Submission Form/Lender Cover letter & Application for Homebuyer

· · · · · · · · · · · · · · · · · · ·		_ Company:				
Fax:	Phone #:	E-mail:				
	Borrower(s) Name:					
	City/County (Program):	Amount Requested: \$				
	First Mortgage Pre-qualified	ation amount \$				
	Total Household Size:	[# Adults # under 18 years]				
	Annual Income: \$	Income Limit \$				
Incomplete	packages cannot be process	sed.				
Send <u>ALL I</u>	TEMS at once. (Mark items at	ached)				
□ Submissi	on Form/Lender Cover Letter & A	pplication for Homebuyer				
□ Pre-Appli	cation for Homebuyer					
□ Program	Program Income Inclusions-signed by <u>all adult household</u> members (2 pgs.)					
Borrowers	s Authorization -signed by <u>all adul</u>	t household members				
□ 4506-T; s	signed by <u>all adult household</u> mem	bers (2 pgs.)				
First mort	tgage lender application (1003) <mark>ve</mark>	rify all <u>total #</u> of <u>household</u> members are listed (all will be verified)				
Loan Esti	imate/Fees worksheet (breakdowr	of all financing terms)				
Credit Re	port Tri-merged (3 Sources-Expe	ian, Trans Union, Equifax)				
🗆 If	no FICO scores; require 3 alternative	credit letters				
🗆 s	Signed explanation letter for each dero	gatory				
Current p	ay stubs or proof of all other incor	ne (60 days) – <mark>FOR ALL ADULT<u>HOUSEHOLD</u> MEMBERS</mark>				
□с	child Support/SSI/SSA/Unemployment	, etc.				
ΠV	erification of Employment (if applicab	e)				
🛛 2019 Tax	r Returns <u>and</u> W-2's– <mark>FOR ALL AD</mark>	JLT <u>HOUSEHOLD</u> MEMBERS				
	Confirm total number of household me					
	•	no longer part of household include letter of explanation				
_	Self Employed-3 years' tax returns					
	. , , , , , , , , , , , , , , , , , , ,	-K or any other retirement account statement (all asset accounts) urces other than employer (explanation for each deposit)				
By signing b listed.	elow, I acknowledge the above	applicant has been pre-qualified by our office for the amour				

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





OME/CDBG/CalHOME Program: Incor	ne an	d Asse	t Inclusions		L E
Type of Income	YES	NO	Туре	Received from whom?	Amount Received Annually
The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.					
The net income from the operation of a business 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.					
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.					
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.					
Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.					
Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31)) program.					
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.					
All regular pay, special pay, and allowances of a member of the Armed Forces.					

	Type of Assets:	Yes	No	Source	Total Value of Asset	Interest Earned Annually
1a	Cash held in savings accounts (current balance)					
1b						
1c						
1d	<u>`</u>					
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:					В.
	Total Income; Subtot	tal + A	ssets	(A+B):		
<u> </u>	APPLICANT'S	CEF	RTIF	ICATION	I	
uno ver	e certify that all information on this form is true derstand that any deliberate falsifications are gro ification of any information herein contained. mily/Income Details & Income Determination Work	unds	for re	jection of the	e application. I co	onsent to all
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Sig	gnature I	Print N	lame		Date	_

PART I BORROWER(S) AUTHORIZATION

I/We, hereby authorize Self-Help Enterprises to verify my past and present income, employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my mortgage loan application. I further authorize the lender to order a credit report and verify other credit information, including past and present mortgage and landlord references

PART II AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, the undersigned, hereby give permission to Self-Help Enterprises to release the information on the "Application for Homebuyers", SHE F-10301.1, and any other information gathered by Self-Help Enterprises, to the Homebuyers Assistance Program Lender. It is my/our understanding that this information is to be used solely for the purpose of my/our application for participation in the Program.

It is understood that a copy of this form will also serve as authorization.

			DOB
Date	Social Security #	Applicant	
			DOB
	Social Security #	Applicant	