SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM TRANSMITTAL FORM

Edwin M. Lee
Mayor

Olson Lee
Director

UNIT ADDRESS	**PLEASE ENTER ALL THAT APPLY:**
_____ _____ _____ _____ _____ *Street No. Street Name Unit # Street Type Zip Code* *Enter if applicable:* ❑ *This property is a BMR* ❑ *This property is also applying for MCC*	❑ **DALP (Down Payment Assistance Loan Program)** ❑ **BMR DALP (Below Market Rate DALP)** ❑ **CSLP (City Second Loan Program)** ❑ **FRDALP (First Responders DALP)** ❑ **TND (Teacher Next Door)**

HEAD OF HOUSEHOLD HOUSE HOLD MEMBER **#1**	**NAME** _____ _____ _____ *First Middle Last*		**DATE OF BIRTH** _____ _____ _____ *Month Day Year*
	OCCUPATION:	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❑ Yes ❑ No

LENDER NAME:			
LENDER ADDRESS			
SUBMITTED BY:		TITLE:	
DATE:		FAX:	
TELEPHONE:		EMAIL:	

ESCROW #		ESCROW OFFICER EMAIL	
ESCROW OFFICER NAME		ESCROW OFFICER PHONE	

	LOAN TRANSMITTAL FORM
	COPY OF DALP APPLICATION FEE (IF COMBINING DALP WITH MCC, PAY MCC FEE ONLY)
	LOAN-1 LOAN APPLICATION
	LOAN-1 LOAN APPLICATION ALL ITEMS LISTED ON PG 8 OF 9 “REQUIRED APPLICANT DOCUMENT CHECKLIST”
	LOAN-2 LENDER’S CERTIFICATION
	LOAN-2 LENDER’S CERTIFICATION ALL ITEMS LISTED ON PG 2 OF 2 “ATTACHED”

PLEASE MAIL THE FOLLOWING: **ATT: LOAN PROGRAM 1 SOUTH VAN NESS AVENUE, 5TH FLOOR SAN FRANCISCO, CA 94103**	
	NON-REFUNDABLE DALP APPLICATION FEE CASHIER’S CHECK PAYABLE TO THE CITY & COUNTY OF SAN FRANCISCO
	ATTACH COPY OF LOAN TRANSMITTAL FORM

LOAN-1

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

*****Loan applications must be submitted with all required attachments*****

TODAY'S DATE: _____

UNIT ADDRESS	**PLEASE ENTER ALL THAT APPLY:**
_____ _____ _____ _____ _____ *Street No. Street Name Unit # Street Type Zip Code* *Enter if applicable:* ❑ *This property is a BMR* ❑ *This property is also applying for MCC*	❑ **DALP (Down Payment Assistance Loan Program)** ❑ **BMR DALP (Below Market Rate DALP)** ❑ **CSLP (City Second Loan Program)** ❑ **FRDALP (First Responders DALP)** ❑ **TND (Teacher Next Door)**

Print household member legal names as they will appear on the mortgage loan and title.

Head of Household (Household Member 1):

HOUSEHOLD MEMBER **#1**	**NAME** *First Middle Last*		**DATE OF BIRTH** *Month Day Year*
	OCCUPATION:	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❒ Yes ❒ No

Household Member 2 **Relationship to Head of Household:**

HOUSEHOLD MEMBER **#2**	**NAME** *First Middle Last*		**DATE OF BIRTH** *Month Day Year*
	OCCUPATION: ❒ This member is a dependent *(spouse is not a dependent)*	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❒ Yes ❒ No

Household Member 3 **Relationship to Head of Household:**

HOUSEHOLD MEMBER **#3**	**NAME** *First Middle Last*		**DATE OF BIRTH** *Month Day Year*
	OCCUPATION: ❒ This member is a dependent	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❒ Yes ❒ No

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Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:

Household Member 4 **Relationship to Head of Household:**

HOUSEHOLD MEMBER #4	**NAME** First Middle Last		**DATE OF BIRTH** Month Day Year
	OCCUPATION: ❒ This member is a dependent	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❒ Yes ❒ No

Household Member 5 **Relationship to Head of Household:**

HOUSEHOLD MEMBER #5	**NAME** First Middle Last		**DATE OF BIRTH** Month Day Year
	OCCUPATION: ❒ This member is a dependent	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❒ Yes ❒ No

