Do You Want to Own a Home in *Arcata?*

If you are a low-income or moderate income prospective homebuyer, the City of Arcata may be able to assist YOU!

The City's Program: The **Home Ownership Program (HOP)** increases a borrower's buying power and reduces initial out of pocket expenses and monthly housing costs! Available programs are: **First Time Homebuyer (FTHB), Housing Rehabilitation (HR) and Manufactured Home Ownership (MHO)**.

Required Private Loan:
The City's HOP provides financing *to help pay the difference* between the loan amount you can afford to borrow from a private lender and the purchase price of a home. You *must* secure a loan from a private lender in an amount determined by the City, based upon your monthly income.

Share of Equity:
The City shall share in the appreciation (equity) of property purchased with HOP funds. The City's share of equity is recycled through the Program to continue funding affordable housing. The City Share of Equity is calculated as:

$$\frac{\text{Amount of City loan}}{\text{Total Purchase Price of House}} = \text{Percent Share of Equity}$$

Beginning on the 6th anniversary of the loan, the City's share of equity decreases by 1/25th annually. At the 30th year, the loan maturity date, the City *no longer* has a share of equity in your home.

Program Criteria:
The FTHB maximum purchase price under the Program is $342,000. All homes must be within Arcata city limits. Applicants must not exceed 38% debt to income for housing costs. Additional requirements apply, as outlined in the City's HOP Guidelines, available at the Community Development Department.

Income Qualification:
The Program is designed to assist low-income and moderate-income households. Applicants must meet the income criteria.

2009 Income Limits

Household Size	Low-Income Must Be Below	Moderate-Income Must Be Below
1	$31,250	$46,850
2	$35,700	$53,550
3	$40,200	$60,250
4	$44,650	$66,950

EQUAL HOUSING OPPORTUNITY

To Apply: Arcata Community Development Department
City Hall, 736 F Street, Arcata, CA 95521
Call **822-5955** for more information

City of Arcata

Housing Programs

Income Reporting Requirements
(Supplemental Guide)

The following information will help you identify the **income documentation**[1] that is required to participate in the City's Home Ownership Program. On review of your application and the documentation of income that you provide, the City will request a third party verification of your income and assets and may request other supplemental information.

- **If your employment is consistent throughout the year, submit copies of:**
  1. Paycheck stubs for the most recent **three months**,
  2. Statements documenting any **other sources of income**[2], and
  3. **Signed** and complete copies of the previous **three year's Federal Tax Return**.

- **If your employment income varies throughout the year, submit copies of:**
  1. Paycheck stubs for the most recent **Six months**,
  2. **Signed** and complete copies of previous **three year's Federal Tax Returns,**
  3. Statements documenting any **other sources of income**[2],

- **If your income is non-employment derived[3], submit copies of:**
  1. Statements of any and all benefits[4] you receive,
  2. Statements documenting any **other sources of income**[2],
  3. **Signed** and complete copies of previous **three year's Federal Tax Returns** [5].

- **If you are self-employed, submit copies of:**
  1. A letter describing your employment situation,
  2. Quarterly taxable income projections or Profit and Loss Statements,
  3. **Signed** and complete copies of previous **three year's Federal Tax Returns**, including Schedule C.

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[1] **Income information must be provided for all household members, including children.**
[2] **e.g., Child Support, Alimony, Mutual Funds, Parental Contributions.**
[3] **e.g., SSI/SSA, TANF, Disability, Unemployment, private financial contribution, trust fund or other.**
[4] **Please submit copies of benefit award letters with a signed permission to verify benefits.**
[5] **If you do not file a tax return, please write on application in comments section stating that you do not file, for which tax year and describe the reason you do not file (i.e. non-taxable income).**

CITY OF ARCATA
HOUSING PROGRAMS
APPLICATION FORM

Type of program you are applying for (check one):

HOME OWNERSHIP LOAN _____ Total number of people in household: _____ Current monthly rent: $_____ Have you or any household member owned any real property in the last three years? If yes, describe type and location of property.	**HOUSING REHABILITATION LOAN**_____ _____ **Owner Occupied** ____ **# of people in the Household** ____ **# of bedrooms** Complete the Owner-Occupied Dependents Form. _____ **Rental Property** _____ **# of units** _____ **# of bedrooms** Complete Rental Property Household Information Form. Contact the City for Davis-Bacon applicability.

