

**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: \_\_\_\_\_

7. Please complete the following information for everyone occupying the property: (will occupy for FTHB Program)

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. **Applicants 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-Applicants 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



11. Are you a Veteran? Yes  No

12. Do you have a checking or savings bank account? Yes

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: \_\_\_\_\_

**CERTIFICATION / AUTHORIZATION FOR RELEASE OF INFORMATION:**

I certify that the information in this form is true and accurate to the best of my knowledge. I certify that I have no additional income or 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 permit NeighborWorks® HomeOwnership Center Sacramento Region to release the information on this application to the lender of my choice. I understand this information will be used solely for underwriting/approval of a CalHome 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: \_\_\_\_\_