Household Member 6 **Relationship to Head of Household:**

HOUSEHOLD MEMBER #6	**NAME** First Middle Last		**DATE OF BIRTH** Month Day Year
	OCCUPATION: ❒ This member is a dependent	**GENDER:**	**MARRIED OR DOMESTIC PARTNERED?** ❒ Yes ❒ No

(if you need to add more household members, please attach a separate sheet to this application)

Total Household Size Including Dependents: _____

CONTACT INFORMATION FOR HEAD OF HOUSEHOLD

RESIDENCE ADDRESS We cannot accept a PO box here.	**MAILING ADDRESS - you may use a PO box** (if different from residence address)
Street No. Street Name Street Type Unit	Street No. Street Name Street Type Unit
City State Zip Code	City State Zip Code

PRIMARY PHONE #	**SECOND PHONE #**	**EMAIL**
☐ Home ☐ Work ☐ Cell	☐ Home ☐ Work ☐ Cell	(leave blank if you don't have one)
Area Code *Phone Number*	*Area Code* *Phone Number*	

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Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:

DETAIL OF PURCHASE	
A) PURCHASE PRICE	
B) EST. CLOSING COSTS	
C) EST. PREPAID ESCROW	
D) TOTAL COSTS (ADD A- C)	
E) AMOUNT OF FIRST MORTGAGE	
F) [DALP, CSLP, FRDALP, BMR DALP] LOAN AMOUNT FROM CITY	
G) [TND] LOAN AMOUNT FROM CITY	
H) OTHER FINANCING	
I) OTHER CREDITS (EXPLAIN)	
J) OTHER CREDITS (EXPLAIN)	
K) CASH FROM BORROWER (SUBTRACT E-H FROM D)	

PREVIOUS ADDRESS	CITY	ZIP	DATE OF RESIDENCY		PLEASE MARK		
			BEGINNING		OWNED	RENTED	OTHER
			END				
			BEGINING		OWNED	RENTED	OTHER
			END				
			BEGINING		OWNED	RENTED	OTHER
			END				

THE FOLLOWING QUESTIONS APPLY TO THIS ENTIRE HOUSEHOLD:

DECLARATIONS	BORROWER	CO-BORROWER
A) HAVE YOU EVER OWNED ANY PROPERTY AS A PRINCIPAL RESIDENCE?	❒ Yes ❒ No	❒ Yes ❒ No
B) DO YOU INTEND TO OCCUPY THE PROPERTY WITHIN 60 DAYS OF CLOSE OF ESCROW?	❒ Yes ❒ No	❒ Yes ❒ No
C) IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE EXPLANATION. (IF NECESSARY, ATTACH ADDITIONAL PAPER)	❒ Yes ❒ No	❒ Yes ❒ No
D) ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST YOU?	❒ Yes ❒ No	❒ Yes ❒ No
E) HAVE YOU BEEN DECLARED BANKRUPT WITHIN THE PAST 7 YEARS?	❒ Yes ❒ No	❒ Yes ❒ No

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Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:

HOUSEHOLD EMPLOYMENT AND INCOME

You must complete this form as a part of your application.

"HH #" = Household Member Number

EMPLOYMENT (Please write "unemployed" under "Name of Employer" for unemployed household members)					
HH #	Name of Employer	Employer Address	First Day of Employment (mm/dd/yyyy)	Self-Employed? (Yes/No)	Gross Annual Income
					$
					$
					$
					$
					$
					$

GROSS ANNUAL INCOME for each household member				
HH #	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)
1				
2				
3				
4				
5				
6				
Totals	$ (a)	$ (b)	$ (c)	$ (d)
TOTAL GROSS ANNUAL INCOME Add (a) through (d)				$ (e)

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Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:

HOUSEHOLD ASSETS – NON RETIREMENT

You must complete this form as a part of your application.

INCOME FROM ASSETS
Important: You must list every cash account that lists the household member as an account holder. Asset accounts can include, but are not limited to, checking accounts, savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, gifts for down payment or other costs, retirement accounts, monthly income from retirement and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, as well. Do not include material assets such as cars, boats, etc. -- only cash assets.

