

Customer Name: _____ Loan Officer: _____ Company: _____

CALHOME
FIRST TIME HOMEBUYER PROGRAM APPLICATION

1. **Applicant Name:** _____ Birth date _____ Age _____

Applicant SS#: _____

2. **Co-Applicant Name:** _____ Birth date _____ Age _____

Applicant SS#: _____

3. **Phone #:** _____ Cell.#: _____ Work #: _____

4. **Street Address:** _____ **City** _____ **Zip** _____

Mailing Address: _____ **City** _____ **Zip** _____

(if different from above)

5. Rent Own Buying At current address since: Month _____ Yr _____ Monthly rent \$ _____

Name of landlord: _____ Address of landlord: _____

City: _____ State: _____ Zip: _____

Have you ever owned other real estate property / trailer within the past (3) years? Yes No

Former address if less than three (3) years at present address:

A. _____

(Number & Street, City, State, Zip Code)

Name, Mailing Address and Phone Number of Landlord

Dates that you lived here? _____ Monthly Rent: _____

B. _____

(No & Street., City, State, Zip Code)

Name, Mailing Address and Phone Number of Landlord

Dates that you lived here? _____ Monthly Rent: _____

6. Manner in which title will be held: _____

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7. Please complete the following information for everyone occupying the property:

Name	Gender (Male or Female)	Relation	Date of Birth	Social Security Number	Income Source (i.e. employment, social security, etc.)	Gross Annual Income

Total number of occupants: _____ Are you disabled: Yes No

8. **Applicant's Employer:** _____

Complete Address: _____ Telephone # _____

Length of Employment: _____ Position/Title: _____

Income: Hourly Rate: \$ _____ Hours worked per week: _____ Weeks Worked per Year: _____

Anticipated income within the next 12 months: \$ _____

Co-Applicant's Employer: _____

Complete Address: _____ Telephone # _____

Length of Employment: _____ Position/Title: _____

Income: Hourly Rate: \$ _____ Hours worked per week: _____ Weeks Worked per Year: _____

Anticipated income within the next 12 months: \$ _____

10. If employed in current position for less than twelve (12) months, give past twelve (12) months employment history (A=Applicant, C=Co-Applicant);

A or C	Date of Employment (From-To)	Name and Address of Employer

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11. Are you a Veteran? Yes No

12. Do you have a checking or savings bank account? Yes No

If yes, name and address of bank: _____

Checking Account #: _____ Acct. Balance: \$ _____

If yes, name and address of bank: _____

Checking Account #: _____ Acct. Balance: \$ _____

13. Life Insurance, Face Value of Policy: \$ _____ Cash Value: _____

Savings Accounts _____ Cash Value: _____

Bonds _____ Amount: _____

Other (specify): _____ Cash Value: _____

(i.e. collectable automobile with make, year & model)

14. Debts (do not include utilities or phone)

Name and Address of Creditor	Balance	Minimum Monthly Payment
1.		
2.		
3.		
4.		
TOTALS		

15. Have you ever filed for Bankruptcy? Yes No If yes when? _____ Where? _____

16. Have you ever had any suit, judgments or repossessions? Yes No

If yes, explain why, where and when: _____

17. Expected Close of Escrow Date: _____

18. Borrower(s) Vesting: _____

19. Requested Amount of Assistance: _____

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CERTIFICATION / AUTHORIZATION FOR RELEASE OF INFORMATION:

I certify that the information given in this form is true and accurate to the best of my knowledge. I certify that I have no additional income and that there are no persons living in or contributing to my household other than those described here. I understand that the information on this form is subject to verification. Also, I hereby give permission to NeighborWorks® HomeOwnership Center Sacramento Region to release the information on this application to the lender of my choice. It is my understanding that this information is to be used solely for the purpose of underwriting/approval of a PAL loan application under the Down Payment Assistance Program.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Originating Lender & Escrow Company

Lender _____

Address _____

Loan Officer _____ Loan Processor _____

Phone # _____ Fax # _____

E-mail: _____

Title Company _____

Address _____

Escrow Officer _____ Order _____ Phone# _____

Fax # _____ E-mail: _____