CERTIFICATION/AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that to the best of my knowledge the information provided in this application is true and complete. I intend it to be relied upon for the purposes of this application. I authorize the City of Arcata or its Program Operator to make any and all inquiries necessary and appropriate to verify this information. I understand that the City of Arcata or its Program Operator will keep this application whether or not this credit is approved. I hereby authorize the use of a photostatic copy of my/our signature(s) below, to obtain information regarding any of the following items:

* Credit Report
* Home Insurance
* Contact / Contract Management
* Beneficiary Statement
* Contractor Negotiation
* Change Order Negotiation and Approval
* Income Verification
* Bank Accounts
* Mortgage Verification
* Lot Book / Title Insurance Report

REPORT OF INCOME BENEFITS

Applicants for assistance under the HOME and CDBG Programs are required to provide verifiable evidence of annual household income. This includes related and unrelated household members and persons who will be living in the residence more than half time. Please list below the household members who are included in your application and submit copies of income verification. Documentation may vary depending on income source. Document gross annual household income by source, person, and amount. Attach income verification as specified by the Technical Guide for Determining Income and Allowances for the HOME Program, Second Edition, June 1999. Contact the Program Operator for Housing Rehabilitation requirements and the City for First Time Homebuyer requirements.

Please fill in all questions. If a question does not pertain to you, write "N/A."

Date: _____ **Applicant Signature:** _____

Applicant Name: _____

Date: _____ **Co-applicant Signature:** _____

Co-applicant Name:

STAFF USE ONLY: INCOME VERIFICATION

ANNUAL HOUSEHOLD INCOME: $ _____ Date:_____ NO. OF PERSONS IN H.H. _____	HCD ALLOWABLE INCOME: $ _____ Year:_____ INCOME ELIGIBLE: YES ____ NO ____	Project in City limits? YES or NO Project in Redevelopment Area? YES or NO

APPLICANT INFORMATION

Name: _____

Street Address: _____ City _____ State _____ Zip _____ Phone _____

Home: _____ Wk _____

Mailing: _____ Hm _____

Date of Birth:	SSN:	Gender: ( ) M or ( ) F	

Race (Check ALL that apply): ( ) White ( ) African American ( ) Asian ( ) American Indian ( ) Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Other

Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married ( ) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:	

Income type, source (e.g., Employment, Place of Work)	**Amount: $**	**Periodicity (How often payments are made)**
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:

Add additional sheets if necessary. Attach documentation for each income source (e.g., check stubs, tax returns, profit/loss statement, benefits statement).

Assests: List all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate, cash, and other assests you own.

Account Type (checking, etc.)	**Account Number**	**Balance**	**Rate**	**Institution name and address**

LIST ALL RESIDENCES WITHIN THE LAST 18 MONTHS

Residence address	If other household members did not live at these addresses, please list their history in the comments section.	How Long?

If your household size is larger than 4, you will need to photocopy the following page and include information on all household members. Please indicate whether the household member is a coapplicant. Coapplicants will be equally responsible for loan repayment. All household members' incomes must be listed; include additional pages if necessary. If you require additional space for any answer, please continue to the comments section.

Instructions: Provide the following information for each household member. Photocopy this form and insert the extra pages after this page if your household has more than three members.

CO-APPLICANT ( ) or **OTHER HOUSEHOLD MEMBER ( )** A coapplicant will be on title with the primary applicant.
(If current address is different from Applicant's, check here ( ), and write your address in comments section.)

Name:

Date of Birth:	SSN:	Gender: ( ) M or ( ) F	

Race (Check ALL that apply): ( ) White ( ) African American ( ) Asian ( ) American Indian ( ) Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Other

Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married ( ) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:	

Income type, source (e.g., Employment, Place of Work)	**Amount: $**	**Periodicity (How often payments are made)**
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:

Add additional sheets if necessary. Attach documentation for each income source (e.g., check stubs, tax returns, profit/loss statement, benefits statement).

