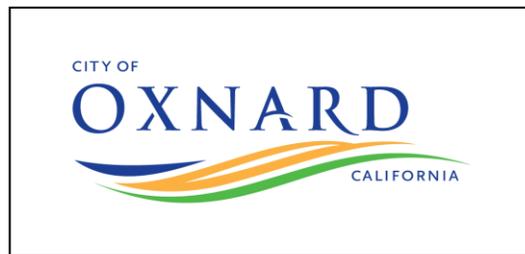


Housing/Affordable Housing
& Rehabilitation Division
435 South "D" Street
Oxnard, California 93030
(805) 385-7400
Fax (805) 385-7416



HOMEBUYER PROGRAM APPLICATION

INSTRUCTIONS FOR APPLICANT

1. Please print neatly in ink. Do not leave any sections blank. If the requested information does not apply, write "None" or "N/A".
2. The applicant and all other adult household members (18 years of age or older) must sign the final page of this application and the HOME Program Eligibility Release form attached.
3. Documents must be submitted in hard copy form, electronic format is not accepted.
4. All information on this application must be true, complete, and accurate. Incomplete applications will not be accepted. Applications deemed to contain incomplete, misleading or false information will be rejected.
5. Buyers to review attached program flyer and program policies at:
<https://www.oxnard.org/city-department/housing/affordable-housing/program-policies/>

(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 statement to any department of the United States Government.)

APPLICANT (BUYERS) INFORMATION

Applicant Name: _____	Co-Applicant Name: _____
Address: _____	
Applicant Phone No.: _____	Co-Applicant Phone No.: _____
Applicant E-mail address: _____	
Co-Applicant E-mail address: _____	

HOUSEHOLD COMPOSITION

(LIST EVERYONE LIVING IN THE HOME, INCLUDING THE BUYERS & CHILDREN)

Full Name	Relationship to Applicant	Date of Birth	F/T* Student (Yes/No)	Social Security No.
	Applicant/Buyer			

***Full time college students must submit verification of enrollment.**

Race: _____ (e.g. White, Black, Asian, American Indian, other...)
 Familial Status: _____ Married: Yes ___ No ___

*Hispanic/Latino: Yes ___ No ___
 Elderly: Yes ___ No ___



EMPLOYMENT INFORMATION

Complete this section with income information for each household member over 18 years of age. Monthly gross income includes wages, salaries, overtime pay, commissions, tips, bonuses, and other compensation.

First and Last Name: _____
 Employer: _____ Phone: _____
 Employer Address: _____
 Occupation: _____
 Length of Employment: _____ yrs. _____ mos. Monthly Gross Income: _____
 Employment Status: Full-time Part-time Seasonal/Temporary Self-employed Retired

First and Last Name: _____
 Employer: _____ Phone: _____
 Employer Address: _____
 Occupation: _____
 Length of Employment: _____ yrs. _____ mos. Monthly Gross Income: _____
 Employment Status: Full-time Part-time Seasonal/Temporary Self-employed Retired

First and Last Name: _____
 Employer: _____ Phone: _____
 Employer Address: _____
 Occupation: _____
 Length of Employment: _____ yrs. _____ mos. Monthly Gross Income: _____
 Employment Status: Full-time Part-time Seasonal/Temporary Self-employed Retired

First and Last Name: _____
 Employer: _____ Phone: _____
 Employer Address: _____
 Occupation: _____
 Length of Employment: _____ yrs. _____ mos. Monthly Gross Income: _____
 Employment Status: Full-time Part-time Seasonal/Temporary Self-employed Retired

OTHER INCOME

Complete this section with income information for all household members. Please list any cash contributions on an ongoing basis such as; unemployment benefits, Social Security, Supplemental Security, alimony/spousal support and child support payments, periodic payments from trusts, annuities, inheritance retirement funds or pensions, insurance policies, or lottery winnings, income from real, personal property or any other asset.

Family Member Name	Source of Income	Amount	How Often Received

ASSET INFORMATION (INCLUDING ASSETS HELD BY CHILDREN UNDER 18)

Do you or any member of the household have here in the U.S. or in any other foreign country any checking or saving account(s), revocable trust(s), stocks, bonds, or Treasury Bills, have Certificates of Deposit (CD), Money Market Account(s), Retirement Accounts, whole life insurance policy, own real estate, safe deposit boxes, or personal property such as gems, jewelry, coin collections, antique cars, etc.? If yes, please indicate:



BANK ACCOUNTS

Family Member	Type of Account	Financial Institution	Account No.	Interest Rate	Current Balance

OTHER ASSETS (401K-Retirement)

Family Member	Type of Asset	Interest Rate	Current Cash Value

Acknowledgements

The undersigned specifically acknowledges(s) and agrees that:

1. The property will not be used for any illegal or prohibited use; _____ (initials)
2. The property will be occupied by applicant(s) solely as a private residence; _____ (initials)
3. Verification of any information contained in the application may be made at any time by the City of Oxnard; _____ (initials)
4. I/We have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/We have represented herein should change prior to closing; _____ (initials)
5. I/We acknowledge all items and documents contained in the City submission package are documents of public record. _____ (initials)
6. I/We understand the City reserves the right to obtain additional, and any information, pertinent to all loan decisions (i.e. property inspections, credit, report information, household information, etc.) _____ (initials)

Fair Housing Act

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

If you believe you have been discriminated against, submit a complaint to:
 U.S. Department of Housing and Urban Development (HUD)
 600 Harrison Street, 3rd Floor
 San Francisco, CA 94107-1300
 Telephone: 1.800.347.3739

The applicant and all other adult household members (18 years of age or older) must sign this page and the HOME Program Eligibility Release form (page 6).

