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APPLICANT NAME

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CONTACT PHONE NUMBER

## City of Sunnyvale Housing Division Homebuyer Program

### Eligibility Application and Instructions

To apply for the City of Sunnyvale's homebuyer programs, applicants must complete this Eligibility Application, provide all applicable documentation, and submit a non-refundable \$50 check or money order made payable to: City of Sunnyvale. Refer to the guidelines for more information.

Submit completed applications in person or by mail to:

City of Sunnyvale  
Housing Division  
P.O. Box 3707  
456 W. Olive Avenue  
Sunnyvale, CA 94088

#### **ELIGIBILITY APPLICATION**

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 YEARS ARE CONSIDERED **CO-APPLICANTS**, MUST BE LISTED AS CO-APPLICANTS ON THE APPLICATION, **AND MUST MEET ALL ELIGIBILITY REQUIREMENTS OF THE BMR PROGRAM. ATTACH ADDITIONAL PAGES AS NEEDED.**

Completed application must include:

- All applicable documentation on Page 6 of the Application
- \$50 non-refundable check or money order made payable to "*City of Sunnyvale*"

#### **AUTHORIZATION TO RELEASE INFORMATION**

All household member(s) over the age of 18 must sign the Authorization to Release Information form.

#### **REQUEST FOR TRANSCRIPT OF TAX RETURN – FORM 4506-T**

All household member(s) over the age of 18 must completed the Request for Transcript of Tax Return.

All information provided to establish eligibility for the BMR Home Ownership Program can and will be used for monitoring, auditing and establishing compliance with the BMR Program Requirements; otherwise, this information is confidential.

**I. DOCUMENTATION CHECKLIST REQUIRED OF ALL ADULT HOUSEHOLD MEMBERS.**

<b>INCOME</b>	
➤ Copies of the last <b>THREE (3)</b> most recent signed Tax Returns	<input type="checkbox"/>
➤ Copies of the last <b>THREE (3)</b> consecutive months' paycheck stubs (may be required to submit additional copies depending on pay structure)	<input type="checkbox"/>
➤ Pension/VA/Retirement/Annuities Verification	<input type="checkbox"/>
➤ Social Security Verification Statement	<input type="checkbox"/>
➤ Disability/SSI/Unemployment Verification	<input type="checkbox"/>
➤ Spousal/Child Support – Provide copies of Interlocutory Decree	<input type="checkbox"/>
➤ Dividends, Interest: Copies of <b>THREE (3)</b> recent statements	<input type="checkbox"/>
➤ Recurring contributions from other sources verification	<input type="checkbox"/>
<b>ASSETS</b>	
➤ Checking Accounts: <b>SIX (6)</b> most recent statements	<input type="checkbox"/>
➤ Savings Accounts: <b>SIX (6)</b> most recent statements	<input type="checkbox"/>
➤ Mutual Fund/Money Market Fund: <b>THREE (3)</b> most recent statements	<input type="checkbox"/>
➤ Certificates of Deposit (COD): <b>THREE (3)</b> most recent statements	<input type="checkbox"/>
➤ Stocks: Copy of Certificates of Proof of Purchase <b>AND</b> current statement <b>AND</b> any documentation of current value (online, newspaper, etc.)	<input type="checkbox"/>
➤ Bonds: Provide list of Bonds with Amount and Serial #	<input type="checkbox"/>
➤ Real Estate Property/Mobile Home: Loan statement, letter from licensed broker or bank estimating market value, dated within 6-months of application submittal	<input type="checkbox"/>
➤ Profit Sharing Plan, IRA, 401K, PERS, TSP or other retirement account: <b>TWO (2)</b> most recent statements.	<input type="checkbox"/>
➤ Other assets with value greater than \$5,000	<input type="checkbox"/>
➤ Gift Letter	<input type="checkbox"/>
➤ Personal Loan Agreement	<input type="checkbox"/>
➤ Stock option verification	<input type="checkbox"/>
<b>OTHER REQUIRED DOCUMENTATION</b>	
➤ Pre-Qualification Letter from Qualified Lender (to Head of Household/Applicant)	<input type="checkbox"/>
➤ Copy of Drivers License or California ID	<input type="checkbox"/>
➤ Copy of current Lease Agreement	<input type="checkbox"/>
➤ If living in Sunnyvale, copy of most recent PG & E statement	<input type="checkbox"/>
➤ Copy of First-time Homebuyer Workshop Certificate ( <i>due within 30 days</i> )	<input type="checkbox"/>
<b>CITIZENSHIP – Provide one for each applicant and co-applicant</b>	
➤ Copy of U.S. Birth Certificate	<input type="checkbox"/>
➤ Copy of Naturalization Certificate or Valid US Passport	<input type="checkbox"/>
➤ United States Permanent Resident Card (Green Card) USCIS Form I-551 or I-151	<input type="checkbox"/>

