



Homebuyer Assistance Program Pre-Approval Checklist

Thank you for your interest in the Housing Trust's Closing Cost Assistance Loan (CCAP), Mortgage Assistance Program (MAP) and Gap Assistance Program (GAP) programs. For your convenience, the Pre-Approval Checklist and Pre-Approval Application can be used for all three programs and are fillable PDF files. **The Housing Trust's Pre-Approval letter will be good for 60 days.**

Please submit the following:

- Completed Pre-Approval Application with signatures of borrower(s) and lender/broker
- Three (3) most recent paystubs for **ALL** household members over the age of 18
- An applicant who is self-employed will need to provide the last three (3) years' income tax returns, both State and Federal, plus a year-to-date profit and loss statement from a certified public accountant. An applicant who both has a job and is self-employed must provide documentation for both.
- Copy of credit report, both spouses even if only one spouse will be on the loan
- First lender pre-approval letter showing approval amount and signed by loan officer
- Borrower's authorization to release information (Lender's copy)
- HTSV Privacy Policy

Loan packages may be submitted in **hard copy** to:

Housing Trust Silicon Valley
95 S. Market Street, Suite 610
San Jose, CA 95113
Attn: First-time Homebuyer Programs, Loan Officer

Or emailed to: adria@housingtrustsv.org

For any questions, please contact:

First-time Homebuyer Programs, Loan Officer
Phone: (408) 436-3450, ext. 234
Fax: (408) 436-3454

Housing Trust Silicon Valley reserves the right to decline a Homebuyer Assistance Program application at anytime prior to the close of escrow of the subject property if the agency obtains information contradictory to that of the application provided by the borrower or lender/broker. **Any misrepresentations or falsifications on this application will result in disqualification from this and future Housing Trust programs.**

Housing Trust Silicon Valley
Pre-Approval Program Application
 Select only ONE Program CCAP MAP GAP

1. Household Information:

	Borrower	Co-Borrower
Name		
Current Address		
City/State/Zip		
Phone (home)		
Phone (work)		
Email		
Age and Date of Birth		
Relationship		

Full names, ages and date of birth of **all** other people in the household:

Name	Age	Date of Birth	Relationship to borrower/co-borrower

Have **you or any adult household member** ever owned a home as a primary residence? Yes or No If yes:

Address _____ Date Purchased _____
 City/State/Zip _____ Date Sold _____

2. Annual Gross Household Income

Total annual gross income of all household members over the age of 18 from all sources (such as salary, overtime, bonuses, tips, interest, dividend income, alimony, child support, net business income, IRA distributions, pensions and annuities, net rental income, royalties, partnership income, trust income, farm income, unemployment compensation, Social Security Benefits):

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} + \$ \underline{\hspace{2cm}} + \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\
 \text{Borrower} \qquad \qquad \text{Co-borrower} \qquad \qquad \text{All other adults in} \qquad \qquad \text{TOTAL ANNUAL GROSS} \\
 \qquad \qquad \qquad \qquad \qquad \qquad \qquad \text{household} \qquad \qquad \qquad \text{HOUSEHOLD INCOME}
 \end{array}$$

3. Loan Information

Must list ALL funding sources including HTSV Loan (attach a sheet for any additional loans):

	Loan #1	Loan #2	Loan #3
Loan Amount			
Lender			
Phone #			
Interest Rate			
Loan Type			
Monthly Payment			

Lender/Broker Information

Contact Name _____
 Company Name _____
 Phone _____ Fax _____

Email _____

Address _____

City/State/Zip _____

4. Lender/Broker Certifications

I, the lender/broker, hereby certify that to the best of my knowledge and belief each of the foregoing statements is true and correct, and each is consistent with the information submitted by the borrower(s) in connection with his/her/their application for assistance. I, the lender/broker, agree that I will assist as necessary to certify that the applicant has satisfied all requirements of HTSV. I, the lender/broker, understand that any misrepresentations or falsifications on this application or related documents will result in denial of this application and my disqualification from all Housing Trust programs.

LENDER/BROKER NAME _____ NMLS # _____

LENDER/BROKER SIGNATURE _____ DATE _____

5. Employment History

	Borrower	Co-borrower
Current Employer		
Address		
City/State/Zip		
Position		
Salary		
Period of Employment		

My (Our) current position(s) would be best categorized as:

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Construction	<input type="checkbox"/> Customer Service Rep.
<input type="checkbox"/> Engineer	<input type="checkbox"/> Health Care	<input type="checkbox"/> IT/Technology	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Public Service	<input type="checkbox"/> Retail Clerk	<input type="checkbox"/> Sales	<input type="checkbox"/> School Administrator
<input type="checkbox"/> Teacher/Aide	<input type="checkbox"/> Other, please specify _____		

6. Borrower(s) Certifications

I (We) the undersigned borrower(s), as part of my (our) pre-approval application for HTSV's CCAP, MAP or GAP Program, certify the following:

1. I (We) understand that this application is for pre-approval only. I (We) understand that pre-approval is not a guarantee of my (our) qualification for a HTSV loan.
2. I (We) certify that the residence to be purchased will not be used as an investment property, vacation home, or recreational home.
3. I (We) understand that the decision to make any other loan is completely within the discretion of the lender(s). HTSV plays no part in the decision to make those loans nor in determining the amount of those loan(s).
4. I (We) understand that the decision to approve an applicant for the FTHB Program is completely within the discretion of HTSV.
5. I (We) authorize HTSV to verify any information contained in the FTHB Program application package.
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) on this application.
7. I (We) certify that my (our) current gross annual household income as stated in this application is true and correct and that it does not exceed 120% of the Area Median Income of Santa Clara County for MAP or CCAP or does not exceed 80% of the Area Median income of Santa Clara County for GAP (see program guidelines).
8. I (We) certify that I (we) HAVE NOT owned a home as my (our) principal residence within the last three (3) years.

BORROWER DATE

CO-BORROWER DATE

CO-BORROWER DATE

