



City of Fresno
HOUSING AND COMMUNITY DEVELOPMENT
PLHA Mortgage Assistance Program
2600 N. Fresno St., Room 3065
Fresno, CA 93721

2023 HCD INCOME LIMIT GUIDELINES	
1 PERSON -	\$46,200
2 PEOPLE -	\$52,800
3 PEOPLE -	\$59,400
4 PEOPLE -	\$65,950
5 PEOPLE -	\$71,250
6 PEOPLE -	\$76,550
7 PEOPLE -	\$81,800
8 PEOPLE -	\$87,100

APPLICATION			
DATE:			
PROPERTY ADDRESS:			
APPLICANT NAME:			
DATE OF BIRTH:		SOCIAL SECURITY:	
PHONE (Home):		(Work):	(Cell):
CURRENT ADDRESS:			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	SINGLE HEAD OF HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE			
RACE(S): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____			
ETHNICITY (select only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
CO-APPLICANT NAME:			
DATE OF BIRTH:		SOCIAL SECURITY:	
PHONE (Home):		(Work):	(Cell):
CURRENT ADDRESS:			
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO	SINGLE HEAD OF HOUSEHOLD <input type="checkbox"/> YES <input type="checkbox"/> NO	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> SINGLE			
RACE(S): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____			
ETHNICITY (select only one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
IS THE HEAD OF HOUSEHOLD/AND OR ANY MEMBER OF THE HOUSEHOLD DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THE DISABILITY A MOBILE IMPAIRMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Household Composition

Property Address: _____

Please complete this form for yourself and your household members. Include all sources of income even if the primary lender will not include.

Name	Relationship to Head of Household	Date of Birth (MM/DD/YY)	F/T Student (Y or N)	* Gross Income	Employer Name or Source of Income

***Submit this form along with copies of supporting documentation for all sources of income. Sources of income include employment, social security, child support, unemployment, etc.**

****Family members over 18+ will be required to complete a self-certification form.**

I certify under Penalty of Perjury under the laws of the State of California that the foregoing is true and correct.
Executed on the date shown below.

Signature of Applicant

Date

Signature of Co-Applicant

Date

ASSETS		
<i>NAME OF BANK:</i>		
BANK ADDRESS:		
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> IRA <input type="checkbox"/> STOCKS <input type="checkbox"/> BONDS <input type="checkbox"/> MONEY MARKET ACCT \$_____
<i>NAME OF BANK:</i>		
BANK ADDRESS:		
<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> IRA <input type="checkbox"/> STOCKS <input type="checkbox"/> BONDS <input type="checkbox"/> MONEY MARKET ACCT \$_____
OTHER REAL ESTATE OWNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DECLARATIONS		
ARE YOU A FIRST TIME HOMEBUYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU A CO-ENDORSER OF ANY OUTSTANDING LOANS MADE BY OTHER PEOPLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHO ARE YOU CO-SIGNING FOR, WHO IS THE LOAN WITH, AND WHAT IS THE OUTSTANDING LOAN BALANCE:		
Name of person you are co-signing for:	Name of Lending Agency:	Loan Balance:
HAVE YOU EVER FILED FOR BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHAT YEAR DID THE BANKRUPTCY OCCUR?		
ARE YOU A PARTY TO A LAWSUIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU PRESENTLY DELINQUENT OR IN DEFAULT ON ANY FEDERAL DEBT OR ANY OTHER LOAN, MORTGAGE, FINANCIAL OBLIGATION, BOND OR LOAN GUARANTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PROVIDE DETAILS:		
CERTIFICATIONS AND ACKNOWLEDGMENTS		
I/We understand that the information reported in this application and the information submitted by the lender will be used to determine eligibility for the City's program, as well as the amount of homebuyer assistance needed from the City. Initials: ____		
I/We acknowledge that approval of all funding is subsequent to meeting all underwriting criteria, stated in the most recent City underwriting guidelines issued to the lender. Initials: ____		
I/We certify that I/we have not owned a home in the past three years. Initials: ____		
I/We certify that the property will be my/our <u>principal place of residence</u> . Initials: ____		
I/We understand that the funding will be provided as a deferred loan, forgivable in 15 years or repayable upon sale, transfer of title or when the home is no longer the Buyer's principal residence, whichever occurs first. Initials: ____		
I/We acknowledge and agree that the loan requested by this application will be secured by a deed(s) of trust on the property described herein. Initials: ____		
I/We agree to maintain fire insurance (and flood insurance, if applicable) in an amount at least equal to the replacement value of the improvements, and to name the City of Fresno, Housing and Community Development Division, as a loss payee for that amount. Initials: ____		
I/We further authorize verification or re-verification of the information contained herein, and additional normal inquiries related to or associated with this application from employers, creditors, banks, loan institutions, and from any other sources as may be required. Initials: ____		
I/We acknowledge the City reserves the right to rescind my application at any time upon my failure to comply with the above listed conditions. Initials: ____		
I/We acknowledge that this program is voluntary in nature and the City reserves the right to reject any and all applications at its sole and absolute discretion. Initials: ____		

