAME _____
(As family will take title)
- CURRENT FAMILY ADDRESS _____
- CURRENT FAMILY TELEPHONE _____
- FAMILY GROSS INCOME _____
- FAMILY SIZE (# of persons) _____
Single (Single Person) _____ Small _____ Large _____ (Mark with an "X")

Tulare County Area Median Income – State Income Limits (HCD – for CalHome Reuse Program)

<u>Tulare County Area Median Income</u>	FY 2019 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
	Place an "X" in the box that applies to income ->	<input type="checkbox"/>							
	Extremely Low	\$13,650	\$15,600	\$17,550	\$19,450	\$21,050	\$22,600	\$24,150	\$25,700
\$51,850	Very Low (50%) Income Limit	\$22,700	\$25,950	\$29,200	\$32,400	\$35,000	\$35,000	\$40,200	\$42,800
	Low (80%) Income Limit	\$36,300	\$41,500	\$46,700	\$51,850	\$56,000	\$60,150	\$64,300	\$68,450

State Annual Income is not to exceed the amount listed above, per number of persons in the household (HCD Income) Income information as of June 28, 2019. Income information changes; verify income at: <http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits.shtml>

- Has borrower owned a home as his/her principal residence in the past 3 years? YES _____ NO _____
- Has borrower completed the required CalHome Reuse Home Buyer's program class? YES _____ NO _____
- Buyer will be providing a one and a half-percent (1.5%) down payment YES _____ NO _____
- Buyer understands that (he/she/they) are applying for a CalHome Reuse funded second mortgage through the City of Visalia? YES _____ NO _____
- * Borrower(s) to initial their understanding (initials: _____)

The following information is for statistical purposes only and is voluntary:			
Ethnicity (Select only one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Section of City Will be Residing Within: North East <input type="checkbox"/> North West <input type="checkbox"/> South East <input type="checkbox"/> South West <input type="checkbox"/>	
Race (Select one or more): White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/>		No. People in household: One- <input type="checkbox"/> Two- <input type="checkbox"/> Three- <input type="checkbox"/> Four- <input type="checkbox"/> Five- <input type="checkbox"/> Six- <input type="checkbox"/> Seven- <input type="checkbox"/> Eight- <input type="checkbox"/>	
Annual Household Income: See above Income Categories: \$ _____ Annual income is based upon the Title 25, § 6914 definition		Gender: Male- <input type="checkbox"/> Female- <input type="checkbox"/> Female Head of Household: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Veteran: Yes- <input type="checkbox"/> No- <input type="checkbox"/>	Senior: Yes- <input type="checkbox"/> No- <input type="checkbox"/>	Handicapped/Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/>

B. HOUSE INFORMATION (TO BE COMPLETED BY REALTOR OR LENDER)

- IS THE HOUSE WITHIN THE VISALIA CITY LIMITS: YES _____ NO _____
(Cannot fund the loan if the property is not within the City of Visalia city limits)

- MAXIMUM PURCHASE PRICE (as of 4/15/2019): **\$221,000.00**

- SALE PRICE _____
NOTE: Sale Price cannot exceed 100% the current median sales price of a Single Family home in Tulare County per the State of California HOME Program Single-Family Maximum Purchase Price/After-Rehabilitation Value Limits found at: http://www.hcd.ca.gov/grants-funding/income-limits/state-and-federal-income-limits/docs/HOME_2018_Limits_Existing_Housing.pdf

- ADDRESS OF NEW HOME _____
- APPROXIMATE AGE OF HOUSE _____

If the home is built prior 1978, has the home been inspected for Lead Based Paint?

YES _____ NO _____ What results were found? _____

**** The "Lead Based Paint Visual Assessment, Notice of Presumption, and Hazard Reduction Form must be completed and provided to the City ****

OF BEDROOMS _____ # OF BATHROOMS _____

SQUARE FOOTAGE _____

- Has the Borrower been provided the pamphlet "Protect your family from lead in your home", read and signed the "Seller Lead-Based Paint Disclosure, Disclosure of Information on Lead-Based Paint and/or Lead Based Paint Hazards Lead Warning Statement"?
YES _____ NO _____ **(Required to participate)**
- Has the Seller, Sellers Agent and borrowers Agent Certified that they have read and signed the Seller Lead-Based Paint Disclosure, Disclosure of Information on Lead-Based Paint and/or Lead Based Paint Hazards Lead Warning Statement?
YES _____ NO _____ **(Required to participate)**
- Has the Borrower and Seller Read and signed the "Homebuyer Assistance Program Lead-Based Paint Contract Contingency" Statement? YES _____ NO _____ **(Required to participate)**

HAS THE HOUSE BEEN INSPECTED BY THE CITY OF VISALIA BUILDING DEPARTMENT FOR CODE COMPLIANCE? YES _____ NO _____

(Please call the City of Visalia Building Department at 713-4452 to request the inspection; a loan, if approved, may not be funded until the inspection is conducted and finalized. An Agency Authorization form must be signed by the existing property owner and may be obtained from the City of Visalia's website, under Community Development) www.visalia.city

