



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

Down Payment Assistance Program Submission Checklist

Applicant's Name(s) _____ Date _____

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

- Completed and signed Application (Please verify that your information is accurate)
- Third-Party Authorization Form (All applicants must sign and date)
- Copy of photo identification (Text & photo must be clear and legible)
- Copy of Social Security Card
- 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
- Bank Statements (checking and savings) for the most recent two months
- Federal Tax Returns with W-2's for the most recent two years
- Request for Tax Transcript Form (4506-T)
- Credit Report (pulled within last 4 months)
 - www.annualcreditreport.com to obtain free credit report
- Bankruptcy Documents (if applicable)

* **Please Note:** All supporting documentation requested must be single sided **copies** when provided. If you supply originals, you will be assessed a fee for copies.



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Pre-Purchase Counseling Intake Form

APPLICANT INFORMATION:

Last Name	First Name	Mid. Int.	Social Security Number	DOB
Address			City	State
Contact Phone Number			Email Address	
Race:*				
<input type="checkbox"/> White			<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Hawaiian National/Pacific Islander			<input type="checkbox"/> American Indian & White	<input type="checkbox"/> Black & White
<input type="checkbox"/> American Indian & Black			<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Asian/Pacific Islander				
Ethnicity:*				
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Language for correspondence:		
		<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian <input type="checkbox"/> Other _____
Highest Level of Education: _____			First Generation Homebuyer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____			Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Military Status: <input type="checkbox"/> Yes <input type="checkbox"/> No		

CO-APPLICANT INFORMATION:

Last Name	First Name	Mid. Int.	Social Security Number	DOB
Contact Phone Number			Email	
Race:*				
<input type="checkbox"/> White			<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> Hawaiian National/Pacific Islander			<input type="checkbox"/> American Indian & White	<input type="checkbox"/> Black & White
<input type="checkbox"/> American Indian & Black			<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Other Multi-Racial
<input type="checkbox"/> Asian/Pacific Islander				
Ethnicity:*				
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Language for correspondence:		
		<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Russian <input type="checkbox"/> Other _____
Highest Level of Education: _____			First Generation Homebuyer: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other: _____			Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Military status: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

HOUSEHOLD INCOME CERTIFICATION

INCOME FOR ALL ADULTS IN HOUSEHOLD:

(list any & all income from employment & other sources anticipated for the next 12 months for each household member)

Applicant's Current Employer	Position	Gross Monthly Income
Co-Applicant Employer	Position	Gross Monthly Income
Other Household Member Employer	Position	Gross Monthly Income
Other Household Employer Member	Position	Gross Monthly Income

OTHER INCOME (List amount anticipated for the next 12 months):

(All income of all household members from all sources must be listed)

Child Support \$ _____	VA Benefits \$ _____	Alimony \$ _____
T.A.N.F \$ _____	Other Public \$ _____	Div./Int. \$ _____
Disability \$ _____	Soc. Security \$ _____	Pension \$ _____
Other Source: _____ \$ _____		

List all persons who will live in the home being purchased:

Full Name (Last, First)	Age	DOB	Sex	Annual Income	Relationship to applicant	Marital Status
				\$	Self	
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		
				\$		

Time Frame to Reach Homeownership Goal:

- 0-3 Months
- 3-6 months
- 6-12 months
- More than 12 months

Do you have an accepted offer on a home? Yes No

If Yes:

When is the closing date? _____ Lender : _____

Lender Phone Number: _____

Will all of the buyer(s) live in the home? Yes No

Is any applicant delinquent on any federal or state income taxes? Yes No

Has any applicant or household member owned a home before? Yes No

If yes, who & when? _____

Has any applicant or household member sold/disposed of any property in the last 3 years? Yes No

If yes, please provide documentation showing sale date

How did you hear about our program?

- Advertisement _____
- Lender _____
- Friend/Relative
- Brochure
- Agency _____
- Internet
- Other _____

By signing this application, the Applicant(s) authorize the Lender named to share copies of any necessary documents in their possession with Community in Action in order to expedite the processing of this loan application. Also, the signature(s) below gives Community in Action the authority to obtain credit report(s) and to verify all information contained in this application, by contacting any employer or other party named in the application.

Statement of accuracy

Under penalty of perjury, I/we certify, through my/our signature below, that all information provided herein by me/us is true and accurate. I/we understand that providing false representations constitutes an act of fraud. False, misleading or incomplete information may result in termination of any assistance provide to me/us, and may violate state and/or federal law resulting in criminal charges.

Applicant Certification: I (We) understand and agree to the above.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

PROGRAM REQUIREMENTS: This application will not be processed until the following documents have been submitted to Community in Action:

1. Original Application completed and signed in ink by all applicants.
2. Third-Party Authorization Form signed and dated by all applicants.
3. Copy of photo identification
4. Income verification for the most recent two months for all household member from all sources
5. Bank statements for the most recent two months
6. Federal tax returns with W-2s for the most recent two years
7. Request for Tax Transcript Form(4506-T)
8. Credit Report (pulled within last 4 months)
9. Bankruptcy Documents (if applicable)



Rate, origination fee, broker fee, and points of the first mortgage must not be excessive for the type of mortgage obtained by the buyer: Conventional, VA, USDA or FHA. No balloon payment or prepayment penalty allowed.

**** Prior to funds being disbursed to the title company, lender must provide the Request for Funds Packet.**

Community in Action (CinA) Certification: CinA has explained the above requirements to the applicant(s).

CinA Authorized Signature _____ Date _____



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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 _____

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 at their request.

This authorization to Community in Action 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 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 _____

Thank you for taking the time to update this client's file to reflect Community in Action's authorization.

Housing Counselor's Name:

Maribel Ramirez
541-889-9555 ext.127
maribel@cina.team