Assests List all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate, cash, and other assests you own.

Account Type (checking, etc.)	**Account Number**	**Balance**	**Rate**	**Institution name and address**

CO-APPLICANT ( ) or **OTHER HOUSEHOLD MEMBER ( )** A coapplicant will be on title with the primary applicant.
(If current address is different from Applicant's, check here ( ), and write your address in comments section.)

Name:

Date of Birth:	SSN:	Gender: ( ) M or ( ) F	

Race (Check ALL that apply): ( ) White ( ) African American ( ) Asian ( ) American Indian ( ) Alaska Native ( ) Native Hawaiian/Pacific Islander ( ) Other

Ethnicity (Check One): ( ) Hispanic ( ) Non-hispanic	Marital Status: ( ) Married ( ) Unmarried ( ) Separated	Disabled: ( ) Y or ( ) N
Are you a Student? ( ) No if Yes, ( ) Full-time ( ) Part-time	School Name/Address:	

Income type, source (e.g., Employment, Place of Work)	**Amount: $**	**Periodicity (How often payments are made)**
	$	( ) Weekly ( ) Biweekly ( ) Monthly ( ) Other, specify:

Add additional sheets if necessary. Attach documentation for each income source (e.g., check stubs, tax returns, profit/loss statement, benefits statement).

Assests List all checking, savings, other bank accounts, stocks, bonds, CDs, trusts, real estate, cash, and other assests you own.

Account Type (checking, etc.)	**Account Number**	**Balance**	**Rate**	**Institution name and address**

COMMENTS SECTION:	Include any additional information or comments here. Housing Rehab applicants should use this section to list needed repairs

Staff Use - Do not write below this line.

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Items ONE (1) AND THREE (3) should be completed by the applicant. Applicant should then return the form to the City of Arcata or its Program Manager.Listing the fax no. wil result in faster processing

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Employer Name: _____	**2**. Please reply to:
Street Address: _____	City of Arcata, Community Dev.
P.O. Box: _____	736 F Street, Arcata CA 95521
City, State, Zip: _____	**or return by fax:**
Fax Number:	**(707) 825-2042**

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my sources of income. My signature below authorizes the release of any income information requested by the City or its Program Manager.

3. Applicant Name: _____

Street Address: _____

P.O. Box #: _____

City/State/Zip: _____

Social Security No: _____

Signature of Applicant:

_____

Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

_____

Signature Date

_____

Title Phone Number

PART 2 VERIFICATION

Employment Data:	**Salary and Wage Data:**
5. Is Applicant currently employed by you?( )Yes ( )No	**9.** Past 12 month earnings
If **Yes** go to **7**, if **No** complete **6.A**, **B** & **C**	$
6.A Duration of employment?	Base salary/wage: $
6.B Date employment ended?	Overtime: $
6.C Reason for leaving:	Commissions: $
7. Present position title:	Bonus: $
8. Probability of continued employment:	**10.** Anticipated earnings next 12 months?
	$
Remarks:	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

11. Signature and Title of Employer:

Signature _____ Date _____

Title Phone No

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Items ONE (1) AND THREE (3) should be completed by the applicant. Applicant should then return the form to the City of Arcata or its Program Manager.Listing the fax no. wil result in faster processing

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Employer Name: _____	**2**. Please reply to:
Street Address: _____	City of Arcata, Community Dev.
P.O. Box: _____	736 F Street, Arcata CA 95521
City, State, Zip: _____	**or return by fax:**
Fax Number:	**(707) 825-2042**

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my sources of income. My signature below authorizes the release of any income information requested by the City or its Program Manager.

