

CITY OF EL MONTE
COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
HOUSING DIVISION
Homebuyer Assistance Program

Thank you for your interest in the City of El Monte Homebuyer Buyer Assistance Program. In order to determine **income eligibility**, please fill out the attached application as completely and as accurately as possible. The information provided herein shall be kept confidential and shall be used for the purpose of determining income eligibility and collecting statistical data for the City of El Monte Homebuyer Assistance Program.

Please attach **COPIES** of the following to your application:

- 1) Copies of check stubs of the most recent three (3) months for all household members over 18 years of age ()
- 2) Pension , Social Security, VA or government assistance award letter (most current award letter) ()
- 3) Copy of checking account statement for the last six (6) months for all household members over 18 years of age ()
- 4) Copy of savings account statement for the last three (3) months for all household members over 18 years of age ()
- 5) Certificates of Deposit, Money Market Accounts, stocks and mutual funds, retirement plans, etc. (most current financial document)
- 6) Last three (3) years Federal Tax returns for all household members over 18 years of age (complete with copies of W-2) ()
- 7) Copies of Driver's License/State ID for all household members over 18 years of age ()
- 8) Copies of Social Security cards for ALL household members ()
- 9) Proof of U.S. Citizenship or resident alien status for ALL household member (birth certificate, U.S. passport, or resident alien card) ()

Please submit these application materials to:

City of El Monte
Housing Division
11333 Valley Blvd
El Monte, CA 91731

Incomplete applications will not be processed. All requested documents are due at time the application is submitted. Please photocopy all the required documents prior to submitting your application package, originals will not be accepted. Staff is unable to make any photocopies for you. Please complete every application form, sign and date where your signature is required.

Please be advised additional program requirements/documentation may be required. Funding is limited and subject to availability and participants are considered on a first-come, first-served basis.



CITY OF EL MONTE

CDBG Homebuyer Assistance Program

PROGRAM APPLICATION

Please complete all entries. Where items are non-applicable, please enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

Address of the Property to be Purchased:

APPLICANT				CO-APPLICANT			
Name				Name			
Current Address				Current Address			
Date of Birth		Gender		Date of Birth		Gender	
Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated		Number of Dependents		Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated		Number of Dependents	
Day Telephone No.		Email Address		Day Telephone No.		Email Address	

Household – Please enter the requested information for all household members (attach additional sheets, if necessary)

Applicant Name	Age	Self	Employment Status	Social Security Number
Co-Applicant Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Enter Household Size: _____ persons				

Please provide copy of school transcripts for any full time students over 18 years or older.

Employment and Income – Please complete the following

APPLICANT	CO-APPLICANT
Current Employer	Current Employer
Employer Address	Employer Address
Business Phone	Business Phone
Position/Title	Position/Title
Length of Time Currently Employed	Length of Time Currently Employed
Previous Employer (If employed less than three years at current employer)	Previous Employer (If employed less than three years at current employer)
Previous Employer Address (If employed less than three years at current employer)	Previous Employer Address (If employed less than three years at current employer)
Previous Business Phone (If employed less than three years at current employer)	Previous Business Phone (If employed less than three years at current employer)
Current Hourly Rate of Pay: \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment	Current Hourly Rate of Pay: \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment

INCOME EARNED BY OTHER HOUSEHOLD MEMBERS				
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay \$ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self-Employment	Annual Income

All additional sources of income must be disclosed, whether taxable or not. List all additional sources of income within the household:

EMPLOYMENT EARNINGS FROM APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM CO-APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM OTHER HOUSEHOLD MEMBERS		Annual Income
Pension/Retirement/Social Security (Specify)	Recipient	Annual Income
Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income

TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS	
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Please list All Other Asset Accounts and their respective values (checking/savings/stocks/401K/bonds/annuities/pensions/cash value of life insurance policies, etc.)

Account Category	Current Cash Value
Total Value of Checking/Savings/Other Cash Accounts Indicated Above	\$
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (list):	\$
Total Assets	\$

Do you currently own, or have an interest in any real estate (residential, commercial, or other real property), other than the property which you are seeking to acquire under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete and submit the attached Schedule of Real Estate Owned
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Financial Information - Please list all applicable Savings and Checking Account Information for each account held

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Account Holder:	Current Account Balance:

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Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Account Holder:	Current Account Balance:

List applicable information regarding all of your Loan Obligations - (Attach additional sheets as necessary)

Creditor / Financial Institution	Account Number	Monthly Payment Amount	Current Outstanding Balance
Creditor: <input type="checkbox"/> Check if Mortgage Loan			
Creditor: <input type="checkbox"/> Check if Mortgage Loan			

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Creditor:	<input type="checkbox"/> Check if Mortgage Loan			

Property Information (on property to be purchased)

Number of Housing Units on Property:		Number of Bedrooms:		Number of Bathrooms:	
Sq Footage:		Year Property Built:			
Type of Mortgage Loan:	FHA, VA, Conventional				
Purchase Price:					
Appraised Value:					
Amount of 1 st Mortgage and Lender:	Amount	Lender			
Assistance Requested and Amount:	Closing Cost	Down Payment			

Please answer all of the following:

	Applicant	Co-Applicant
Do you have any judgments currently outstanding against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had a property foreclosed on, or given a deed-in-lieu in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (eg.: mortgages, SBA loans, home improvement loans, any financial obligation, bond or loan guaranty, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any members of your household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONSENT AND DECLARATION

I / We, as undersigned, hereby declare that the information provided herein is true and accurate to the best of my /our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the attached Homebuyer Assistance Program Policies and Procedures.

The undersigned certify the following: I/We have applied for a loan under the Homebuyer Assistance Program funded by the City. In applying for assistance, I/We completed an application containing various information for the purpose of obtaining a loan. I/We understand and agree that the City cannot ensure that information provided by me/us or on my/our application will be kept confidential notwithstanding that the City intends to maintain my/our application package in a confidential file.

I/We understand and agree that the City, reserves the right to change the review process to a full documentation program on a case-by-case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City, including, but not limited to providing further confirmation or documentation as the City may request from time to time.

I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time without notice.

Applicant's Name (Print)

Date

Applicant's Signature

Date

Co-Applicant's Name (Print)

Date

Co -Applicant's Signature

Date

City of El Monte –Housing Division
Homebuyer Assistance Program
11333 Valley Blvd
El Monte, CA 91731
Phone (626) 580-2078 Fax: (626) 580-2293



Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.