



## City of Sunnyvale Housing Division Eligibility Application

**The information requested herein will be used by the City of Sunnyvale Housing Division to determine your eligibility for a first-time home buyer program loan.**

**Eligible applicants must:**

- Be a first-time homebuyer
- Live or work in Sunnyvale
- Be a moderate- or lower-income household

Applications are deemed complete only if all required information is provided, the application is signed and dated by all adults in the household, and a first mortgage lender's pre-qualification letter is attached to the application. Incomplete applications or applications submitted without the required documentation listed in Section I will be returned.

**Completed applications are processed on a first-come first-served basis, based on the date and time completed applications are received by the Division.**

Upon confirmation of your eligibility, you will be invited to attend a meeting with Division staff to receive a Preliminary Eligibility Letter, home buyer instructions, forms, and all disclosure documents required to be signed by buyers and sellers **before entering into a purchase contract.**

Applicants are required to attend an approved home buyer counseling class provided by a qualified local HUD-certified or Fannie-Mae certified housing counselor designated by the Division.

**Please submit your completed applications to:**

City of Sunnyvale  
Housing Division  
P.O. Box 3707  
Sunnyvale, CA 94088-3707  
**Phone:** (408) 730-7456  
**Fax:** 408-737-4906  
**TDD:** (408) 730-7501  
[housing@ci.sunnyvale.ca.us](mailto:housing@ci.sunnyvale.ca.us)

**The application packet, a list of qualified housing counselors, and additional program information is available on the City Web site at [www.sunnyvale.ca.gov/housing](http://www.sunnyvale.ca.gov/housing)**

**Detailed First-Time Homebuyer Guidelines are available at [www.FTHB.inSunnyvale.com](http://www.FTHB.inSunnyvale.com).**

**I. DOCUMENTATION CHECKLIST**

PROVIDE THE REQUESTED DOCUMENTATION IN THE ORDER LISTED BELOW FOR APPLICANT, CO-APPLICANT (IF APPLICABLE) AND HOUSE HOLD MEMBERS 18 AND OLDER (“HH MEMBER”)

	Applicant	Co-Appl	HH Member
<b>INCOME</b>			
➤ Copies of the last <b>THREE (3)</b> most recent signed Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pension/VA/Retirement/Annuities Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Social Security Verification Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Disability/SSI/Unemployment Verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Spousal/Child Support – Provide copies of Interlocutory Decree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Dividends, Interest: Copies of <b>THREE (3)</b> recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Recurring contributions from other sources verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ASSETS</b>			
➤ Checking Accounts: <b>SIX (6)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Savings Accounts: <b>SIX (6)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Mutual Fund/Money Market Fund: <b>THREE (3)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Certificates of Deposit (COD): <b>THREE (3)</b> most recent statements	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Bonds: Provide list of Bonds with Amount and Serial #	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Profit Sharing Plan, IRA, 401K, PERS, TSP or other retirement account: <b>TWO (2)</b> most recent statements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Other assets with value greater than \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Gift Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Personal Loan Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Stock option verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>OTHER REQUIRED DOCUMENTATION</b>			
Pre-Qualification Letter from Qualified Lender Attached:	<input type="checkbox"/>		
Copy of Drivers License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CITIZENSHIP</b>			
➤ Copy of U.S. Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<i>Not Required for HH members</i>
➤ Copy of Naturalization or Valid US Passport	<input type="checkbox"/>	<input type="checkbox"/>	
➤ U.S. Form I-551 or I-151	<input type="checkbox"/>	<input type="checkbox"/>	
➤ U.S. Form I-94	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>	

**II. CONTACT INFORMATION**

APPLICANT	CO-APPLICANT	
NAME: First, MI, Last	NAME: First, MI, Last	
( ) Married ( ) Single ( ) Divorced	( ) Married ( ) Single ( ) Divorced	
CONTACT PHONE: (____) _____ - _____	CONTACT PHONE: (____) _____ - _____	
TYPE (Circle One) Cell / Home / Work	TYPE (Circle One) Cell / Home / Work	
ALTERNATE PHONE: (____) _____ - _____	ALTERNATE PHONE: (____) _____ - _____	
EMAIL:	EMAIL:	
SOCIAL SECURITY NUMBER: _____ - _____ - _____	SOCIAL SECURITY NUMBER: _____ - _____ - _____	
PRESENT ADDRESS Street: _____ City, Zip: _____	PRESENT ADDRESS Street: _____ City, Zip: _____	
( ) Own ( ) Rent ( ) # Years at this address	( ) Own ( ) Rent ( ) # Years at this address	
<i>If residing at present address for less than three (3) years, list all previous address:</i>		
FORMER ADDRESS	RESIDENCY Begin End	OWN / RENT
	-	( ) Own ( ) Rent
	-	( ) Own ( ) Rent
	-	( ) Own ( ) Rent

**III. HOUSEHOLD INFORMATION**

HOUSEHOLD SIZE: \_\_\_\_\_ *If pregnant or adopting, do not include in household size.*

LIST ALL HOUSEHOLD MEMBERS, INCLUDING APPLICANT AND CO-APPLICANT, WHO WILL BE LIVING IN THE HOME:		
NAME	AGE / SEX	RELATIONSHIP
	/	<i>Applicant</i>
	/	
	/	
	/	
	/	
	/	
	/	
	/	

**IV. EMPLOYMENT**

APPLICANT		CO-APPLICANT	
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	

LIST ADDITIONAL EMPLOYMENT INFORMATION FOR APPLICANT, CO-APPLICANT AND ALL HOUSEHOLD MEMBER OVER THE AGE OF 18 YEARS OF AGE OR OLDER.

