



**City of**  
**LEMOORE**  
CALIFORNIA  
  
**First-Time HOMEbuyer**  
**HOME LOAN APPLICATION**

**PART I: APPLICANT'S INFORMATION**

Applicant's Name(s): \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_ Monthly rent amount: \$\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Numbers – Home: \_\_\_\_\_ Work: \_\_\_\_\_

**PART II: HOUSEHOLD INFORMATION**

Please list all household members (including applicants) who will live in the home purchased.  
(You must provide a SS# for all household members six years of age or older)

Name	Relationship	Age	Gender (M/F)	Disabled (Y/N)	Social Security #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total number of persons that will live in the home purchased: \_\_\_\_\_

**PART III: HOUSEHOLD INCOME/ASSETS**

Please list all annual income for every person who will live in the home purchased.

Household Member	Employer	Annual Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check box(s) below for any additional income received in the last twelve months or expected to be received in the next twelve months from all sources for all household members. Include wages, unemployment, Social Security, AFDC, child support, pensions, business income, military stipends, such as BAH/BAS, and all other sources.

**All income must be reported!**

- |   |   |
|---|---|
| <input type="checkbox"/> \$_____ Social Security Benefits | <input type="checkbox"/> \$_____ SSI                |
| <input type="checkbox"/> \$_____ Unemployment Benefits    | <input type="checkbox"/> \$_____ Child Support      |
| <input type="checkbox"/> \$_____ Disability Benefits      | <input type="checkbox"/> \$_____ Alimony            |
| <input type="checkbox"/> \$_____ Retirement Benefits      | <input type="checkbox"/> \$_____ Inheritance        |
| <input type="checkbox"/> \$_____ Veteran Benefits         | <input type="checkbox"/> \$_____ Rental Income      |
| <input type="checkbox"/> \$_____ Home Business Income     | <input type="checkbox"/> \$_____ Other Income _____ |

For Other Income please specify the source of income in the space provided.

I/We certify that the income listed above is the **only** income received during the last twelve months or expected to be received in the next twelve months from **all** sources by **all** members who will live in the purchased home.

\_\_\_\_\_ Initial

\_\_\_\_\_ Initial

Please check box(s) below for assets held by any household members.

- |  |  |
|--|--|
| <input type="checkbox"/> Checking Account \$_____    | <input type="checkbox"/> Savings Account \$_____ |
| <input type="checkbox"/> Investment Accounts \$_____ | <input type="checkbox"/> Interest Earned \$_____ |
| <input type="checkbox"/> Dividends \$_____           | <input type="checkbox"/> Other _____ \$_____     |
| <input type="checkbox"/> Cash on hand \$_____        | <input type="checkbox"/> Other _____ \$_____     |

Check here if you do not have any investment/checking/savings accounts or other assets.

**PART IV: EMPLOYMENT INFORMATION**

You must list all employment for the past three years. If you are currently unemployed or if your employment history is less than three (3) years, check any/all that apply to your situation:

<b>Borrower</b>	<b>Co-Borrower</b>
<input type="checkbox"/> Borrower receives SSI/SSA benefits	<input type="checkbox"/> Borrower receives SSI/SSA benefits
<input type="checkbox"/> Borrower is retired	<input type="checkbox"/> Borrower is retired
<input type="checkbox"/> Borrower is/was a full-time student	<input type="checkbox"/> Borrower is/was a full-time student
<input type="checkbox"/> Borrower is/was unable to work due to health conditions	<input type="checkbox"/> Borrower is/was unable to work due to health conditions
<input type="checkbox"/> Borrower is/was a stay at home parent	<input type="checkbox"/> Borrower is/was a stay at home parent
<input type="checkbox"/> Borrower is/was not legally permitted to work in the U.S.	<input type="checkbox"/> Borrower is/was not legally permitted to work in the U.S.
<input type="checkbox"/> Other	<input type="checkbox"/> Other

**EMPLOYMENT INFORMATION  
MUST COVER AT LEAST THE LAST THREE (3) YEARS**

<b>BORROWER</b>	<b>CO-BORROWER</b>
Borrowers Name:	Co-Borrowers Name:
Name and Address of most recent employer: _____ _____ _____	Name and Address of most recent employer: _____ _____ _____
Position Held: _____	Position Held: _____
Length of Time with this employer: _____ Years    _____ Months	Length of Time with this employer: _____ Years    _____ Months
Length of Time in this <i>line of work</i> : _____ Years    _____ Months	Length of Time in this <i>line of work</i> : _____ Years    _____ Months
Name and Address of most recent employer: _____ _____ _____	Name and Address of most recent employer: _____ _____ _____
Position Held: _____	Position Held: _____
Length of Time with this employer: _____ Years    _____ Months	Length of Time with this employer: _____ Years    _____ Months
Length of Time in this <i>line of work</i> : _____ Years    _____ Months	Length of Time in this <i>line of work</i> : _____ Years    _____ Months
Name and Address of most recent employer: _____ _____ _____	Name and Address of most recent employer: _____ _____ _____
Position Held: _____	Position Held: _____
Length of Time with this employer: _____ Years    _____ Months	Length of Time with this employer: _____ Years    _____ Months
Length of Time in this <i>line of work</i> : _____ Years    _____ Months	Length of Time in this <i>line of work</i> : _____ Years    _____ Months