**APPLICANT INFORMATION**

APPLICANT					
NAME: Last, First MI		CONTACT PHONE: (____) _____ - _____			
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, name of spouse: _____					
DATE OF BIRTH (mm/dd/yyyy): ____/____/____		SOCIAL SECURITY NUMBER: ____-____-____			
California Driver's License or ID #:					
EMAIL:					
PRESENT ADDRESS					
Street: _____ City, Zip: _____					
( ) Own   ( ) Rent   ( ) # Years or months at this address					
IF RESIDING AT PRESENT ADDRESS FOR LESS THAN THREE (3) YEARS, LIST PREVIOUS ADDRESS:					
FORMER ADDRESS		RESIDENCY		OWN / RENT	
		Begin	End		
		-		( ) Own ( ) Rent	
		-		( ) Own ( ) Rent	
		-		( ) Own ( ) Rent	
APPLICANT EMPLOYMENT					
If not employed, provide source of income:			Provide additional employment or sources of income you have:		
Name and Address of Employer      ( ) Self Employed			Name and Address of Employer      ( ) Self Employed		
Employer Phone (____) _____ - _____			Employer Phone (____) _____ - _____		
Dates of Employment (from      -      To)  ____/____/____ - ____/____/____ (mm/dd/yyyy)		Gross Annual Income  \$ _____	Dates of Employment (from      -      To)  ____/____/____ - ____/____/____ (mm/dd/yyyy)		Gross Annual Income  \$ _____
Income from this source is received (select one): ( ) Weekly   ( ) Every Other Week   ( ) Twice a Month   ( ) Other			Income from this source is received (select one): ( ) Weekly   ( ) Every Other Week   ( ) Twice a Month   ( ) Other		

**II. HOUSEHOLD COMPOSITION**

HOUSEHOLD SIZE: \_\_\_\_\_

LIST ALL HOUSEHOLD MEMBERS LIVING IN THE HOME:

NAME	Date of Birth / Gender	RELATIONSHIP
	/	<i>Applicant</i>
	/	
	/	
	/	
	/	
	/	
	/	
	/	

PROVIDE THE FOLLOWING INFORMATION FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18. ATTACH ADDITIONAL PAGES AS NECESSARY.

<b>CO-APPLICANT #1</b>		<input type="checkbox"/> Check here if claimed as dependant on the Federal Income Tax Return of Applicant	
NAME: <i>Last, First MI</i>		CONTACT PHONE: (____) _____ - _____	
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <i>If Married</i> , name of spouse: _____			
DATE OF BIRTH (mm/dd/yyyy): ____/____/____		SOCIAL SECURITY NUMBER: ____ - ____ - _____	
RELATIONSHIP TO APPLICANT:		CA DRIVERS LICENSE # or ID:	
PRESENT ADDRESS			
Street: _____ City, Zip: _____			
( ) Own   ( ) Rent   ( ) # Years or months at this address			

<b>CO-APPLICANT #1 EMPLOYMENT</b>			
If not employed, provide source of income:		Provide additional employment and/or sources of income you have:	
Name and Address of Employer   ( ) Self Employed		Name and Address of Employer   ( ) Self Employed	
Employer Phone (____) _____ - _____		Employer Phone (____) _____ - _____	
Dates of Employment (from - To)  ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income  \$ _____	Dates of Employment (from - To)  ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income  \$ _____
Income from this source is received (select one): ( ) Weekly   ( ) Every Other Week   ( ) Twice a Month   ( ) Other		Income from this source is received (select one): ( ) Weekly   ( ) Every Other Week   ( ) Twice a Month   ( ) Other	

<b>CO-APPLICANT #2</b> <input type="checkbox"/> Check here if claimed as dependant on the Federal Income Tax Return of Applicant	
NAME: <i>Last, First MI</i>	CONTACT PHONE: (____) _____ - _____
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <i>If Married</i> , name of spouse: _____	
DATE OF BIRTH (mm/dd/yyyy): ____/____/____	SOCIAL SECURITY NUMBER: ____ - ____ - ____
RELATIONSHIP TO APPLICANT:	CA DRIVERS LICENSE # or ID:
PRESENT ADDRESS Street: _____ City, Zip: _____	
( ) Own ( ) Rent ( ) # Years or months at this address	

