



**DOWNPAYMENT ASSISTANCE HOMEBUYER PROGRAM APPLICATION**

**INSTRUCTIONS FOR APPLICANT**

1. Please print neatly in ink. Do not leave any sections blank. If the requested information does not apply, write "None" or "N/A". If space provided is not enough, add another sheet.
2. The applicant and all other adult household members (18 years of age or older) must sign the final page of this application and the HOME Program Eligibility Release form attached.
3. Documents must be submitted in hard copy form; electronic format is not accepted.
4. All information on this application must be true, complete, and accurate. Incomplete applications will not be accepted. Applications deemed to contain incomplete, misleading or false information will be rejected.
5. Buyers to review attached program flyer and program policies at:  
<https://www.oxnard.org/city-department/housing/affordable-housing/program-policies/>

**(Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government.)**

**APPLICANT (BUYERS ONLY) INFORMATION**

Applicant /Buyer: \_\_\_\_\_ Co-Applicant/Buyer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Applicant Phone No.: \_\_\_\_\_ Co-Applicant Phone No.: \_\_\_\_\_  
 Applicant E-mail Address: \_\_\_\_\_  
 Co-Applicant E-mail address: \_\_\_\_\_  
 Do you currently own real estate? \_\_\_ No \_\_\_ Yes (please submit copy of deed and current mortgage statement)  
 Do you need the City's downpayment assistance? \_\_\_ No \_\_\_ Yes

**HOUSEHOLD COMPOSITION**

**(LIST EVERYONE LIVING IN THE HOME, INCLUDING THE BUYERS & CHILDREN)**

Members of the Household	Name	Relationship to Applicant/Buyer	Date of Birth	F/T* Student (Yes/No)	Social Security No.
Member #1 Applicant/Buyer		Self			
Member #2 Co-Applicant/Buyer					
Member #3					
Member #4					
Member #5					
Member #6					

**\*Full time college students must submit verification of enrollment.**

Race: \_\_\_\_\_ (e.g. White, Black, Asian, American Indian, other...) \*Hispanic/Latino: Yes \_\_\_ No \_\_\_  
 Married: Yes \_\_\_ No \_\_\_ Elderly: Yes \_\_\_ No \_\_\_ Veteran: Yes \_\_\_ No \_\_\_ Disabled: Yes \_\_\_ No \_\_\_



**INCOME INFORMATION**

Complete this section with income information for each household member over 18 years of age. Monthly gross income includes wages, salaries, overtime pay, commissions, tips, bonuses, and other compensation, SS, or other

**Member #1 First and Last Name:** \_\_\_\_\_  
 Source of Income \_\_\_ Employment \_\_\_ Social Security \_\_\_ Other: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Length of Employment: \_\_\_ yrs. \_\_\_ mos. Monthly Gross Income: \_\_\_\_\_ How Often Paid \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**Member #2 First and Last Name:** \_\_\_\_\_  
 Source of Income \_\_\_ Employment \_\_\_ Social Security \_\_\_ Other: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Length of Employment: \_\_\_ yrs. \_\_\_ mos. Monthly Gross Income: \_\_\_\_\_ How Often Paid \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**Member #3 First and Last Name:** \_\_\_\_\_  
 Source of Income \_\_\_ Employment \_\_\_ Social Security \_\_\_ Other: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Length of Employment: \_\_\_ yrs. \_\_\_ mos. Monthly Gross Income: \_\_\_\_\_ How Often Paid \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**Member #4 First and Last Name:** \_\_\_\_\_  
 Source of Income \_\_\_ Employment \_\_\_ Social Security \_\_\_ Other: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Length of Employment: \_\_\_ yrs. \_\_\_ mos. Monthly Gross Income: \_\_\_\_\_ How Often Paid \_\_\_\_\_  
 Employment Status: Full-time  Part-time  Seasonal/Temporary  Self-employed  Retired

**OTHER INCOME**

Complete this section with income information for all household members. If not listed above, please list any cash contributions on an ongoing basis such as; unemployment benefits, Social Security, Supplemental Security, alimony/spousal support and child support payments, periodic payments from trusts, annuities, inheritance retirement funds or pensions, insurance policies, or lottery winnings, income from real, personal property or any other asset.

Family Member Name	Source of Income	Amount	How Often Received

**ASSET INFORMATION (INCLUDING ASSETS HELD BY CHILDREN UNDER 18)**

Do you or any member of the household have here in the U.S. or in any other foreign country any checking or saving account(s), revocable trust(s), stocks, bonds, or Treasury Bills, have Certificates of Deposit (CD), Money Market Account(s), Retirement Accounts, whole life insurance policy, own real estate, safe deposit boxes, or personal property such as gems, jewelry, coin collections, antique cars, etc.? If yes, please indicate:



**BANK ACCOUNTS**

Family Member	Type of Account	Financial Institution	Account No.	Interest Rate	Current Balance

**OTHER ACCOUNTS/ASSETS (401K/Retirement)**

Family Member	Type of Asset	Interest Rate	Current Cash Value

**Acknowledgements**

The undersigned specifically acknowledges(s) and agrees that:

1. I/We are first-time homebuyer(s) and have not owned a home during the past 3 years; \_\_\_\_\_ (initials)
2. The property will not be used for any illegal or prohibited use; \_\_\_\_\_ (initials)
3. The property will be occupied by applicant(s) solely as a private residence; \_\_\_\_\_ (initials)
4. Verification of any information contained in the application may be made at any time by the City of Oxnard; \_\_\_\_\_ (initials)
5. I/We have a continuing obligation to amend and/or supplement the information provided in this application if any of the material facts which I/We have represented herein should change prior to closing; \_\_\_\_\_ (initials)
6. I/We acknowledge all items and documents contained in the City submission package are documents of public record. \_\_\_\_\_ (initials)
7. I/We understand the City reserves the right to obtain additional, and any information, pertinent to all loan decisions (i.e. property inspections, credit, report information, household information, etc.) \_\_\_\_\_ (initials)

**Fair Housing Act**

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

If you believe you have been discriminated against, submit a complaint to: U.S. Department of Housing and Urban Development (HUD), 600 Harrison Street, 3<sup>rd</sup> Floor. San Francisco, CA 94107-1300, Telephone: 1.800.347.3739

**The applicant and all other adult household members (18 years of age or older) must sign this page and the HOME Program Eligibility Release form (page 6).**

**I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s).**

**I/We am/are aware that willfully and knowingly falsifying information may lead to criminal prosecution.**

\_\_\_\_\_  
Applicant (sign) (print) Date

\_\_\_\_\_  
Co-Applicant (sign) (print) Date

\_\_\_\_\_  
Member of Household (sign) (print) Date

\_\_\_\_\_  
Member of Household (sign) (print) Date



## Loan Application Process and Procedures

Pre-Application Checklist: *(initial to acknowledge document requested is attached at time of application submittal. All documents are needed to verify buyer(s) meet(s) all program requirements; residency, income, ratios of 38%/45%, have a minimum of \$5,000 for downpayment with a maximum contribution to include all liquid assets in bank accounts, etc.) Applications without all the documents requested will not be accepted (except for the Homebuyer Education Certificate).*

- \_\_\_\_\_ Copy of Government Photo I.D. **for all adults in household**
- \_\_\_\_\_ Copy of 2 most current utility bills (gas, water, or electricity) - **for either Applicant or Co-Applicant**
- \_\_\_\_\_ Copy of paycheck stubs for the last 3 months - **for all adults**
- \_\_\_\_\_ Copy of last 3 years "Complete" Tax Returns, (Federal and State) with all attachments (W2s)– **for all adults**
- \_\_\_\_\_ Copy of last 6 months Bank Statements – **for all adults**
- \_\_\_\_\_ Copy of current statement on assets, such as 401K or any other retirement account - **for all adults**
- \_\_\_\_\_ Letter of Loan Pre-Approval - **from Lender**
- \_\_\_\_\_ Copy of Uniform Residential Loan Application (Fannie Mae Form 1003) on all borrowers - **from Lender**
- \_\_\_\_\_ Copy of Loan Cost Estimate/Breakdown Worksheet - **from Lender**
- \_\_\_\_\_ Copy of Credit Report on all borrowers - **from Lender**
- \_\_\_\_\_ Copy of Homebuyer Education Certificate for all persons who will be on title\* - **from HUD-Approved Agency (Please note: needs to be an in-person course, cannot be done online – VCCDC 805-273-7800 is the only local HUD-Approved Agency) (Exception: certificate could be turned in at a later time, but before close of escrow)**

- After pre-approval is granted the applicant will have **6 months** from the date of their pre-approval letter to execute a purchase agreement for the purchase of a home in Oxnard, open, and close escrow. If the applicant is unable to meet this timeline their application will be cancelled and they will need to resubmit a new application.
- Applicant must submit a copy of the executed purchase agreement to AHRD staff within **3 business days** of execution.
- It is recommended that lenders/escrow officers submit the following documents within **20 calendar days** from the date of the executed purchase agreement to AHRD staff in order to process loans in a timely manner:
  - Estimated Closing Statement
  - Preliminary title report
  - Vesting
  - Property appraisal report
  - Escrow Wiring Instructions
  - W-9 from Escrow Company
  - Home Inspection Report
- Once all the above documents are received, final approval is requested and loan documents are signed
- Funds are estimated to wire 2 weeks after loan document signing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date





HOME Program  
 Eligibility Release Form – THIRD PARTY VERIFICATION FORM

**ALL ADULTS PRINT NAME, SIGN AND DATE AT THE BOTTOM AND INITIAL MARKED BOXES ON THE TOP RIGHT**

Participant Jurisdiction:  
 City of Oxnard  
 Affordable Housing & Rehabilitation Division  
 435 South D Street, Oxnard, CA 93030  
 (805) 385-7400

*Information Covered:* Inquiries may be made about items initiated by applicant/tenant. **(All adults 18 years and older to initial where indicated with an X)**

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:  
 HOME Homebuyer Program  or  
 HOME Rehabilitation Program

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Instructions: Each adult member of the household must sign a HOME Program Eligibility Release for prior to the receipt of benefit and on an annual basis to establish continued eligibility. Additional signatures must be obtained from new adult members whenever they join the household or whenever members of the household become 18 years of age.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

	Verification Required	Initials	Initials
Income (all sources)	X		
Assets (all sources)	X		
Child Care Expense			
Handicap Assistance Expense (if applicable)			
Medical Expense (if applicable)			
Other (list)	X		
Dependent Deduction			
Full-Time Student			
Handicap/Disabled			
Family Member			
Minor Children			

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature & Date \_\_\_\_\_

Signature & Date \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature & Date \_\_\_\_\_

Signature & Date \_\_\_\_\_