3. Applicant Name: _____

Street Address: _____

P.O. Box #: _____

City/State/Zip: _____

Social Security No: _____

Signature of Applicant:

_____

Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

_____

Signature Date

_____

Title Phone Number

PART 2 VERIFICATION

Employment Data:	**Salary and Wage Data:**
5. Is Applicant currently employed by you?( )Yes ( )No	**9.** Past 12 month earnings
If **Yes** go to **7**, if **No** complete **6.A**, **B** & **C**	$
6.A Duration of employment?	Base salary/wage: $
6.B Date employment ended?	Overtime: $
6.C Reason for leaving:	Commissions: $
7. Present position title:	Bonus: $
8. Probability of continued employment:	**10.** Anticipated earnings next 12 months?
	$
Remarks:	

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

11. Signature and Title of Employer:

Signature _____ Date _____

Title Phone No

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF BENEFITS

INSTRUCTIONS: Complete items ONE (1) AND THREE (3), then return the form to the City of Arcata or its Program Manager. Listing the agency's fax no. will result in faster processing

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Agency Name: _____

Street Address: _____

P.O. Box: _____

City, State, Zip _____

Fax No.: _____

2. Please reply to:

City of Arcata, Community Dev.
736 F Street, Arcata CA 95521
or return by fax:
(707) 825-2042

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my sources of income. My signature below authorizes the release of any income information requested by the City or its Program Manager.

3. Applicant Name: _____

Street Address: _____

P.O. Box #: _____

City/State/Zip: _____

Social Security No: _____

Signature of Applicant:

_____
Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

_____
Signature Date

_____
Title Phone Number

PART 2 VERIFICATION

5. Type of Income:

Monthly Amount: $ _____

Total Amount Rec'd Last 12 Months: $ _____

Anticipated Amount Next 12 Months: $ _____

6. Comments:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

7. Signature and Title of Verifier:

_____
Signature Date

_____
Title Phone No

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF BENEFITS

INSTRUCTIONS: Complete items ONE (1) AND THREE (3), then return the form to the City of Arcata or its Program Manager. Listing the agency's fax no. will result in faster processing

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Agency Name: _____

Street Address: _____

P.O. Box: _____

City, State, Zip _____

Fax No.: _____

2. Please reply to:

City of Arcata, Community Dev.
736 F Street, Arcata CA 95521
or return by fax:
(707) 825-2042

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my sources of income. My signature below authorizes the release of any income information requested by the City or its Program Manager.

3. Applicant Name: _____

Street Address: _____

P.O. Box #: _____

City/State/Zip: _____

Social Security No: _____

Signature of Applicant:

_____
Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

_____
Signature Date

_____
Title Phone Number

PART 2 VERIFICATION

5. Type of Income:

Monthly Amount: $ _____

Total Amount Rec'd Last 12 Months: $ _____

Anticipated Amount Next 12 Months: $ _____

6. Comments:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

7. Signature and Title of Verifier:

_____
Signature Date

_____
Title Phone No

CITY OF ARCATA
HOUSING PROGRAMS
REQUEST FOR VERIFICATION OF ASSETS

INSTRUCTIONS: Complete items ONE (1) AND THREE (3), and return completed form to the City of Arcata or its Program Manager. Listing the institution's fax no. will result in faster processing.

PLEASE USE **INK** AND PRINT **CLEARLY**

PART I-REQUEST

1. Financial Institution: _____	2. Please reply to:
Street Address: _____	City of Arcata, Community Dev.
P.O. Box: _____	736 F Street, Arcata CA 95521
City, State, Zip: _____	**or return by fax:**
Fax No.:	**(707) 825-2042**

I have applied for a loan through the City of Arcata Housing Programs. To qualify for this loan the City must verify my assets. My signature below authorizes the release of any asset information requested by the City or its Program Manager.

3. Applicant Name: _____
Street Address: _____
P.O. Box #: _____
City/State/Zip: _____
Social Security No: _____
Signature of Applicant:

Signature Date

DO NOT WRITE BELOW THIS LINE

4. Signature and Title of Requestor:

Signature Date

Title Phone Number

PART 2 VERIFICATION

Type of Account	Account #	6 mo. Avg. balance	Interest rate
Checking			
Savings			

Type of Account	Account #	Current balance	Interest rate
Checking			
Savings			
CD			
Trust Fund			
Other accounts:			

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

11. Signature and Title of Bank Official:

Signature Date

Title Phone No

Application Checklist (Preliminary)

The following checklist is used by City Staff to determine the completeness of your application. Though this list is not exhaustive, it does include the common steps you must complete to receive an eligibility determination. You should keep this form, and a copy of all materials you've submitted to the City for your records. You may use this form to track your progress.