<b>CO-APPLICANT #2 EMPLOYMENT</b>			
If not employed, provide source of income:		Provide additional employment and/or sources of income you have:	
Name and Address of Employer ( ) Self Employed		Name and Address of Employer ( ) Self Employed	
Employer Phone (____) _____ - _____		Employer Phone (____) _____ - _____	
Dates of Employment (from - To)  ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income  \$ _____	Dates of Employment (from - To)  ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income  \$ _____
Income from this source is received (select one): ( ) Weekly ( ) Every Other Week ( ) Twice a Month ( ) Other		Income from this source is received (select one): ( ) Weekly ( ) Every Other Week ( ) Twice a Month ( ) Other	

<b>CO-APPLICANT #3</b> <input type="checkbox"/> Check here if claimed as dependant on the Federal Income Tax Return of Applicant	
NAME: <i>Last, First MI</i>	CONTACT PHONE: (____) _____ - _____
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <i>If Married, name of spouse:</i> _____	
DATE OF BIRTH (mm/dd/yyyy): ____/____/____	SOCIAL SECURITY NUMBER: ____-____-____
RELATIONSHIP TO APPLICANT:	
PRESENT ADDRESS	
Street: _____ City, Zip: _____	
( ) Own ( ) Rent ( ) # Years or months at this address	

<b>CO-APPLICANT #3 EMPLOYMENT</b>			
If not employed, provide source of income:		Provide additional employment and/or sources of income you have:	
Name and Address of Employer ( ) Self Employed		Name and Address of Employer ( ) Self Employed	
Employer Phone (____) _____ - _____		Employer Phone (____) _____ - _____	
Dates of Employment (from - To) ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income \$ _____	Dates of Employment (from - To) ____/____/____ - ____/____/____ (mm/dd/yyyy)	Gross Annual Income \$ _____
Income from this source is received (select one): ( ) Weekly ( ) Every Other Week ( ) Twice a Month ( ) Other		Income from this source is received (select one): ( ) Weekly ( ) Every Other Week ( ) Twice a Month ( ) Other	

ATTACH ADDITIONAL PAGES IF NEEDED

### III. INCOME AND ASSETS

LIST THE **GROSS ANNUAL INCOME** OF ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER. ATTACH ADDITIONAL PAGES AS NEEDED.

INCOME SOURCE	APPLICANT	CO-APPLICANT	CO-APPLICANT	TOTAL
Wages, Salaries, Tips, etc.	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$
Alimony, Child Support & Regular Gift Income	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$
Other (ie regular monthly support from a non-household member)	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

LIST THE **CASH VALUE OF ASSETS** FOR ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER. ATTACH ADDITIONAL PAGES AS NEEDED.

Applicant/Co-applicant Name	Name of Bank	Type	Account #: (Last 4 digits only)	Balance
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<b>CASH VALUE OF REVOCABLE TRUST</b>			Enter cash value of all Revocable Trusts:	\$
<b>CASH VALUE OF STOCKS/STOCK OPTIONS/BONDS</b>				
Applicant/Co-applicant Name	Name of Institution(s)	Account #: (Last 4 digits only)	Value	
				\$
				\$
<b>CASH VALUE OF MUTUAL FUNDS/MONEY MARKET ACCOUNTS</b>				
Applicant/Co-applicant Name	Name of Institution(s)	Account #: (Last 4 digits only)	Value	
				\$
				\$
<b>EQUITY IN COMMERCIAL, INDUSTRIAL, OR REAL PROPERTY</b>				\$

<b>LUMP SUM OR ONE-TIME RECEIPTS</b>		\$
<b>OTHER PERSONAL ASSETS WITH VALUE GREATER THAN \$5,000</b>		\$
<b>GIFT LETTER</b> <i>Attach Letter</i>		\$
<b>CASH ON HAND/OTHER</b> <i>Please Describe</i>		
<b>Applicant/Co-applicant Name</b>		<b>Value</b>
		\$
		\$
<b>TOTAL OF ALL ASSET SOURCES LISTED ABOVE:</b>		<b>\$</b>

**IV. DOWN PAYMENT ASSISTANCE**

HOW MUCH OF YOUR ASSETS WILL BE FOR THE DOWN PAYMENT: \$ \_\_\_\_\_

DO YOU NEED DOWN PAYMENT ASSISTANCE?  YES  NO

IF YES, HOW MUCH ASSISTANCE DO YOU THINK YOU WILL NEED? \$ \_\_\_\_\_

**V. LIABILITIES AND HOUSEHOLD EXPENSES**

Attach additional pages as needed.