- APN _____
- FLOOD ZONE: YES _____ NO _____

(If the property is in a flood zone, proof of insurance must be provided)

C. CITY PROGRAM ADDITIONAL DISCLOSURE AND ACKNOWLEDGEMENT DOCUMENTS REQUIRED

- Has the Borrower read and signed the "Disclosure to Seller with Voluntary, Arm's Length Purchase Offer Declaration" YES _____ NO _____ **(Required to participate)**
- Has the Seller read and signed the "Disclosure to Seller with Voluntary, Arm's Length Purchase Offer Acknowledgement" YES _____ NO _____ **(Required to participate)**

D. LOAN INFORMATION (TO BE COMPLETED BY REALTOR OR LENDER)

- REQUESTED CITY CALHOME REUSE LOAN AMOUNT (MAX \$60,000 SECOND POSITION LOAN. *Includes activity delivery) _____
- PRIMARY LOAN AMOUNT _____
- ESCROW # _____
- PAYMENT OF FIRST (30% of family income) _____
- INTEREST RATE OF FIRST LOAN _____
- TYPE OF LOAN: FHA _____ Conv _____ (check one)
- MORTGAGE LENDER _____
- LOAN OFFICER _____
TELEPHONE _____ FAX _____
- BUYER'S REALTOR NAME _____
TELEPHONE _____
- SELLER'S REALTOR NAME _____
TELEPHONE _____
- TITLE COMPANY _____
- ESCROW OFFICER _____
TELEPHONE _____ FAX _____

E. REQUEST FOR FUNDING APPROVAL (TO BE COMPLETED BY CITY)

- CALHOME REUSE FUNDED (2ND MORTG): YES _____ NO _____
- MAXIMUM LOAN OF \$60,000.00.*Includes activity delivery
- CITY OF VISALIA PROJECT NUMBER _____
- FUNDS AVAILABLE AND RESERVED BY CITY FOR 60 DAYS: YES _____ NO _____

The application information provided by the buyer is true and correct. The buyer is applying for the City of Visalia CALHOME REUSE FTHB Loan program, to assist them in buying the house listed on this application.

BUYER SIGNATURE

DATE

BUYER SIGNATURE

DATE

The City of Visalia is requesting that this project be reviewed by Self-Help Enterprises for a loan in the City's CALHOME REUSE FTHB Loan Program. Any questions, please call Self-Help Enterprises (559) 802-1642.

Reviewed by City of Visalia Staff

DATE

Lender will send this request, along with the primary loan package to Self Help Enterprises at:

8445 W Elwin
Visalia, CA 93291

Tel: (559)802-1642

Contact person: Juan Jaime

juanj@selfhelpenterprises.org

NOTE: Buyers income will be required to be verified by Self Help Enterprises to confirm that it meets CALHOME REUSE Requirements

**HOME Program
Eligibility Release Form**

City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

Purpose: Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

- HOME TBRA Program
- HOME Homebuyer Program
- HOME Rental Rehabilitation Program
- HOME Homeowner Rehabilitation Program

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

Information Covered: Inquiries may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expense		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled Family Member ____ Minor Children		

Authorization: I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy 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 owner in this process.

Head of Household—Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household—Signature, Printed Name, and Date: Family Member #4

VERIFICATION OF: Employment



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Employed since: _____ Occupation: _____

Salary: _____

Effective date of last increase: _____

Base pay rate: \$ _____/Hour; or \$ _____/Week; or \$ _____/Month

Average hours/week at base pay rate: _____
Hours

No. Weeks _____, or No. Weeks _____ worked per year

Overtime pay rate: \$ _____/Hour

Expected weekly average number of hours overtime to be worked during next 12 months

Any other compensation not included above (specify for commissions, bonuses, tips, etc.):

For: _____ \$ _____ per _____

Is pay received for vacation? ___ If yes, no. of days/yr. _____

Total base pay earnings for past 12 mos. \$ _____

Total overtime earnings for past 12 mos. \$ _____

Probability and expected date of any pay increase: _____

Does the employee have access to a retirement account? Yes No

If Yes, what amount can they get access to:
\$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Income from Business



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Business Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Based on business transacted from _____ to _____

- | | | |
|--------------------------------|-------|----------|
| 1. Gross Income | | \$ _____ |
| 2. Expenses | | |
| (a) Interest on loans | | \$ _____ |
| (b) Cost of goods/materials | | \$ _____ |
| (c) Rent | | \$ _____ |
| (d) Utilities | | \$ _____ |
| (e) Wages/salaries | | \$ _____ |
| (f) Employee contributions | | \$ _____ |
| (g) Federal Withholding Tax | | \$ _____ |
| (h) State Withholding Tax | | \$ _____ |
| (i) FICA | | \$ _____ |
| (j) Sales tax | | \$ _____ |
| (k) Other: | | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| | _____ | \$ _____ |
| (l) Straight line depreciation | | \$ _____ |
| Total Expenses | | \$ _____ |
| 3. Net Income | | \$ _____ |