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s).

I/We am/are aware that willfully and knowingly falsifying information may lead to criminal prosecution.

 Applicant (sign) (print) Date

 Co-Applicant (sign) (print) Date

 Member of Household (sign) (print) Date

 Member of Household (sign) (print) Date



Loan Application Process and Procedures

Pre-Application Checklist: *(initial to acknowledge document requested is attached at time of application submittal. All documents are needed to verify buyer(s) meet all program requirements; residency, income, ratios of 38%/45%, have a minimum of \$5,000 for downpayment with a maximum contribution to include all liquid assets in bank accounts, etc.)*

- _____ Copy of Government Photo I.D. **for all adults in household**
- _____ Copy Birth Certificate, Passport or Alien Registration Card **for all persons in the household regardless age**
- _____ Copy of most current utility bills (gas, water, or electricity) – 2 (two) **for either Applicant or Co-Applicant**
- _____ Copy of most current paycheck stubs – three (3) full months **for all adults**
- _____ Copy of most current complete Income Tax Return, with all attachments – one (1) year, **for all adults**
- _____ Copy of Bank Statement – Six (6) most current & consecutive months **for all adults**
- _____ Copy of MOST RECENT documentation on asset income information such as 401K, **for all adults**
- _____ Letter of Loan Pre-Approval **from Lender**
- _____ Copy of Uniform Residential Loan Application (Fannie Mae Form 1003) on all borrowers **from Lender**
- _____ Copy of Loan Cost Estimate/Breakdown Worksheet **from Lender**
- _____ Copy of Credit Report on all borrowers **from Lender**
- _____ Copy of Homebuyer Education Certificate for all persons who will be on title* **from HUD-Approved Agency**
(Please note: needs to be an in-person course, cannot be done online – VCCDC 805-273-7800 is the only local HUD-Approved Agency)
(Exception: certificate could be turned in at a later time, but before close of escrow)

- **Applications without all the documents under the Pre-Application Checklist (above) will not be accepted (except for the Homebuyer Education Certificate).**
- Applicants will have **5 business days** from the date they are notified by Affordable Housing & Rehabilitation Division (AHRD) staff to submit any follow-up documents needed to complete eligibility review of their application. Documents that are not received within 5 business days will result in denial of the application. Applicants will need to reapply to the program to have their application reviewed. Additional time may be granted on a case by case basis and must be requested by the applicant within 5 business days of receiving notification of the additional document request by AHRD staff.
- After pre-approval is granted the applicant will have **6 months** from the date of their pre-approval letter to execute a purchase agreement for the purchase of a home in Oxnard, open, and close escrow. If the applicant is unable to meet this timeline their application will be cancelled and they will need to resubmit a new application.
- Applicant must submit a copy of the executed purchase agreement to AHRD staff within **3 business days** of execution.
- It is recommended that lenders/escrow officers submit the following documents within **20 calendar days** from the date of the executed purchase agreement to AHRD staff in order to process loans in a timely manner:
 - Estimated Closing Statement
 - Preliminary title report
 - Vesting
 - Property appraisal report
 - Escrow Wiring Instructions
 - W-9 from Escrow Company
- The property being purchased will have to pass a property inspection conducted by a City inspector before escrow can close on the property.
- After the aforementioned documents are received and the property has passed a City inspection, the loan must be approved by the AHRD Loan Review Committee (LRC) prior to final loan approval.
- Once LRC approval is granted, loan document approval and fund wires can take up to 2 weeks.

Signature

Print Name

Date



Disclosure of Information

No personal information will be disclosed to a third party not listed on the application and/or supporting documentation without prior written authorization from the applicants, or as directed by law. However, with the signature below, applicant authorizes Affordable Housing staff to discuss/release any information and/or documentation in the application package for the purposes of this loan transaction only.

Signature

Print Name

Date

**Attention: Buyers applying to purchase a City of Oxnard Affordable Restricted Units
(if you're not purchasing a restricted unit, this does not apply)**

In order to purchase a restricted unit without any City downpayment assistance, households will need to meet the unit's income requirement.

In order for an application to be reviewed, the buyers must submit a complete Homebuyer Program Application accompanied with the required documents, plus a copy of the accepted offer



HOME Program
Eligibility Release Form – THIRD PARTY VERIFICATION FORM

Participant Jurisdiction:
City of Oxnard
Affordable Housing & Rehabilitation Division
435 South D Street, Oxnard, CA 93030
(805) 385-7400

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 Homebuyer Program
or
HOME 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 for 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.

(All adults 18 years and older to sign where indicated with an X)

x

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

x

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

Information Covered: Inquiries may be made about items initiated by applicant/tenant. **(All adults 18 years and older to initial where indicated with an X)**

	Verification Required	Initials	Initials
Income (all sources)	X		
Assets (all sources)	X		
Child Care Expense			
Handicap Assistance Expense (if applicable)			
Medical Expense (if applicable)			
Other (list)	X		
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.

x

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

x

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