You must also list all joint accounts, custodial accounts for minors, and other accounts on which the household member's name appears. Failure to list all accounts will disqualify your household from applying for the DALP.
All money used toward down payment and closing costs is counted as an asset and should be included.
Retirement money will not be counted toward the asset test and should not be listed below. However, applicant must include at least the most recent statement from each retirement account as an attachment in your application for verification. Attach additional sheets if necessary.

"HH #" = Household Member Number

HH #	Name of Institution (bank name, etc.)	Type of Asset (e.g: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
			$
			$
			$
			$
			$
			$
	Total Household Liquid Assets (do not include retirement)		$

YOU MUST ATTACH THE 3 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:

HOUSEHOLD ASSETS FROM RETIREMENT ACCOUNTS

You must complete this form as a part of your application.

"HH #" = Household Member Number

HH #	Name of Institution:	Type of Asset (401K, 403B, IRA, etc. Specify)	Current Value:
			$
			$
			$
			$
			$
			$
	Total Household Retirement Accounts:		$

YOU MUST ATTACH THE MOST RECENT STATEMENT FOR EACH RETIREMENT ACCOUNT LISTED ABOVE AND SIGN ON THE NEXT PAGE. THIS IS A LEGAL DOCUMENT.

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

HOUSEHOLD CERTIFICATION AND SIGNATURES

The undersigned specifically acknowledge (s) and agree (s) that: 1) the loan requested by this application would be secured by a second deed of trust on the property described herein, 2) the property will be used solely as the principal residence of the undersigned, 3) all statements made in this application are true and made for the purpose of obtaining a Downpayment Assistance Loan Program loan from the city and county of San Francisco. Verification may be obtained from any source named in this application. I/we fully understand that to knowingly make any false statements concerning this application will result in the city's denial of a Down Payment Assistance Loan or will be a default under a Down Payment Assistance Loan, as applicable.

The information on this form will be used to determine income eligibility. I/we have listed all persons in my/our household. I/we have provided each household member's acceptable verification of current annual income. I/we have also disclosed all assets held by each person listed on the application, and have provided documentation thereof. Under penalties of perjury, i/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

public records act: the city and county of San Francisco is subject to the requirements of the California public records act, government code section 6250, et seq. the public records act provides that virtually all documents held or used by the city in the course of conducting the public's business are public records which the city, subject to certain limited exemptions, must make available for inspection and copying by the public. Applications for loans or grants from the city are public records as are the completed loan and grant documents. Under section 67.24(e) of San Francisco administrative code, applications for financing and all other records of communication between the city and the borrower must be open to public inspection immediately after a contract has been awarded. All information provided by the borrower which is covered by that ordinance (as it may be amended) will be made available to the public upon appropriate request. MOHCD will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

Must be signed by all applicants 18 years or older.

Applicant's Signature	*Applicant's Printed Name*	*Date*
Applicant's Signature	*Applicant's Printed Name*	*Date*
Applicant's Signature	*Applicant's Printed Name*	*Date*
Applicant's Signature	*Applicant's Printed Name*	*Date*
Applicant's Signature	*Applicant's Printed Name*	*Date*
Applicant's Signature	*Applicant's Printed Name*	*Date*

