

- ____ 9. Prohibited Financing Verification Worksheet
- ____ 10. GFE - Good Faith Estimated Settlement Statement – showing total closing cost, buyer’s 1% of purchase price contribution, and the DCCA subordinate loan. The numbers must match the information on the Financing Worksheet.
- ____ 11. Federal Income Tax returns - (3) three prior years - signed and dated in blue ink by borrower with today’s date (or Income Tax Affidavit, if applicable)
- ____ 12. 1st Mortgage Loan Application (1003)
- ____ 13. VOR – Verification of Rent. Indicating their current rent, and if the rent is paid on time.
- ____ 14. Credit Report – current within 90 days
- ____ 15. Signed Purchase Contract and Addenda, and any counter offers, clearly indicating purchase price
- ____ 16. Preliminary Title Report
- ____ 17. Copy of MCC Application
If NOT submitting an MCC Application, please check the reason below:
[] First is a Cal-HFA loan [] No funds in MCC program
- ____ 18. Seller Affidavit with original signature - in Blue Ink
- ____ 19. Appraisal. (Regardless of the type of 1st Mortgage financing)
- ____ 20. Home Buyer Education Certificate of Completion
If the certificate is in Spanish, please submit a blank copy of that form in English also.
- ____ 21. Borrower’s vesting and name / address of the primary loan’s Trustee
- ____ 22. Declaration of No Income – if applicable
- ____ 23. Income Tax Affidavit – if applicable
- ____ 24. Letter of Understanding – if applicable
- ____ 25. Student Enrollment Verification – if applicable
- ____ 26. Flood Plain Certification
- ____ 27. HQS Inspection Acknowledgement
- ____ 28. Verification unit was built to building code or copy of Certificate of Occupancy (County Dept of Planning and Land Use for unincorporated or appropriate City)
- ____ 29. Release of Information signed by each adult household member.

Additional Requirements: (initial for verification)

- _____ Occupancy Ratio of buyers moving in: no more than 2 people per living space
- _____ Current Occupancy: must be occupied by seller, the DCCA buyer, or vacant for at least 30 days
- _____ Buyer(s) must contribute at least one percent (1%) of the purchase price into the transaction.
- _____ Cash back to borrower(s), at close of escrow, is limited to the amount deposited into escrow by borrower(s) minus their 1% required contribution.
- _____ Buyer must obtain the maximum first mortgage loan amount.
- _____ Appraised value cannot exceed the appraised value/purchase price limit of the DCCA program.

I have compiled this file, have kept a copy for my files, and I am available to discuss it:

(Lender/Broker Signature) _____ (Phone) _____ (Fax) _____

E-Mail Address: _____

COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

**BOARD OF
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First District
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Second District
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Third District
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Fourth District
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Fifth District

APPLICATION AFFIDAVIT

Date: _____

Estimated Date of Closing: _____

Amount Requested: \$ _____

Escrow #: _____

Lender Loan #: _____

Esc. Co. Name: _____

Originating Lender: Co. Name: _____

Street: _____

Street: _____

City: _____ Zip: _____

City: _____ Zip: _____

Contact: _____

Contact: _____

Phone: _____

Phone: _____ Fax: _____

Fax: _____

Funding Lender: Co. Name: _____

Street: _____

City: _____ Zip: _____

Contact: _____

Phone: _____ Fax: _____

Please Check:
Is there a non-occupying Co-borrower?
 No
 Yes Name: _____

Are you also applying for a Mortgage Credit Certificate?
 No You must apply for a MCC - if
 Yes there are Funds available.

If "NO", state reason: _____

Property Address: _____ City: _____ Zip: _____

Seller(s): _____ Census Tract #: _____

Purchase Price: _____ Appraisal Amount: _____ Number of Bedrooms: _____

1st Mortgage Interest Rate – First Year: _____ Term: _____

Property Data: <input type="checkbox"/> Detached <input type="checkbox"/> Attached	<input type="checkbox"/> Resale <input type="checkbox"/> New	<input type="checkbox"/> Currently Occupied <input type="checkbox"/> Not Occupied	Last Name of Current Occupant(s): _____
---	---	--	---

Include information below for each applicant. If there are more than two applicants for this purchase, please complete and attach an additional application page 2.

Applicant #1

Applicant #2

Household

Last Name:

First Name:

S.S.N. #:

Street:

City:

Zip:

Home Ph:

Work Ph:

Occupation:

Employer Name:

Emp. Street:

Emp. City, Zip:

Gross Annual Income:

Total Number of Persons in Household:

Type of Household:

- Single
- Single Parent
- Married
- Married w/children
- Other

Dependents or other household members:

Name:	Age:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total Gross Annual Income of Household:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Married?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Title?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Note?
<input type="checkbox"/>	<input type="checkbox"/>	Will Occupy?
<input type="checkbox"/>	<input type="checkbox"/>	First Time Home Buyer?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Married?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Title?
<input type="checkbox"/>	<input type="checkbox"/>	To be on Note?
<input type="checkbox"/>	<input type="checkbox"/>	Will Occupy?
<input type="checkbox"/>	<input type="checkbox"/>	First Time Home Buyer?

