Submission Form/Lender Cover Letter  
&  
Application for Homebuyer

To: Juan Jaime: juanj@selfhelpenterprises.org  Phone: (559) 802-1642  Fax (559)651-3634

From: ___________________________  Company: ___________________________
Fax: ___________________________  Phone #: ___________________________  E-mail: ___________________________
Borrower(s) Name: ___________________________
City/County (Program): ___________________________  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. (Mark items attached)
☐ Submission Form/Lender Cover Letter & Application for Homebuyer
☐ Pre-Application for Homebuyer
☐ Program Income Inclusions-signed by all adult household members (2 pgs.)
☐ Borrowers Authorization -signed by all adult household members
☐ 4506-T; signed by all adult household members (2 pgs.)
☐ First mortgage lender application (1003) verify all total # of household members are listed (all will be verified)
☐ Loan Estimate/Fees worksheet (breakdown of all financing terms)
☐ Credit Report Tri-merged (3 Sources-Experian, Trans Union, Equifax)
   ☐ If no FICO scores; require 3 alternative credit letters
   ☐ Signed 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.
   ☐ Verification of Employment (if applicable)
☐ 2020 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)
☐ Unspecified deposits from other sources other than employer (explanation for each deposit)

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.

______________________________  Date  _________________
Borrower-Signature  Co-Borrower Signature
LENDERS INCOME CALCULATION

Borrower:

Hourly: $______ (wage) X ____ (hours) X 52 weeks divided by 12 = $_________
Weekly: $______ (wage) X 52 weeks divided by 12 = $_________
Bi Weekly: $______ (wage) X 26 pay periods divided by 12 = $_________
Twice a Month: $______ (wage) X 24 pay dates divided by 12 = $_________
Monthly $______ (wage) = $_________

Bonus, Unemployment, Child Support, Overtime, Seasonal, ____________________________ $_________
Bonus, Unemployment, Child Support, Overtime, Seasonal, ____________________________ $_________
Income from all asset accounts; checking/savings, CD, retirement accounts, etc. $_________
Other income: _________________________________________________________________ $_________

NOTES/EXPLANATIONS:

______________________________________________________________

Co Borrower:

Hourly: $______ (wage) X ____ (hours) X 52 weeks divided by 12 = $_________
Weekly: $______ (wage) X 52 weeks divided by 12 = $_________
Bi Weekly: $______ (wage) X 26 pay periods divided by 12 = $_________
Twice a Month: $______ (wage) X 24 pay dates divided by 12 = $_________
Monthly $______ (wage) = $_________
Bonus, Unemployment, Child Support, Overtime, Seasonal, ____________________________ $_________
Bonus, Unemployment, Child Support, Overtime, Seasonal, ____________________________ $_________
Income from all asset accounts; checking/savings, CD, retirement accounts, etc. $_________
Other income: _________________________________________________________________ $_________

NOTES/EXPLANATIONS:

______________________________________________________________

Annual

Total Wages (B) $_________ X 12 =

Annual Income

Total Wages (CB) $_________ X12 =

Total Annual

TOTAL HOUSEHOLD INCOME FROM ALL SOURCES (B) + (CB) = $_________ X 12 =

HAREHAB l Homebuyer Program l Forms l Submission Form & Lender cover l Submission Form Lender cover letter and Application 8-20-20.docx
**Mark yes or not to all questions**

**HOME/CDBG/CalHOME Program: Income and Asset Inclusions**

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>YES</th>
<th>NO</th>
<th>Type</th>
<th>Received from whom?</th>
<th>Amount Received Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8. All regular pay, special pay, and allowances of a member of the Armed Forces.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Total:** A.
<table>
<thead>
<tr>
<th>Type of Assets:</th>
<th>Yes</th>
<th>No</th>
<th>Source</th>
<th>Total Value of Asset</th>
<th>Interest Earned Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Cash held in savings accounts (current balance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Cash held in checking accounts (avg. balance for last 6 mos.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Cash held in safe deposit boxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Other cash</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash value of revocable trusts available to the applicant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Equity in rental property or other capital investments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Cash value of stocks or bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Cash value of Treasury bills, certificates of deposit and money market accounts.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Retirement and pension funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Cash value of life insurance policies available before death</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Mortgages or deeds of trust held by applicant.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Assets(cash, property, etc.) gifted or sold below market value in last 24 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 __________
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.

______________________________  ____________________________
Date                 Social Security #      Applicant

______________________________  ____________________________
Social Security #      Applicant

DOB ____________

DOB ____________
Form 4506-T (March 2019)
Department of the Treasury
Internal Revenue Service

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.

Equifax Verification Services 11432 Lackland Road, St. Louis, MO 63146 - C/O Self Help Enterprises 8445 W. Elowin Court, Visalia CA 93290

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 5a, 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.  

   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 forms: 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. 
   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. Account transcripts are available for most returns. Most requests will be processed within 10 business days.
   c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Record of Account is available for current year and 3 prior tax years. Most requests will be processed within 10 business days.

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.

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 those 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.

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.

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.

Signature of taxpayer(s) attests to the fact 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.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)  
Date

Title (if line 1a above is a corporation, partnership, estate, or trust)  
Date

Spouse's signature  
Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 37667N

Form 4506-T (Rev. 3-2019)
Chart for all other transcripts

If you lived in or your business was in:

<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A-P.O. or F.P.O. address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail or fax to:</td>
<td>Internal Revenue Service</td>
<td>855-298-1145</td>
</tr>
<tr>
<td></td>
<td>RARS Team P.O. Box 9941</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ogden, UT 84409</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oregon, Washington</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pennsylvania, Vermont</td>
<td></td>
</tr>
</tbody>
</table>

Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont

<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Internal Revenue Service</td>
<td>855-821-0094</td>
</tr>
<tr>
<td></td>
<td>RARS Team Stop 6724</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kansas City, MO 64999</td>
<td></td>
</tr>
</tbody>
</table>

Chart for individual transcripts (Form 4606-T and Form 2-W and Form 1099)

If you filed an individual return and lived in:

<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or a P.O. or F.P.O. address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mail or fax to:</td>
<td>Internal Revenue Service</td>
<td>855-587-9664</td>
</tr>
<tr>
<td></td>
<td>RARS Team Stop 6716 AUSC</td>
<td>Austin, TX 73301</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail or fax to:</td>
<td>Internal Revenue Service</td>
<td>855-800-8105</td>
</tr>
<tr>
<td></td>
<td>RARS Team Stop 37106</td>
<td>Fresno, CA 93688</td>
</tr>
</tbody>
</table>

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN. If more than one SSN is available, enter the SSN that appears on the return.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If you are requesting only an EIN or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4606-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4606-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4606-T but must provide documentation to support the requester's right to receive the information.
**PRE-APPLICATION FOR HOMEBUYER**

**THE INFORMATION IN THE BOX BELOW IS REQUIRED**

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

<table>
<thead>
<tr>
<th><strong>Total # persons in household / Total personas en el hogar</strong></th>
<th><strong>Estimated Annual Income / Ingreso Anual Estimado:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Have you owned a property in the last 3 years? / ¿Ha sido dueño de un propiedad en los últimos 3 años?</strong></td>
<td></td>
</tr>
<tr>
<td>[ ] Yes  [ ] No</td>
<td></td>
</tr>
<tr>
<td>If YES, please explain:</td>
<td></td>
</tr>
</tbody>
</table>

**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?**

[ ] Yes / Si  [ ] 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 (Islaño 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**