



City of Greenfield *Housing Assistance Programs*

599 El Camino Real Greenfield CA 93937 831-674-5591
www.ci.greenfield.ca.us

Homebuyer Assistance Program **Housing Rehabilitation Assistance Program**

The City of Greenfield is pleased to offer two newly funded Homebuyer Assistance and Housing Rehabilitation Assistance Programs to qualified city residents. As explained in the attached program application, all interested homeowners must certify that they meet the household income eligibility requirements and have their household income documented. All applicants must have incomes at or below 80% of the County's area median income, adjusted for household size, as published by the California Housing and Community Development Department.

In order to obtain financing, applicants must meet all property and eligibility guidelines in effect at the time the application is considered. Applicants will be provided written notification of approval or denial. For the Housing Rehabilitation Assistance Program, all repair work must meet Local Building Code standards with priority towards the elimination of health and safety hazards.

Anyone interested in participating in these programs should review the application and program guidelines. The City will be assisted by Ms. Rosa Camacho-Chavez to explain the program requirements to interested applicants, assist you in determining your eligibility, and assist you in the overall program application process. Ms. Chavez can be contacted by phone or email at (831) 601-0870 or at HousingAssistance@ci.greenfield.ca.us.

On behalf of the City of Greenfield, thank you for your interest in these programs. We are pleased that you are interested in taking advantage of these programs to become a homeowner or to improve your existing home.

Sincerely,

City of Greenfield

A handwritten signature in black ink that reads "Mic Steinmann".

Mic Steinmann
Community Services Director



CITY OF GREENFIELD FIRST TIME HOMEBUYER PROGRAM INSTRUCTIONS TO HOMEBUYER

- A. Participant works with lender of choice to obtain the primary lender's pre-qualification letter.
- B. After consultation with Program Operator regarding approved bedroom and bathroom maximums (always 3 bedrooms and 2 bathrooms unless extenuating circumstances justify more to be approved), participant works with real estate agent to select home. Program disclosures are reviewed with agent for presentation to seller. The HOME Program allows only homes vacant for three months or more prior to the date of the purchase offer, unless the current tenant is purchasing the home.
- C. Participant selects home and enters into a purchase contract (contingent upon receiving Program loan approval). Lender provides the Program Operator with a copy of:
 - real estate sales contract
 - residential loan application and credit report
 - verified income documentation
 - disclosure statement
 - proof of personal funds for participation in program
 - breakdown of closing costs
 - structural pest control clearance
 - appraisal with photos and preliminary title report
- D. Program Operator reviews paperwork to determine program eligibility and financing affordability for participant.
- E. Program Operator staff meets with qualified applicant to provide information relative to the program requirements, the lending process, and homeownership responsibilities.
- F. Program Operator has home inspected to document health & safety and code compliance. Notice of any deficiencies or needed corrections are given to participant's real estate agent, with recommended course of action. Only new construction and homes built within the previous 12 months and not previously occupied are not subject to a home inspection.
- G. Program Operator requests loan approval from City's Loan Review Committee. Following loan approval, Program Operator prepares Deed of Trust, Promissory Note, Request for Notice of Default, Grant Agreement, Owner-Occupant Agreement with City, and Escrow Instructions, and requests check and deposits same into escrow.
- H. Escrow company furnishes Program Operator with proof of documents to be recorded, and any escrow closeout information. After receipt of recorded loan documents, Final escrow Settlement Statement, Insurance Loss Payee Certification and Final Title Insurance Policy (Program Operator) closes out the loan file.

Submit Application to: Rosa Camacho-Chavez, Housing Rehabilitation Specialist

599 El Camino Real
Greenfield, CA 93927
(831) 383-7987 office
(831) 601-0870 cell

housingassistance@ci.greenfield.ca.us



City of Greenfield First Time Homebuyer (FTHB) Program Application



FTHB APPLICANT	FTHB CO-APPLICANT
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ALL ADULT MEMBERS OF THE HOUSEHOLD MUST COMPLETE AN APPLICATION, WHETHER OR NOT THEY ARE A CO-BORROWER OR HOLDING AN OWNERSHIP INTEREST IN THE PROPERTY. THE FTHB PROGRAM REQUIRES HOUSEHOLD QUALIFICATION; THEREFORE, ALL ADULT MEMBERS MUST COMPLETE AND SIGN THE FTHB APPLICATION AND VERIFICATION FORMS. ALL INFORMATION, INCLUDING CREDIT, INCOME AND ASSETS WILL BE VERIFIED.

Name (Must be full legal name for vesting on title)			Name (Must be full legal name for vesting on title)		
Date of Birth	Male/Female	SS#	Date of Birth	Male/Female	SS#
Mailing Address			Mailing Address		
City/State/Zip			City/State/Zip		
Home Phone: _____ Cell # _____			Home Phone: _____ Cell # _____		
Work Phone: _____			Work Phone: _____		

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with the equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal Regulations, this lender is required to note the information on the basis of visual observation or surname.

If you do not wish to furnish the information, please check the box.

List all household members and persons who will be living in the property being purchased including FTHB APPLICANT and FTHB CO-APPLICANT

Name (First and Last)	Relationship To Applicant	Age	Male or Female	Disabled Yes/No	List one: Hispanic or Non-Hispanic	List one or any combination: White, African American or Black, Native Hawaiian or Pacific Islander, Alaskan Native or American Indian, Asian, Other

List your address(es) for the last three (3) years, starting with the most recent:

<u>Month/Year to Month/Year</u>	<u>Address:</u>	<u>Amount of Rent</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Has any applicants held ownership or interest in a property in the last three (3) years? Yes___ No___
 If yes, please explain:



INCOME INFORMATION

Gross family income from all seasonal, temporary, or non-seasonal sources must be listed, including the following: Wages, Self-employment, Farming income, Social Security, Retirement, Veteran’s or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker’s Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School.