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

REQUIRED APPLICANT DOCUMENTS CHECKLIST

You must include copies of the following documents for each household member 18 years old or older- *Unless noted "for all titleholders/borrowers."* **Please use check-boxes below for more guidance.** ***MORTAGE LOAN OFFICER Please initial last column** **HEAD OF HOUSEHOLD LAST NAME:**	**HH #1**	**HH #2**	**HH #3**	**HH #4**	**HH #5**	**HH #6**	**MLO ***
Completed, signed and dated DALP application form. (Pages 1-8 of this document) (One application per household)							
Homebuyer Education Certificate from a MOHCD approved first-time homebuyer workshop *for all titleholders/borrowers*. **Name of Agency:** **Date:**							
Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website (www.sfmohcd.org). **Name of Lender:** **Date:**							
Signed and dated copies of last three years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY) ▪ Include all SCHEDULES and/or attachments required by the IRS ▪ Include all W-2 and/or 1099 form(s) ▪ Include Past 3 years Income Tax Transcripts OR – If applicable, complete attached Income Tax Affidavit form, have it notarized and submit with supporting documents as specified in the form.							
Copies of 3 most recent and most consecutive paystubs and/or income statements. OR – If applicable, complete the attached Unemployed Affidavit form, and have it notarized. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance.) ▪ Include EDD Authorization for Release of Records along with *Unemployed Affidavit* OR – If applicable, complete the attached Self-employed Affidavit form and have it notarized. Must be submitted with most recent and current Profit and Loss statement. OR – Employment offer letter if less than 3 weeks from date of hire.							
Verification of Employment (VOE)							
Copies of 3 most recent and most consecutive bank or asset statements from all bank or other cash asset accounts. Must be official statements. All pages must be included. Include one statement for each retirement account, as well.							
Gift Letter and evidence of donor availability of funds (if applicable)							
Copy of Borrower's Identification Card							
Notarize attached First Time Homebuyer Affidavit *for all titleholders/borrowers*							
Complete attached HomeownershipSF Counseling Consent Form *for all titleholders/borrowers*							
Notarize attached General Release and Waiver of Liability *for all titleholders/borrowers*							
FRDALP only- Letter of Verification as an active member in good standing from SFPD, SFFD, SFSD							
TND only- Certification of a California teaching credential and Letter of Employment or 3 most recent paystubs from the San Francisco Unified School District							

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

Help us ensure we are meeting our goal to serve all people

These optional questions will not affect your eligibility for housing in any way.
Your individual answers are kept completely confidential and used only for statistical purposes.

Which best describes your gender? (select one)

- ☐ Male
- ☐ Female
- ☐ Trans Male
- ☐ Trans Female
- ☐ Not listed – please specify: _____
- ☐ Decline to state

Which best describes your sexual orientation or sexual identity? (select one)

- ☐ Straight/ Heterosexual
- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Questioning/Unsure
- ☐ Not listed - please specify: _____
- ☐ Decline to state

Which best describes your ethnicity? (select one)

- ❍ Hispanic/Latino
- ❍ Not Hispanic/Latino

Which best describes your race? (select one)

- ❍ American Indian/Alaskan Native
- ❍ Asian
- ❍ Black/African American
- ❍ Native Hawaiian/Other Pacific Islander
- ❍ White
- ❍ American Indian/Alaskan Native *and* Black/African American
- ❍ American Indian/Alaskan Native *and* White
- ❍ Asian *and* White
- ❍ Black/African American *and* White
- ❍ Other/Multiracial

CITY AND COUNTY OF SAN FRANCISCO
MAYOR'S OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
DOWNPAYMENT ASSISTANCE LOAN PROGRAM
One S. Van Ness Avenue, 5th Floor
San Francisco, CA 94103

LOAN-2

LENDER'S CERTIFICATION OF BORROWER ELIGIBILITY

1. _____ ("LENDER") STATES THE FOLLOWING:

THE LENDER HAS ACCEPTED AND REVIEWED THE DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FOR:

_____ (BORROWER'S NAME)

WHO SHALL BE REFERRED TO AS "BORROWER(S)"

_____ (CO-BORROWER'S NAME)

WHO SHALL BE REFERRED TO AS "CO-BORROWER(S)"

_____

(CURRENT ADDRESS) (CITY) (ZIP CODE)

2. THE APPLICATION WAS MADE IN CONNECTION WITH BORROWER(S) FOR A FIRST MORTGAGE LOAN FOR THE PURCHASE OF A PRINCIPLE RESIDENCE HOME (THE "RESIDENCE") LOCATED AT:

_____ ***SAN FRANCISCO, CA*** _____

(STREET ADDRESS OF RESIDENCE TO BE PURCHASED) CITY ZIP CODE

3. THE LENDER IS CONSIDERING A MORTGAGE LOAN TO THE BORROWER(S) IN THE AMOUNT OF $ _____ .

4. THE LENDER HAS OBTAINED THE BORROWER'S APPLICATION AFFIDAVIT, TRUE, COMPLETE AND SIGNED COPIES OF BORROWER'S FEDERAL TAX RETURNS FOR THE THREE-YEAR PERIOD PRIOR TO _____ (DATE OF APPLICATION) OR AN INCOME TAX AFFIDAVIT WHICHEVER, IS APPROPRIATE. AFTER REASONABLE INVESTIGATION, THE LENDER HEREBY CERTIFIES THAT THE RESIDENCE IS _____ (NO. OF BEDROOMS) BEDROOM SINGLE-FAMILY HOME, (PLEASE TOWNHOUSE ❒/CONDOMINIUM ❒ PLEASE CHECK ONE) LOCATED IN THE CITY AND COUNTY OF SAN FRANCISCO AND IS REASONABLY EXPECTED TO BECOME THE BORROWER'S PRINCIPAL RESIDENCE WITHIN SIXTY (60) DAYS AFTER THE ESCROW IS CLOSED.