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Social Security Benefits



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Social Security Benefit Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Social Security Data

_____ Date of birth

_____ Gross monthly Social Security Benefit amount, type of benefit

_____ Gross monthly Supplemental Security Income payment amount (including state supplement), type of benefit

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Pension and Annuities



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Pension and Annuities Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Current monthly gross amount of pension or annuity \$ _____

Deductions from gross for medical insurance premiums \$ _____

Date of initial award _____

Effective date of current amount _____

Contributions to company retirement/pension fund \$ _____

Amount received in a lump sum \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Veterans Administration Benefits



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Veterans Administration Benefits Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Veteran: _____

Address: _____

Claim No.: _____

Date of Birth: _____

Service Dates: _____ to _____

Benefits Paid to: _____

1. Current Benefit Amount \$ _____

2. Original Start Date _____

3. This amount will increase/
decrease to (circle one) \$ _____

Date Change Takes Effect _____

4. Benefits are for:

GI Bill Training

Insurance

Service Connected Compensation
Disability (%) _____

Nonservice Pension Death

Service Connected Compensation Death

Other _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Unemployment Benefits



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Unemployment Benefits Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Benefits

1. Are benefits being paid now? Yes No
2. If yes, what is Gross Weekly Payment? \$ _____
3. Date of Initial Payment _____
4. Duration of Benefits _____ weeks
Is claimant eligible for future benefits? Yes No
5. If yes, how many weeks? _____ weeks
6. If no, what is the termination date of benefits? _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Public Assistance Income



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Public Assistance Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Public Assistance Data	Rate per Month
Number in family: _____	
Aid to Families with Dependent Children	\$ _____
General Assistance	\$ _____
Does this amount include court-awarded support payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Amount specifically designated for shelter and utilities	\$ _____
Other assistance—type: _____	\$ _____
Total Monthly Grant	\$ _____
Other income—Sources: _____	\$ _____
Maximum allowance for rent and utilities (as-paid states)	\$ _____
Amount of public assistance received during past 12 months	\$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____ or
Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Child Support Payments



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Child Support Payments made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Person Paying Child Support:

Address of Person Paying Child Support:

Support is for his her children.

Name(s) of children being supported:

Amount of support:

\$ _____ Week Month Year

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Alimony or Separation Payments



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Alimony and Separation Payments made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Name of Person Paying Alimony or Separation Payments: _____

Address of Person Paying Alimony or Separation Payments: _____

Name of person being supported: _____

Amount of support:

\$ _____ Week Month Year

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Recurring Cash Contributions



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Recurring Cash Contributions made to all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Purpose of Cash Contribution:

Amounts anticipated to be received during the next 12 months:

Date: _____ \$ _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Income from Military Service



City of Visalia - Housing
707 W Acequia Ave, Visalia, CA 93291

AUTHORIZATION: Federal Regulations require us to verify Military Service Income of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.

Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Years _____ and Months _____
of service for pay purposes.

Income:

Base and Longevity Pay \$ _____

Proficiency Pay \$ _____

Sea and Foreign Duty Pay \$ _____

Hazardous Duty Pay \$ _____

Subsistence Allowance \$ _____

Quarters Allowance (include only amount contributed by the Government) \$ _____

Number of dependents claimed _____

Imminent Danger Pay \$ _____

Other (explain): _____

RELEASE: I hereby authorize the release of the requested information.

(Signature of Applicant)

Date: _____

Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.

Signature of _____
or Authorized Representative

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

VERIFICATION OF: Assets on Deposit

City of Visalia - Housing 707 W Acequia Ave, Visalia, CA 93291 AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
Retirement Savings (IRA, Keogh, 401(k))	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
Money Market Funds	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
RELEASE: I hereby authorize the release of the requested information. _____ (Signature of Applicant) Date: _____ Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.					

VERIFICATION OF ASSETS DISPOSED

I/We certify that during the 2-year (24-month) period preceding the effective date of my certification or recertification of eligibility for program participation, I/we _____ have _____ have not disposed of more than \$1,000 in asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	

Amount received for asset(s) disposed of:

1. _____
2. _____
3. _____

Signature of Applicant

Date

Signature of Spouse

Date

RECORD OF ORAL VERIFICATION

APPLICANT INFORMATION

Re: _____

Address: _____

Date Received: _____

INFORMATION VERIFIED

Item Verified: _____

Person Contacted: _____

Representing: _____

INFORMATION SUPPLIED

Signature of Person Receiving Verification

Date and Time

Technical Guide for Determining Income and Allowances for the HOME Program — 120