Male	<input type="checkbox"/> Asian
<input type="checkbox"/>	<input type="checkbox"/> Black
	<input type="checkbox"/> Hispanic
Female	<input type="checkbox"/> White
<input type="checkbox"/>	<input type="checkbox"/> Other
Age:	<input type="text"/>

Male	<input type="checkbox"/> Asian
<input type="checkbox"/>	<input type="checkbox"/> Black
	<input type="checkbox"/> Hispanic
Female	<input type="checkbox"/> White
<input type="checkbox"/>	<input type="checkbox"/> Other
Age:	<input type="text"/>

For Each Applicant:

I have reviewed Pages 1 and 2 as completed and agree with the information contained on them.

Sign or Initial Date

Sign or Initial Date

TO THE HOMEBUYER:

Thank you for your application to the County of San Diego Downpayment and Closing Cost Assistance (DCCA) Program. Completion of the application process may result in your receiving a DCCA loan. It is very important that you take time to read and sign each page of this application before your lender sends it to our office. You are certifying that you understand the Program eligibility guidelines, and believe that you meet those guidelines. Your lender will give you an information packet that should answer your questions about the program. If you have any additional questions, please contact the DCCA Program office at the County of San Diego – Department of Housing & Community Development (858) 694-4810.

I, the undersigned, as part of my application for a DCCA loan, do hereby state that I have carefully reviewed this document. I understand and agree with the answers on pages 1 and 2 of this Application Affidavit and do furthermore certify the following:

I understand and agree that the answers given on page 1 represent those people who currently reside in my household and will continue to share occupancy of the residence with me. I understand that my spouse, whether on title or not, is an Applicant for the DCCA Program and must sign this Application.

I certify that I am a first time homebuyer, who has not had an ownership interest in a principal residence within the three years immediately preceding the date of this application, and I do not and will not have an ownership interest in a principal residence prior to the date of loan closing. I further certify that I will submit true and complete copies of my actual signed federal tax returns for the preceding three tax years, or such other written verification that is acceptable to the Program.

I certify that the residence will be occupied and used as my principal place of residence within 60 days of the closing date of the mortgage loan. I certify that the occupancy ratio will not exceed 2 people per living space. I certify that the residence will not be used as an investment property, vacation home, or recreation home. I certify that I will notify the Program in writing if I move out of the property or rent it to others.

I certify that my income does not exceed the program income limits as explained to me by the Mortgage Lender. I understand and agree that if the DCCA Loan is issued on my behalf, it may not be transferred or assumed.

I acknowledge and understand that this Application Affidavit will be relied on for determining my eligibility for a DCCA Loan. I acknowledge that a material misstatement negligently made by me in this Affidavit or in any other connection with my application for a DCCA Loan will result in the cancellation or revocation of the Loan. I sign this under penalty of perjury.

Buyer Date

Buyer Date

Based upon reasonable investigation, the Lender has no reason to believe that either the Applicant or the Seller of the residence has made any negligent or fraudulent material misstatements in connection with the Applicant's application for a DCCA Loan, and submits the completed information above as accurate and true to the best of the lender's knowledge.

Signature of Lender Representative Date

Dept of Corporations or Dept of Real Estate License Number _____

YOU MUST PROVIDE A COPY OF THE LICENSE

Legal Description.

On a separate sheet of paper please provide the **legal description** for the property, with the heading **"Exhibit A"**. Please place the Borrower's last name in the upper right corner of the page.

"Exhibit A"

Legal Description

COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM PROJECTED INCOME SUMMARY WORKSHEET

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PART A: Income Information Columns

	H/H Member #1	H/H Member #2	H/H Member #3
Last Name	_____	_____	_____
First Name	_____	_____	_____
Soc. Sec. No.	_____	_____	_____
How Often Paid	_____	_____	_____
Monthly Wage	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Part-time Emp.	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Mo. Asset Income	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
Total Monthly	\$ _____ (i)	\$ _____ (ii)	\$ _____ (iii)

Total Projected Gross Annual Household Income =: (i + ii + iii) X 12 = \$ _____

Other Income:

Examples of "Other Income" are listed below. For each "Other Income" entry you make, circle the appropriate category from the following examples, and put the Applicant's Number in or near the circle.

- | | | | |
|-----------|-------------------|--------------------|------------------------------|
| Alimony | Royalties | Soc. Sec. Benefits | Unemployment Compensation |
| Pensions | Interest | Death benefits | Net Rental Income |
| Annuities | Dividend | Public assistance | Veterans Admin. Compensation |
| Tips | Disability | Insurance payments | Winnings/Prizes |
| Fees | Investment Income | Business income | Severance Pay |

*** PART B: Anticipated Income Increases. This Section Must be Completed.**

If the employer has indicated in writing that an increase in income is anticipated within the next twelve months, both the increased monthly wage and the effective date of the increase must be completed below. **Otherwise, enter N/A.**

	Applicant # 1	Applicant # 2	Applicant # 3
Monthly Wage	\$ _____	\$ _____	\$ _____
Date of Increase	_____	_____	_____

* Worksheets submitted with blanks under Part B will be considered "incomplete" and the entire loan request package will be returned to the Lender.