5. THE PURCHASE PRICE FOR THE RESIDENCE IS $ _____ AND SAID AMOUNT IS WITHIN DALP LIMITS.

6. THE BORROWER(S) IS/ARE FIRST TIME HOMEBUYER, THE BORROWER(S) HAS NO PRESENT OR PREVIOUS OWNERSHIP INTEREST IN A PRINCIPAL RESIDENCE OR ANY REAL ESTATE WITHIN THE PAST THREE YEARS FROM DATE OF APPLICATIONS, BASED ON BORROWER(S) REPRESENTATION AND LENDERS REVIEW OF BORROWER(S) 3 YEARS FEDERAL TAX RETURNS, CREDIT REPORT AND/OR ANY LAND TITLE INFORMATION TO WHICH THE LENDER MAY HAVE ACCESS.

7. THE MORTGAGE LOAN WHICH THE BORROWER(S) WILL RECEIVE WILL NOT BE USED FOR ACQUISITION OR REPLACEMENT OF AN EXISTING MORTGAGE ON THE RESIDENCE.

LOAN-2

8. NO PERSON WHO IS A RELATED PERSON TO THE BORROWER HAS AN INTEREST AS A CREDITOR IN THE MORTGAGE LOAN TO BE MADE FOR ACQUISITION OF THE RESIDENCE.

9. THE BORROWER'S GROSS ANNUAL HOUSEHOLD INCOME AS DEFINED BELOW IS $ _____ WHICH AMOUNT IS WITHIN DALP INCOME LIMITS. (GROSS INCOME LISTED SHOULD MATCH INCOME NOTED ON APPLICATION AFFIDAVIT). VERIFICATION OF INCOME AND VERIFICATION OF EMPLOYMENT ARE ATTACHED.

10. THE LENDER HAS PROVIDED BORROWER WITH A GOOD FAITH ESTIMATE WITH AN EXPLANATION OF ALL COSTS OR CHARGES RELATED TO THE BORROWER FROM SHOPPING FOR A MORTGAGE LOAN FROM ANOTHER LENDER.

11. THE LENDER HAS CHARGED THE BORROWER(S) ONLY THOSE REASONABLE NORMAL AND CUSTOMARY FEES AS WOULD BE CHARGED TO A POTENTIAL BORROWER APPLYING FOR A MORTGAGE LOAN NOT PROVIDED IN CONNECTION WITH A DALP LOAN.

12. BASED UPON REASONABLE INVESTIGATION, THE LENDER HAS NO REASON TO BELIEVE THAT THE BORROWER(S) HAS MADE ANY NEGLIGENT, FRAUDULENT OR MATERIAL MISSTATEMENTS IN CONNECTION WITH THE BORROWER'S APPLICATION FOR A DALP LOAN.

13. THE LENDER HAS REVIEWED BORROWER'S CREDIT REPORT AND BASED ON THE LENDERS VERIFICATION HAS DETERMINED THE BORROWER HAS AN ACCEPTABLE CREDIT HISTORY FOR A FIRST MORTGAGE LOAN.

BY: _____ TITLE: _____
(SIGNATURE OF LENDER REPRESENTATIVE) DATE: _____

ATTACHED:

☐ LOAN 1 (PG 8) Loan Application checklist	☐ Ratified Purchase Agreement (including all counter offers and addendums)	☐ Preliminary Title Report
☐ Verification of Employment (VOE)	☐ Fair Market Appraisal	☐ Signed IRS Form 4506-T
☐ Copy of Borrower's Credit Report	☐ First Loan Approval Commitment	☐ Wire Instructions
	☐ General Home Inspection Report	☐ Receipt for Escrow Deposit
	☐ Pest Control Inspection Report	☐ First Residential Mortgage Loan Application-Form 1003 (signed and dated)
	☐ Loan Estimate	☐ Underwriting Transmittal Summary-Form 1008

INCOME DETERMINATION

The gross income of a Borrower (or Borrowers) (as defined by Revenue Ruling 86-124) promulgated by the Internal Revenue Service is the Borrower's annualized gross income. Annualized gross income is gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay: any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc: and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Information with respect to gross monthly income may be obtained from available loan documents executed during the 4-month period ending on the date of the closing of the mortgage, provided that any gross monthly income not included on the loan documents must be included in determining gross monthly income. The income to be taken into account in determining gross income is income of the Borrower (or Borrowers) and any other person over 18 years of age who is expected to live in the residence being financed. Income includes the income of both spouses.