**PLEASE REVIEW PAGE 4 OF THE APPLICATION FOR A LIST OF ALL VERIFICATION ITEMS THAT MUST BE SUBMITTED WITH THE APPLICATION.**

**PART V: CERTIFICATIONS**

The undersigned applicants acknowledge and certify to the following:

- That we are United States Citizens or Legal Residents of the U.S.;
- That we do not currently own a home and/or have not owned a home during the past three (3) years;
- That the home purchased will be our primary residence;
- That all statements made in this application are true and correct and that any misrepresentations may result in disqualification from the program;
- That the City of Lemoore and its representatives may verify any and all of the information contained in this application and all of the information from the primary lender for consideration of a City loan;
- That we are prepared to contribute at least \$1,000 in down payment/closing costs towards the purchase of the home;
- That we are responsible for notifying the City of Lemoore prior to any sale, transfer of title, or when we cease to occupy the home as our principal residence;
- That we agree that if a city loan is approved, we will participate in any and all annual monitoring and surveys conducted to determine continued loan program compliance;
- That we agree to maintain the property, home and landscape in accordance with the City of Lemoore property maintenance standards;
- We agree to all terms and conditions under the loan program.

I/We certify that the information provided in this application is true and complete, and I/we understand that any misrepresentation may result in disqualification from the program.

**Application must be signed by all household members 18 years of age and older. If additional lines are necessary, please add them.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

The following information must be attached to your application in order for your application to be processed:

1. One month current check stubs for each working family member and each employer.
2. Proof of any other income such as child support, alimony, social security, retirement, etc.
3. Six months bank statements for any savings, checking and investment accounts.
4. Verification of any other assets.
5. Last three years Federal Income Tax Returns and all W-2's, 1099's etc.
6. Copies of the Driver's Licenses or Identification Cards for all adult family members.
7. Copies of Social Security Cards for all family members.
8. Copies of Proof of Legal Immigration Status (if applicable).



**PART VI: PRIMARY LENDER INFORMATION**

Please list the information for the lender you have chosen below:

Lender Name: \_\_\_\_\_

Lender Address: \_\_\_\_\_

Lenders Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Property Address: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

A letter of prequalification from the lender must be attached.

The following information must be provided by the Lender in order for the application to be processed:

1. Copies of any Verifications of Employment or Deposits obtained.
2. A current credit report for applicants.
3. A signed prequalification letter (please note that this program is gap financing, so the prequalification letter must show a need for assistance).
4. A copy of the signed loan application.
5. A signed copy of the purchase agreement.
6. A complete legal description of the property.
7. A copy of the property appraisal
8. A complete calculation of the closing costs. Please breakdown all prepaid or miscellaneous costs.
9. Homebuyer Education Certificate
10. Title Company and Escrow Number.

Please note that the loan must be a 30-year fixed rate mortgage and the total housing cost must qualify as “affordable”. The buyer must contribute at least \$1,000 towards the purchase of the home and cannot receive a refund at close of escrow that would reduce their total contribution below \$1,000.

**PART VII: TITLE COMPANY INFORMATION**

Title Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Escrow Officer: \_\_\_\_\_ Escrow Number: \_\_\_\_\_

I certify on Behalf of the above named Lender that the information provided is complete and true to the best of my knowledge and/or belief. I understand that any misrepresentation(s) may result in disqualification from participation in the First-Time HOMEbuyer Program.

Lender’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization for the Release of Information

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*Requested By:*

City of Lemoore  
Redevelopment Agency  
Attention: Brooke Austin  
119 Fox Street  
Lemoore, CA 93245  
(559) 924-6702 phone  
(559) 924-9003 fax

*Purpose:* Your signature on this Authorization for the Release of Information, 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:

First-Time HOMEbuyer Program

*Privacy Act Notice Statement:* The Agency is requiring collection of this information derived from this form to determine an applicant's eligibility in the HCD HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish the level of assistance for the HOME program; to protect the Department'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 will result in a rejection of your eligibility approval.

*Instructions:* Each adult member of the household must sign an Authorization for the Release of Information prior to the receipt of grant assistance.

*Information Covered:* Inquiries may be made about the following items:

Income (all sources)  
Assets (all sources)  
Information from Lending Institutions to verify my eligibility for the FTHB Program (such as, loan application, purchase agreement, etc.)

*Authorization:* I authorize the above-named organization to obtain information about me and my household that is pertinent to my eligibility for participation in any housing programs.

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.
- (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.

Signatures of all household members 18 years of age and older:

Head of Household	Print Name	Date
Other Adult Member	Print Name	Date
Other Adult Member	Print Name	Date
Other Adult Member	Print Name	Date