

**COUNTY OF SONOMA
HOMEBUYER PROGRAM
APPLICATION**

Date: _____ Social Security # _____ - _____ - _____
 Employee ID # _____
 Drivers License #: _____

Name: _____ Phone: _____ (Work)
 Department: _____ (Home)

Current Address: _____ Zip: _____
 Property Address: _____ Zip: _____

Please check appropriate box :

Yes No

I am a Sonoma County employee, in a SEIU 1021 represented job classification with 2,088 hours or more of contribution to the Housing Assistance Program Fund. Yes No

Neither I nor any household member has owned a home within the last 3 years. (Exceptions may be made for divorced single parent. Contact the CDC for additional information.) Yes No

Neither I nor any household member has an interest in any real estate. Yes No

The home I/we want to purchase is located in Sonoma County. Yes No

I/We have been pre-qualified by a mortgage lender. I/We are enclosing a copy of the pre-qualification letter and a copy of the loan application submitted to the mortgage lender. Yes No

The amount of the primary loan does not exceed the maximum single family loan limit set by FNMA/FHLMC. Contact the CDC for current loan limit amount. Yes No

The \$25.00 non-refundable application fee is being submitted with this application. Yes No

I/We will be contributing at least 5% of the purchase price in cash toward the down payment and closing cost. Yes No

My/Our personal property does not exceed \$50,000. (Including boats and motor homes excluding autos used for personal transportation, home furnishings, life insurance, deferred comp. IRA assets and any funds to be used for down payment and/or closing costs for the home purchase.) Yes No

SUMMARY OF ASSETS:

Please list all of the accounts you currently maintain or in which you have an interest. For the assets listed below, provide the name of the bank, company or institution in which the assets are held.

- Assets **are** cash on hand, checking and savings accounts, stocks, bonds, notes or trust funds, motor homes and boats. Indicate which assets are to be used for down payment and/or closing costs for home purchase.
- Assets **are not** cars used for personal transportation, home furnishings, life insurance, deferred compensation assets, individual retirement accounts, and any funds to be used for down payment and/or closing cost for the home purchase.

<u>Name of Institution</u>	<u>Account #</u>	<u>Balance or Value</u>	<u>Rate</u>	<u>Annual Income</u>
Savings:				
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Checking:				
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Stocks:				
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Bonds:				
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Notes:				
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Other assets:				
_____	_____	\$ _____	_____ %	\$ _____
_____	_____	\$ _____	_____ %	\$ _____

Real Estate:

<u>Location:</u>	<u>\$ Value</u>	<u>\$ Rental Income</u>
_____	_____	_____
_____	_____	_____

HOUSEHOLD SIZE: Please list all household members:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GROSS MONTHLY HOUSEHOLD INCOME:

<u>Name</u>	<u>Amount</u>	<u>Source</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

- I/We hereby certify that the above statements and information are accurate to the best of my/our knowledge and that assets and income reported are true and correct.
- I/We hereby authorize the Sonoma County Community Development to make whatever inquiries they consider necessary to verify the information provided.
- I/We understand that should I/we receive a loan from the County of Sonoma my/our note for the second mortgage shall become immediately due and payable should it be discovered that requested information on this application was deliberately withheld or falsified.

_____	_____	_____	_____
Applicant	Date	Co-Applicant	Date