List All Persons Receiving Income Name (First and Last)	Source of Income (Name & Address including Zip) Last Three (3) years	From---To How Long?	Gross Monthly Amount

ASSETS

List all assets and their respective value and/or balances from, but limited to, checking and savings accounts, IRAs, Keough, Certificates of Deposits, stocks, bonds, trusts, pension accounts, real estate and any other assets.

Accountholder Name	Name & Address of Institution	Account Number	Balance / Value	Type of Acct./Asset

DECLARATIONS

The following questions apply to all FTHB program applicants. If any applicant answered “yes”, explain on an attached sheet.

APPLICANT			CO-APPLICANT		
Are there any outstanding judgments against you?	Yes	No	Are there any outstanding judgments against you?	Yes	No
Have you declared bankruptcy within the last 7 years?	Yes	No	Have you declared bankruptcy within the last 7 years?	Yes	No
Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	Yes	No	Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	Yes	No
Are you a party to a lawsuit?	Yes	No	Are you a party to a lawsuit?	Yes	No
Are you a co-maker or endorser on a note?	Yes	No	Are you a co-maker or endorser on a note?	Yes	No
Are you delinquent on any Federal debt, loan mortgage or financial obligation?	Yes	No	Are you delinquent on any Federal debt, loan mortgage or financial obligation?	Yes	No
Are you obligated to pay alimony, child support or separate maintenance?	Yes	No	Are you obligated to pay alimony, child support or separate maintenance?	Yes	No
Have you had an ownership interest in a property in the last three years?	Yes	No	Have you had an ownership interest in a property in the last three years?	Yes	No
Have you or your family sold, transferred, or given away any real property in the last three			Have you or your family sold, transferred, or given away any real property in the last three		



**CITY OF GREENFIELD
FIRST TIME HOMEBUYER PROGRAM
RELEASE OF INFORMATION AUTHORIZATION**

To Whom It May Concern:

I/We the undersigned authorize the **City of Greenfield**, its employees and authorized agents to verify any information (including information of a privileged or confidential nature) necessary in connection with my/our first time homebuyer program application, including, but not limited to, the following:

1. Credit History
2. Assets/Bank Accounts
3. Employment and Income
4. Benefits
5. Bankruptcy

BY ATTACHING this RELEASE FORM, OR A COPY OF SAME, to any verification form requiring the undersigned's signature, you are authorized by the undersigned to release the information requested by the City of Greenfield.

I hereby release you, your Agency, or others from liability or damage which may result from furnishing the information requested.

Applicant Signature Date

Social Security Number Date of Birth

Co-Applicant Signature Date

Social Security Number Date of Birth



THIS FORM MUST BE COMPLETED BY ALL APPLICANTS TO GREENFIELD'S FIRST TIME HOMEBUYER PROGRAM

The following information is requested by the Federal Government in order to monitor the City's compliance with providing equal opportunities to all persons without regard to race, color, religion, age, ancestry, marital status, physical handicap, national origin, or sex.

Please list yourself and all other members of your household below and complete the following information.

<u>Name</u>	<u>Relationship to Applicant(s)</u>	<u>Age</u>	<u>Sex</u>	<u>Disabled? Yes/No</u>	<u>Monthly Income</u>

The information you provide below is considered entirely voluntary and confidential, and will be used only for government reporting purposes to monitor compliance with equal opportunity laws. You are not required to furnish this information, but are encouraged to do so.

RACE / ETHNICITY

RACE

- White
- Black/African American
- Asian
- American Indian or Alaska native
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native AND White
- Asian AND White
- Black/African American AND White
- American Indian/Alaska Native AND Black/African American
- Other:

HISPANIC/LATINO ETHNICITY Yes No

- Yes, Mexican/Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Hispanic/Latino:



**CITY OF GREENFIELD
FIRST TIME HOMEBUYER PROGRAM
FAIR LENDING NOTICE**

Under the Housing Financial Discrimination Act of 1977, it is unlawful for a financial institution to refuse to make a loan to or to offer less favorable terms than normal (such as a higher interest rate, larger down payment or shorter maturity) based on any of the following:

1. Neighborhood characteristics (such as the average of the homes or the income level in the neighborhood) except to the limited extent necessary to avoid unsafe and unsound business practice.
2. Race, sex or color, religion, marital status, national origin or ancestry.

It is unlawful to consider, in appraising a residence, the racial, ethnic or religious composition of a particular neighborhood, or whether or not such composition is undergoing change or is expected to undergo change.

If you wish to file a complaint or if you have any questions about your rights, contact:

U.S. Office of Comptroller of the Currency
Consumer Complaint Department
50 Fremont Street, Suite 3900
San Francisco, California 94105
(415) 545-5900

When you file a complaint, the law requires that you receive a decision within 30 days.

I/We have received a copy of this notice.

Applicant Signature

Date

Co-Applicant Signature

Date

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

_____ / ____ / ____ | _____ / ____ / ____ | _____ / ____ / ____ | _____ / ____ / ____

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

▶ _____
Signature (see instructions) Date

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date