( ) APPLICANT ( ) CO-APPLICANT ( ) HH MEMBER		( ) APPLICANT ( ) CO-APPLICANT ( ) HH MEMBER	
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	

**V. INCOME AND ASSETS**

LIST THE GROSS ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER.

INCOME SOURCE	APPLICANT	CO-APPLICANT	HH MEMBER	TOTAL
Wages, Salaries, Tips, etc.	\$	\$	\$	\$
Business Income	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$
Alimony, Child Support &	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$
Other	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$
				FOR OFFICE USE ONLY ( ) VL ( ) L ( ) M

<b>ASSETS READILY AVAILABLE</b>						
<i>Check all that apply: Applicant (A) Co-applicant (CA) Household Member 18 years of age and older (HM)</i>						
A	CA	HM	Name of Bank	Type	Account #	Balance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<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/BONDS</b>						
A	CA	HM	Name of Institution(s)	Account #	Value	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<b>CASH VALUE OF MUTUAL FUNDS/MONEY MARKET ACCOUNTS</b>						
A	CA	HM	Name of Institution(s)	Account #	Value	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			\$	
<b>CERTIFICATES OF DEPOSIT</b>						
A	CA	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<b>EQUITY IN RENTAL PROPERTY, CAPITAL INVESTMENTS, REAL PROPERTY</b>						\$
<b>LUMP SUM OR ONE-TIME RECEIPTS</b>						\$
<b>PERSONAL ASSETS WITH VALUE GREATER THAN \$5,000 (not including auto/furniture)</b>						\$
<b>GIFT LETTER <i>Attach Letter</i></b>						\$
<b>CASH ON HAND/OTHER Please Describe:</b>						\$
A	C	HM				Value
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				\$
<b>TOTAL OF ALL SOURCES LISTED ABOVE:</b>						\$

**VI. LIABILITIES AND HOUSEHOLD EXPENSES**

<b>CREDITOR NAME/ADDRESS</b>	<b>TYPE OF ACCOUNT</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE DUE</b>
		\$	\$
Acct No:		# Payments: ____	
		\$	\$
Acct No:		# Payments: ____	
		\$	\$
Acct No:		# Payments: ____	
		\$	\$
Acct No:		# Payments: ____	
		\$	\$
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.

<b>TYPE OF EXPENSE</b>	<b>MONTHLY PAYMENT</b>	<b>BALANCE DUE</b>
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

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

**I/WE UNDERSTAND THAT:**

\_\_\_\_ / \_\_\_\_ Any and all information provided will be used to determine eligibility for substantial public benefits and any 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 is 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.

**CONTINUE TO NEXT PAGE**

**CERTIFICATION – 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.

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

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

DATED: \_\_\_/\_\_\_/\_\_\_ HOUSEHOLD MEMBER (*18 years of age and/or older*) \_\_\_\_\_

DATED: \_\_\_/\_\_\_/\_\_\_ HOUSEHOLD MEMBER (*18 years of age and/or older*) \_\_\_\_\_

## City of Sunnyvale APPROVED LENDERS

**The lenders listed below are NOT endorsed by the City of Sunnyvale.**

Applicants are free to work with any lender they choose, provided the lender has approved the Deed Restrictions prior to entering into a purchase contract. If you have any questions, please contact the City of Sunnyvale Housing @ 408-730-7250.

BANKS	CONTACT NAME	PHONE NUMBER
<b>Bank of America</b> 440 South Mathilda Ave. Sunnyvale, CA 94086	Steve Kim Mortgage Consultant <i>or</i> Thao Khuc	408-991-8377 <a href="mailto:steve.y.kim@bankofamerica.com">steve.y.kim@bankofamerica.com</a>  408-991-8343 <a href="mailto:thao.m.khuc@bankofamerica.com">thao.m.khuc@bankofamerica.com</a>
<b>BayCal Financial Corp.</b> 1072 S. De Anza Blvd, #A-208 San Jose, CA 95129	Coco Tan	408-387-8080 408-829-6053 (Cell)
<b>Countrywide Home Loans</b>	Wilson Chai Builder Home Loan Consultant  Kulvinder Hummel Home Loan Consultant	909-569-5536 (Cell) <a href="mailto:Wilson_chai@countrywide.com">Wilson_chai@countrywide.com</a>  408-342-2818
<b>Citibank</b>	Susan Waller, Business Development Officer	415-658-4463
<b>Meriwest Mortgage</b> 1 North First Street, Suite 120 San José, CA 95113	Joe Mariscal Loan Production Manager	800-750-3775 <a href="http://www.meriwestmortgage.com">www.meriwestmortgage.com</a>
<b>MetLife (formally First Horizons)</b> 4300 El Camino Real, Ste 100 Los Altos, CA 94022	Steve Switzer Senior Loan Officer	650-559-5593 <a href="mailto:sswitzer@metlifehomeloans.com">sswitzer@metlifehomeloans.com</a>
<b>Neighborhood Housing Services of Silicon Valley (NHSSV)</b> 1156 North Fourth Street San Jose, 95112	J.R. Wheelwright	408-279-2600 ext. 226 <a href="http://www.nhssv.org">www.nhssv.org</a>
<b>Star One Credit Union</b> 166 8 <sup>th</sup> Avenue Sunnyvale, CA 94089	Kevin Collins	408-543-5202 x5075
<b>Wells Fargo Home Mortgage</b> 1021 Blossom Hill Rd. #A San Jose, CA 95123	Keith Cova Loan Consultant	408-723-6634 408-375-2879 (Cell)