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

FIRST TIME HOMEBUYER AFFIDAVIT

I (we) understand that I (we) am (are) eligible for the Downpayment Assistance Loan Program from the City and County of San Francisco only if I (we) individually as Borrower(s) and any resident member of the household as defined by the Down Payment Assistance Loan Guidelines are "First Time Homebuyers". In order to qualify as a First Time Homebuyer.

An ownership interest is defined as a fee simple ownership interest, including but not limited to an interest held individually; or a joint ownership interest by joint tenancy, tenancy in common, community property or a life estate interest.

- ❑ *Please mark if applying for DALP, BMR DALP, or CSLP only:*
  I (we) or any of my household members have not owned any interest in a dwelling unit, any commercial real estate, or any land for the past three years.

- ❑ *Please mark if applying for FRDALP only:*
  I or any of my household members have not owned any interest in a principal residence in San Francisco during the last three years and will not own an interest in any other principal residence at close of escrow.

- ❑ *Please mark if applying for TND only:*
  I or any of my household members have never owned property in San Francisco, either as a primary residence or an investment property for the past three years.

I (We) certify that I (we) are "First Time Home Buyers" consistent with the above program guidelines and definitions as of _____ (date of application)

Name as it will appear on Title:	**Signature(s):**	**Date:**

THIS FORM MUST BE NOTARIZED

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

HOMEOWNERSHIP COUNSELING CONSENT FORM

The Mayor's Office of Housing and Community Development requires every adult household member applying for a City-administered homeownership assistance program, in connection with the purchase of a residential unit, to:

1. Attend Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours. Please visit www.homeownershipsf.org for current list of approved housing counseling agencies.
2. Meet with a counselor and complete a 2-hour one-on-one counseling session at the same agency.
3. Receive a Verification of Homebuyer Education or a Certificate of Homebuyer Education once requirements 1 and 2 noted above are completed.

I/We understand the homebuyer education requirement is in place to ensure first-time homebuyers are educated about the eligibility criteria and policies of the various City-administered homeownership assistance programs AND:

- Assessing readiness to buy a home
- Financing a home
- Maintaining a home and finances
- Budgeting and credit
- Selecting a home
- Home-buying process

I/We understand and authorize the Mayor's Office of Housing and Community Development, its participating nonprofit housing counseling agencies and HomeownershipSF to exchange information about my application, including information about my/our final settlement statement, which shall be used for statistical information or funder reports only.

I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for additional services including post purchase counseling which includes budgeting, home maintenance and foreclosure prevention topics. I/We agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for referral/counseling services in case of any financial hardship or loan default.

Name as it will appear on Title:	Signature(s):	Date:

Property to be purchased: (Enter N/A if not yet identified)

Street No.	Street Name:	Unit No.:	City, State	Zip code:
			San Francisco, CA	

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

INCOME TAX AFFIDAVIT FORM

Complete this form only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.

1. I (We) the undersigned, being first duly sworn, state the following:

2. I (We) (name here)_____hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) _____ for the reason(s) below:

   In the case of ownership applications ONLY, affidavit must be accompanied with documented proof that the applicant was a renter during the specified period, e.g. copy of the lease, letter from the landlord or manager, canceled checks or rent receipts.

   In the case of ownership AND rental applications:

   If the applicant was a student, affidavit must be accompanied by a copy of the transcripts or diploma to support the status of the applicant for that period of time.

3. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) household's eligibility for a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a restricted price/rent unit may constitute a federal violation punishable by a fine and/or denial of my (our) application for purchase/rental of this restricted price unit.