APPLICANT/CO-APPLICANT NAME	CREDITOR NAME/ADDRESS	TYPE OF ACCOUNT	MONTHLY PAYMENT	BALANCE DUE
			\$	\$
	Acct No:		# Payments: ____	
			\$	\$
	Acct No:		# Payments: ____	
			\$	\$
	Acct No:		# payments: ____	
			\$	\$
	Acct No:		# Payments: ____	

List additional liabilities and other regular expenses including but not limited to alimony, child support, judgments, child care, union dues, student loans, car loans, rent, or medical expenses on behalf of dependants.

TYPE OF EXPENSE	MONTHLY PAYMENT
<i>Rent</i>	\$
<i>Student Loan</i>	\$
	\$
	\$

PLEASE ANSWER THE FOLLOWING QUESTIONS	
Have you or any member of your household ever filed for bankruptcy (Chapter 7 or Chapter 13)? <i>If yes, please state the year of discharge:</i>	( ) YES ( ) NO
Are there any outstanding judgments against you or any member of your household?	( ) YES ( ) NO
Have you or any member of your household been foreclosed on in the past 3 years?	( ) YES ( ) NO
Have you or any member of your household owned real property at any time during the past 3 years?	( ) YES ( ) NO

You are not required to furnish the following information, but are encouraged to do so. For race, you may check more than one designation.

1. Ethnicity	2. Race	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American & White
	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
		<input type="checkbox"/> Other Multi-Racial
		<input type="checkbox"/> White

## VI. CERTIFICATION

Initials required by all household members over the age of 18:

### I/WE UNDERSTAND THAT:

\_\_\_\_ / \_\_\_\_ Any and all information provided will be used to determine eligibility for the City of Sunnyvale homebuyer programs and all information contained in the records kept by the city can and will be used for monitoring, auditing and establishing **my/our** eligibility for the City of Sunnyvale's affordable housing programs; otherwise this information is confidential.

\_\_\_\_ / \_\_\_\_ If **my/ our** application contains false statements, false or falsified documentation, or misrepresentations, **I/we** understand we will be ineligible for the City of Sunnyvale's affordable housing programs.

\_\_\_\_ / \_\_\_\_ If **I/we** obtain assistance for the City of Sunnyvale's affordable housing programs, **I/we** will be required to certify at least annually that **I/we** comply with program requirements and that the City of Sunnyvale will be continuously auditing and monitoring **my/our** compliance with the program.

### I/WE CERTIFY THE FOLLOWING:

\_\_\_\_ / \_\_\_\_ That **I/we** have provided true, accurate and verifiable documentation to support the statements made herein prior to receive assistance from the City of Sunnyvale for the purchase of a home and that the information provided in this eligibility application is true and correct.

\_\_\_\_ / \_\_\_\_ That **my/our** combined household income and assets are below the maximum household income for the program.

\_\_\_\_ / \_\_\_\_ That **I/we** have funds needed for the down payment and closing costs.

\_\_\_\_ / \_\_\_\_ That **I/we** will continuously occupy our home as primary residence for the duration of the Program loan term, or if receiving down payment assistance loan, until the loan is fully repaid.

\_\_\_\_ / \_\_\_\_ That **I/we** understand the program requirements and restrictions.

\_\_\_\_ / \_\_\_\_ That **I/we** understand that there are consequences for failure to comply with program requirements before, during, and after purchasing a unit with financial assistance from the City of Sunnyvale and **I/we** have been informed about those consequences.

**READ BEFORE SIGNING**

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal, State or Local funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include denial to participate in the City of Sunnyvale’s affordable housing programs, or if made evident after loan funding, immediate repayment of all funds received, sale of below market rate home and/or prosecution under the law.

I declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and was executed in \_\_\_\_\_ (City), California.

DATED: \_\_\_/\_\_\_/\_\_\_ APPLICANT \_\_\_\_\_

DATED: \_\_\_/\_\_\_/\_\_\_ CO-APPLICANT \_\_\_\_\_

DATED: \_\_\_/\_\_\_/\_\_\_ CO-APPLICANT \_\_\_\_\_

DATED: \_\_\_/\_\_\_/\_\_\_ CO-APPLICANT \_\_\_\_\_

Attach additional pages as needed.