

First Time Home Buyer Program Application Form



County of Imperial First Time Homebuyer Program Application

The County of Imperial First Time Homebuyer Program provides deferred-payment, low-interest loans to assist low and very-low income families to purchase a qualified home in the unincorporated areas of Imperial County.

Please complete the form and fax it, along with all supporting financial documentation (see checklist below) to **(760) 337-8907**. Alternately, you may mail or deliver the application to the following address:

County of Imperial
801 Main Street
El Centro, CA 92243

After receiving your application and all required supporting documentation, the County will determine whether or not you are eligible for assistance through the First-Time Homebuyer Program. The County will notify you of your eligibility status. If it determined that you are eligible for assistance, the County will assist you in finding an eligible home and a primary lender. Further questions about the process or conditions of the First-Time Homebuyer Program may be directed to the Imperial County Planning & Development Services at (760) 482-4236.

Application Checklist

Please include the following financial information for each household member who is over the age of 18. The County may request additional documentation of your income after reviewing your application.

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 2007 and 2008 1040 forms <input type="checkbox"/> 2007 and 2008 W-2s <input type="checkbox"/> Savings account statement(s), last 2 months <input type="checkbox"/> Eight recent pay stubs, Social Security award letters, etc. <input type="checkbox"/> Divorce documents, showing child support and alimony | <ul style="list-style-type: none"> <input type="checkbox"/> Homeowner hazard insurance policy <input type="checkbox"/> Annual tax bill <input type="checkbox"/> Deed or title to property <input type="checkbox"/> Checking account statement(s), last 6 months <input type="checkbox"/> Benefits statements (e.g., pension, Social Security) |
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Maximum Income by Household Size

To qualify for the First-time Homebuyer Program, the household income must be equal to or less than the amount shown below for the number of persons in the household. The table below reflects the current (2007) income limits. These income limits are annually updated by HUD.

Maximum Income by Number of Persons in Household							
1	2	3	4	5	6	7	8
\$30,150	\$34,450	\$38,750	\$43,050	\$46,500	\$49,950	\$53,400	\$56,850



COUNTY OF IMPERIAL FIRST-TIME HOMEBUYER PROGRAM APPLICATION

APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Daytime Phone:
Street Address:		City:		State:	Zip Code:
Social Security Number:	Gender: __M__F	Disabled: __Y__N	Birth Date:		
Employer Name:				Employer Phone:	
Employer Street Address:		City:		State:	Zip Code:
Owned a home in the last 3 years? __Y__N					
CO-APPLICANT INFORMATION					
Last Name:		First Name:		M.I.:	Daytime Phone:
Street Address:		City:		State:	Zip Code:
Social Security Number:	Gender: __M__F	Disabled: __Y__N	Birth Date:		
Employer Name:				Employer Phone:	
Employer Street Address:		City:		State:	Zip Code:
Owned a home in the last 3 years? __Y__N					
HOUSEHOLD COMPOSITION (List the head of your household and all members who live in your home. Give relationship of each family member to head.)					
Full Name	Relationship to Applicant		Date of Birth		
	Self				



INCOME INFORMATION				
	Applicant - Monthly	Applicant - Annual	Co-applicant - Monthly	Co-applicant - Annual
Wages, Salaries, etc.	\$	\$	\$	\$
Tips or Commission	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Retirement Funds	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Worker's Compensation	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Welfare Payments	\$	\$	\$	\$
Other:	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

ASSET INFORMATION				
Type	Cash Value	Annual Income from Assets	Bank Name	Account No.
Checking Accounts	\$	\$		
	\$	\$		
Savings Accounts	\$	\$		
	\$	\$		
Stocks	\$	\$		
Investment Real Estate	\$	\$		
Other:	\$	\$		
	\$	\$		
	\$	\$		
TOTAL	\$	\$		



LIABILITY INFORMATION (list outstanding obligations including auto loans, credit cards, charge accounts, credit union loans, personal loans, real estate loans, etc.)

Type	Monthly Payment	Unpaid Balance	Creditor's Name	Due Date
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
TOTAL	\$	\$		

The information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant

Date

Co-Applicant

Date



Race and Ethnicity Form

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. This information will not affect your eligibility for the program that you are applying to. Please note that self-identification of race/ethnicity is voluntary.

Name: _____

<i>Ethnic Categories</i>	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
<i>Racial Categories</i>	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	



County of Imperial

First Time Homebuyer Program

Information Release From

To Whom It May Concern:

I/We authorize the County of Imperial, and any credit reporting agency utilized by the County of Imperial to verify any information necessary in connection with a down payment assistance loan application, including, but not limited to, the following:

1. Credit History
2. Bank Accounts
3. Employment and Income
4. Benefits

Authorization is further granted to use of photographic copy of my/our signature(s) below to obtain information regarding any of the aforementioned items.

Applicant	Signature
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Social Security Number	Date of Birth
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Co-Applicant	Signature
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Social Security Number	Date of Birth
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Name	Signature
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Social Security Number	Date of Birth
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Name	Signature
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Social Security Number	Date of Birth
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