<p>The City of Fresno will require annual monitoring procedures be accepted by all applicants. The monitoring may consist of a letter that will be sent out once a year asking you to verify that the home is still your principal place of residence, or other means of verification as identified by the City. You will be required to provide principal place of residency verification on the letter, sign, and return the letter to the City of Fresno. This will continue for a period of fifteen (15) years from the date of the close of escrow or until the home is no longer your principal place of residence.</p>			
<p>Initials: _____</p>			
<p>I/We acknowledge and agree that the City makes no representations or warranties, express or implied, to the applicant(s) regarding the property, the condition of the property, or the value of the property.</p>			
<p>Initials: _____</p>			
<p>NOTIFICATIONS</p>			
<p>Applicant(s), shall indemnify, hold harmless and defend the City and each of its officers, officials, employees, agents and volunteers from any and all loss, liability, fines, penalties, forfeitures, costs and damages incurred by the City, Applicant(s) or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly in the performance of this Program. Applicant's obligations under the preceding sentence shall apply regardless of whether the City or any of its officers, officials, employees, agents or volunteers are passively negligent, but shall not apply to any loss, liability, fines, penalties, forfeitures, costs or damages caused by the active negligence or by the willful misconduct of the City or any of its officers, officials, employees, agents or volunteers.</p>			
<p>Section 504 of the Rehabilitation Act of 1973, as amended, no otherwise qualified individual with disabilities in the United States shall, solely by reason of his or her disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.</p>			
<p>Appeals: If an application is turned down by City staff, the applicant may appeal, in writing, within ten (10) days after the occurrence. The appeal must clearly state the reasons for the appeal, including complaints alleging actions prohibited under HUD's Section 504 regulations (discrimination on basis of disability in federally conducted programs). The appeal will be filed with the Housing and Community Development Division Manager, who will review the appeal and respond. If the appellant is not satisfied with that response, the appeal may be presented to the Department Director, or his designee, within (30) days of the Division Manager's response. The Director will attempt to resolve the grievance with fifteen (15) days. The ruling of the Director will be final.</p>			
<p>I/we understand that if my records are audited and the income information provided is found to be incorrect (over the allowable income limits) at the time of funding, I will immediately start to repay the City funds, plus interest at current rates.</p>			
<p>_____</p>		<p>_____</p>	
<p>Signature of Applicant</p>		<p>Signature of Co-Applicant</p>	
<p>_____</p>		<p>_____</p>	
<p>Date</p>		<p>Date</p>	



The Housing Financial Discrimination Act of 1977 Fair Lending Notice

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or condition in the neighborhood or geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business practice; or
2. Race, color, religion, sex, marital status, national origin, or ancestry.

It is illegal to consider the racial, ethnic, religious, or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

For any person, bank, mortgage company, or other financial institution that provides financial assistance for the purchase, organization, or construction of any housing accommodation to discriminate against any person or group of persons because of race, color, religion, sex, sexual orientation, marital status, national origin, ancestry, familial status, source of income, or disability in the terms, conditions, or privileges relating to the obtaining or use of that financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation, or refinancing of one-to-four unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four unit family residence.

If you have any questions about your rights, or if you wish to file a complaint, contact the management of this financial institution, or:

Department of Fair Employment
and Housing
611 West Sixth St., Suite 1500
Los Angeles, CA 90017
(800) 233-3212

Fair Housing and Equal Opportunity (FHEO)
U.S. Dept. of Housing & Urban Development
One Samsome Street, Suite 1200
San Francisco, CA 94104
(800) 347-3739; TTY (415) 436-6594

If the loan applied for is for the purchase, construction, rehabilitation, or refinancing of a housing accommodation, information regarding your race/national origin, sex of applicant and co-applicant and marital status is requested by the State of California and the Federal government to monitor this financial institution's compliance with the Housing Financial Discrimination Act, Equal Credit Opportunity Law, and Fair Housing Law. The law provides that a financial institution may neither discriminate on the basis of this information nor on whether or not it is furnished. **Furnishing this information is optional.**

You have a right to file a written grant application and to receive a copy of this institution's underwriting standards.

I (we) hereby acknowledge receipt of a copy of this Notice.

Signature

Date

Signature

Date

**CITY OF FRESNO
HOUSING AND COMMUNITY DEVELOPMENT DIVISION**

BORROWER'S CERTIFICATION AND AUTHORIZATION

I/We applied for a loan from the City of Fresno Housing and Community Development Division's Mortgage Assistance Program. In applying for the loan, I/we completed a loan application containing information regarding income.

I/We made no misrepresentations in the loan application or other documents nor did I/we omit any pertinent information.

I/We authorize the City of Fresno Housing and Community Development Division staff to verify information contained in our loan application and other documents, either before the loan is closed or after, as part of its audit program, including obtaining a credit report from a credit reporting agency.

I/We authorize you to provide to the City of Fresno Housing and Community Development Division any and all information staff requests. Such information includes, but is not limited to, employment history, bank accounts, credit reports, title reports and income tax returns.

A copy of this authorization may be accepted as an original.

I/We understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make false statements when applying for this loan, as applicable under the provisions of Section 1014 of Title 18, United States Code.

Signature

Social Security Number

Print Name

Date

Signature

Social Security Number

Print Name

Date