Dated: _____ _____
Signature of Applicant

THIS FORM MUST BE NOTARIZED

Mayor's Office of Housing and Community Development
City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

RESTRICTED USE AFFIDAVIT

Before me this _____ day of _____, 20_____, personally appeared _____, who, being duly sworn deposes and says:

I (We) _____ (borrower's Name) will occupy the property as my principal residence within 60 days after close of escrow. I (we) will not use the property as an investment property, vacation home, or recreational home and no more than 15% of the area of the residence will be used in trade or business.

I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for a Down Payment Assistance Loan. I acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a Down Payment Assistance Loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a Down Payment Assistance Loan, or, if Down Payment Assistance Loan funds have been released prior to discovery of the false statement, immediate recalling of the Down Payment Assistance Loan, which may be in addition to any criminal penalty imposed by law.

I have been using my residence in trade or business from the following month and year forward: ____ / ____

This affidavit must be accompanied by Form 8829 Expenses for Business Use of Your Home and Schedule C of the most currently available federal tax form.

THIS FORM MUST BE NOTARIZED

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SELF-EMPLOYED AFFIDAVIT

Before me this _____ day of _____, _____, personally appeared _____, who, being duly sworn, deposes and says:

I am currently self-employed and am submitting to the Mayor's Office of Housing and Community Development for the purpose of applying for the San Francisco Inclusionary Affordable Housing Program a Profit and Loss Statement from the most recent quarter that is a true and accurate reflection of my income.

I have been self-employed from the following month and year forward: _____ / _____
This affidavit must be accompanied by a signed and dated Profit and Loss Statement that reflects the most recent quarter. The Profit and Loss Statement must be modeled on Schedule C of the most currently available federal tax form.

_____
Name of Applicant

_____
Signature of Applicant

THIS FORM MUST BE NOTARIZED

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City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

UNEMPLOYED AFFIDAVIT

Before me this _____ day of _____, _____, personally appeared _____, who, being duly sworn, deposes and says:

I (name here)_____am not presently employed, not currently receiving any income, and will not file for unemployment benefits in 201____ (current calendar year).
I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for purchase/rental of a restricted unit under the San Francisco Inclusionary Affordable Housing Program. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for purchase/rental of the restricted unit under the San Francisco Inclusionary Affordable Housing Program may constitute a federal violation punishable by a fine and/or denial of my (our) application for the unit.

_____
Signature of Applicant

THIS FORM MUST BE NOTARIZED

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City and County of San Francisco

SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FORM

GENERAL RELEASE AND WAIVER OF LIABILITY

I hereby acknowledge that I am applying for Downpayment Assistance Loan Program from the City and County of San Francisco (the "City"), acting by and through the Mayor's Office of Housing and Community Development.

By participating in this program, I hereby waive any right to recover from, and forever release and discharge City, its officers, employees, agents, contractors and representatives, and their respective heirs, successors, legal representatives and assigns, from any and all demands, claims, legal or administrative proceedings, losses, liabilities, damages, penalties, fines, liens, judgments, costs or expenses whatsoever (including, without limitation, attorneys' fees and costs), whether direct or indirect, known or unknown, foreseen or unforeseen, that may arise on account of or in any way be connected with, any injury, loss or damage to any person or property in or about the property located at _____, San Francisco, CA 94_____, that I am about to purchase (the "Property") by or from any cause whatsoever including, without limitation, **(i)** any act or omission of persons performing work on the Property; (ii) any act or omission of persons occupying adjoining premises or any part of the building adjacent to or connected with the Property, **(iii)** theft, **(iv)** explosion, fire, steam, oil, electricity, water, gas or rain, pollution or contamination, **(v)** Property defects, and **(vi)** any other acts, omissions or causes.

In connection with the foregoing release, I expressly waive the benefits of Section 1542 of the California Civil Code, which provides as follows:

> **A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN TO HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

I hereby assume full responsibility for all liability and all risk of injury or loss, in connection with the Property.

I affirm that the information I have provided is true; that I have reviewed the rules and regulations of the Down Payment Assistance Loan. I further understand that the City and County of San Francisco reserve the right to take appropriate civil and/or criminal action against me for any proven fraudulent use of this Down Payment Assistance Loan.

I agree that I have read and understand this General Release and Waiver of Liability.

Name as it will appear on Title:	**Signature(s):**	**Date:**

THIS FORM MUST BE NOTARIZED