	Form Name	Completion Date
1	City Housing Programs Application Form	
2	Employment Verification form - one for each wage earner and each job	
3	Asset Verification form - one for each institution and asset holder	
4	Benefits Verification form - one for each recipient and agency	
5	Most recently filed tax forms (if you did not file, write a brief letter explaining why)	
6	Profit and Loss Statements/Schedule C - if you own a business	
7	Three months' most recent pay stubs	
8	Current and/or Previous Property Ownership Certification	
9	Attend City's Homeownership Financing workshop	
10		
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CITY OF ARCATA
HOME OWNERSHIP PROGRAM

CERTIFICATION OF CURRENT AND/OR PREVIOUS PROPERTY OWNERSHIP

I. To be eligible, applicants must be first time homebuyers. "First time homebuyer" means an individual or individuals or an individual and his or her spouse who have not owned a home during the three-year period before the purchase of a home with City of Arcata Assistance, except that the following individual or individuals may not be excluded from consideration as a first-time homebuyer

A. A displaced homemaker who, while a homemaker, owned a home with his or her spouse or resided in a home owned by the spouse. A displaced homemaker is an adult who has not, within the preceding two years, worked on a full-time basis as a member of the labor force for a consecutive twelve-month period and who has been unemployed or underemployed, experienced difficulty in obtaining or upgrading employment and worked primarily without remuneration to care for his or her home and family.

B. A single parent who, while married, owned a home with his or her spouse or resided in a home owned by the spouse. A single parent is an individual who is unmarried or legally separated from a spouse and has one or more minor children for whom the individual has custody or joint custody or is pregnant; and

C. An individual or indivuals who owns or owned, as a principal residence during the three year period before the purchase of a home with HOME or CDBG assistance, a dwelling unit whose structure is: (i) not permanently affixed to a permanent foundation in accordance with local or state regulations; or (ii) not in compliance with state, local or model building codes and cannot be brought into compliance with such codes for less than the cost of construction a permament structure.

By my signature below, I hereby certify that I am a First Time Homebuyer as defined in paragraph I, I.A, I.B or I.C above.

Applicant:_____ Date: _____

Co-Applicant:_____ Date: _____

CITY OF ARCATA
HOMEOWNERSHIP PROGRAM
PRIMARY LENDER COMMITMENT OF LOAN FUNDS

The borrower named below is a participant in the City of Arcata's Home Ownership Program. The Borrower should present the Primary Lender with a signed Certificate of Eligiblity from the City, describing the City's loan amount and terms. As Primary Lender, Please complete this form and return it to:

City of Arcata
Community Development
736 F Street
Arcata, CA 95521

Name of Primary Lender: _____

Address: _____
Street Address City State Zip

Loan Officer: _____ Phone: ( )

email: _____ Fax: ( )

Borrower: _____

Co-Borrower: _____

Borrower's Gross Annual Income: _____

Maximum Primary Loan Amount: _____ Valid unitl (date): _____

Interest Rate of First Mortgage (ARM's are not allowable): _____ Term: _____

Financing Program to be used:

_____ Fannie Mae
_____ FHA
_____ Other (Describe)

The City loan is comprised of a two part loan: up to $20,000 Secured Agency note at 3% annual simple interest at 45 years and up to $85,000 City note with deferred payment principal at 3% annual simple interest. The $20,000 Agency note must be applied first to assist the borower to make a down apyment equal to 3% of the purchase price, and second, it may be applied towards the following items:

City and County Taxes
Commission paid to buyers agent
Loan origination fees (not to exceed 3.5% of the primary
Loan and other fees associated with the primary loan)
Appraisal fee
Credit Report
Flood Insurance Rate Map Verification
Prepaird fire and hazard insurance
(not to exceed one year)

Title search
Title Insurance
Mortgage insurance application fees
Underwriting fee
Tax service
Document preparation
Notary fees
Recording fees
Title company settlement or closing costs
Additional down payment

_____ _____
Signature of Loan Officer Date