



915 SW 3rd Avenue
Ontario, OR 97914
Phone: (541) 889-9555
Fax: (541) 889-0768
www.communityinaction.info

Veterans Down Payment Assistance Program Submission Checklist

Applicant's Name(s) _____ Date _____

Please provide copies* of the following information *prior* to your first appointment:

- Copy of identification for everyone 18 and older (Text & photo must be clear and legible)
- Copy of DD214
- Copy of Veterans benefits award letter
- Copy of Social Security Card for everyone
- Proof of income of all household members for the most recent **two months**:
 - Paystubs
 - Monthly: 2 most recent
 - Twice Monthly: 4 most recent
 - Every 2 Weeks: 5 most recent
 - Weekly: 9 most recent
 - Social Security Benefits Award Letter
 - 1099-SSA or 1099's for Pension Income
 - Proof of Child Support or Alimony
 - Year-to-Date Profit & Loss Statement (P&L) if self-employed
 - Any other source of income
- Federal Tax Returns with W-2's for the most recent **two years**
- Credit Report or Score
 - www.annualcreditreport.com to obtain free credit report



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Pre-Purchase Counseling Intake Form

APPLICANT INFORMATION:

 Last Name First Name Mid. Int. _____ - _____ / ____ / ____
 Social Security Number DOB

 Address _____
 City State Zip

 Contact Phone Number Email Address

Race:*

- White Black/African American Native Asian
 Hawaiian National/Pacific Islander American Indian/Alaskan Native Choose not to respond
 Other/Multi-Racial

Ethnicity:*

Hispanic/Latino Yes No

Language for correspondence:

English Spanish Other _____

Highest Level of Education: _____

Are you disabled? Yes No

First Time Homebuyer: Yes No

First-Generation Homebuyer: Yes No

Housing Status: Rent Own Other: _____

Are you a veteran? Yes No

Active Military Status: Yes No

CO-APPLICANT INFORMATION:

 Last Name First Name Mid. Int. _____ - _____ / ____ / ____
 Social Security Number DOB

 Contact Phone Number Email

Race:*

- White Black/African American Native Asian
 Hawaiian National/Pacific Islander American Indian/Alaskan Native Choose not to respond
 Other/Multi-Racial

Ethnicity:*

Hispanic/Latino Yes No

Language for correspondence:

English Spanish Other _____

Highest Level of Education: _____

Are you disabled? Yes No

First Time Homebuyer: Yes No

First-Generation Homebuyer: Yes No

Housing Status: Rent Own Other: _____

Are you a veteran? Yes No

Active Military status: Yes No

*Demographic information is for statistical purposes and does not affect eligibility



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Third-Party Authorization

To:
Lender Name & Contact Person _____

Phone Number _____ Fax Number _____

Address _____ Email _____

Buyers Real Estate Agent Name (if applicable) _____

Phone Number _____ Email _____

Title Agent Name (if applicable) _____

Phone Number _____ Email _____

Re:
Borrower _____ Last Four digits of SS# _____

Co-Borrower _____ Last Four digits of SS# _____

Property Address _____

AUTHORIZATION TO RELEASE INFORMATION

Dear Sir or Madam:

I am working with Community in Action, a housing counseling agency in Oregon. I hereby authorize you to release any and all information concerning my account to Community in Action and/or OHCS at their request.

This authorization to Community in Action and/or OHCS is further extended to share or retrieve related information with third parties and may be used in conjunction with my request and material information submitted to the above lender in reference to the same account.

I further authorize you to discuss the above loan(s) with Community in Action, OHCS, or its assignees. They are working to help me determine housing affordability and to acquire down payment assistance.

Borrower
Printed Name _____ Signature _____ Date _____

Co-Borrower
Printed Name _____ Signature _____ Date _____

Brent Shover
Brent@cina.team
541-889-1060 Ext. 136