INSTRUCTIONS FOR COMPLETING THE PROJECTED INCOME SUMMARY WORKSHEET

As the Lender, you must complete an income information column for every "Applicant." **NOTE:** The following are all "Applicants": (1) Anyone going on the Property Title; (2) Any spouse of an applicant, regardless of whether the couple is separated or not; (3) Anyone going on the **First Mortgage "Note"** and will occupy the property. **You must include the income for ALL ADULTS, age 18 and over, living in the household to calculate the total, gross annual household income.** Applicants who claim no monthly income must sign and date the "Declaration of No Income" Form. Household members age 18 and over, who attend school "full-time" may have their income "exempted" from the household income calculation if they submit a "School Enrollment Verification" signed by the school.

"Monthly Wage" Use the gross pay from the most recent pay stub to calculate a projected gross annual income. You can also project an annual income by using the current YTD Gross Income shown on the most recent pay stub, divide by the total months plus partial months represented. Partial month example: "End of pay period date is August 5," and there are 31 days in August. Divide $5/31 = .16$. Divide the YTD Gross Income by 7.16 months to determine the "Monthly Wage." Multiply by 12 for a projected gross annual income.

"Other Income" Using the 20 categories of "Other Income" on page 1, ask each Applicant to identify any types of "Other Income" they receive. Circle each category that applies, and write the Applicant's initials in the circle. Enter the monthly total of all "Other Income" for each applicant on the corresponding blank line.

Documentation Must be submitted with each application to verify the information you enter on page 1 of the Income Summary Worksheet. Required for salaried employees: VOE, two most recent pay stubs, calculator tape or handwritten simulation of the calculations you perform. For self-employed applicants, include the prior three year's Federal tax returns and year-to-date Profit and Loss Statement.

"Asset Income" Enter the projected monthly income from all cash assets on the "Assets" line for each Applicant. Assets are defined as cash or items that can be converted to cash. Actual income from the asset (such as Interest Earned), not the principal balance or value of the asset is counted in the gross annual income. In general, the income counted is the actual income generated by the asset (e.g., interest on a savings or checking account). The income is counted even if the household elects not to receive it directly, but to reinvest it. For example, although an applicant may elect to reinvest the interest or dividends from an asset, the interest or dividends is still counted as income.

Assets that should be included: savings accounts and the average six-month balance of checking accounts; stocks, bonds, savings certificates, cash value of life insurance policies, money market funds, IRA, Keogh and similar retirement savings accounts, other investment accounts and contributions to company retirement/pension funds that can be withdrawn without retiring or terminating employment. Lump-sum payments, such as inheritances, capital gains, lottery winnings (paid in one lump sum), insurance settlements, and other claims are excluded from the calculation of Gross Annual Income. However, the actual interest earned on any of the above excluded types of income is calculated in the Gross Annual Income.

As with other types of income, the income included in Gross Annual Income is the projected income to be received from the asset during the coming 12 months. Several methods may be used to approximate the income from assets. For example, to obtain the anticipated interest on a savings account, the current account balance can be multiplied by the current interest rate applicable to the account. Alternatively, if the value of the account is not anticipated to change in the near future and interest rates have been stable, a copy of the IRS 1099 INT form showing past interest can be used.

Although there is no formalized asset cap per se for the DCCA program, the County reserves the right to decline the applications of a household which has available to it an amount of cash assets sufficient to meet all down payment and closing cost requirements of the funding lender, and still have a sizable amount of discretionary cash reserves left over.

Anticipated Income (Part B): You must declare any information you have received from the employer regarding anticipated income increases. Include the anticipated amount and effective date at the bottom of page 1. Federal program guidelines require the DCCA program staff to include this information in calculating the borrower's annualized income. Be sure to write "N/A" on each line where there is no anticipated income. *Worksheets submitted with blanks under Part B on page 1 will be considered "incomplete" and the entire loan request package will be returned to the Lender.



COUNTY OF SAN DIEGO
DOWNPAYMENT & CLOSING COST
ASSISTANCE (DCCA) PROGRAM

BOARD OF
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DECLARATION OF NO INCOME

THIS DOCUMENT IS TO BE SIGNED BY APPLICANTS WHO CLAIM NO INCOME.

The Downpayment and Closing Cost Assistance (DCCA) Program is funded by the federal HOME Investment Partnerships Program. The County of San Diego is required to verify all income of anyone receiving assistance from HOME funds. To comply with this requirement, we ask your cooperation in supplying the information requested in the Certification below. This information will be held in strict confidence and used only for the purpose of establishing eligibility for the DCCA Program.

CERTIFICATION

I, _____, do hereby certify that I do **NOT** receive income from **ANY** source. I understand that sources of income include, but are not limited to, the following:

Employment by Other
Unemployment Compensation
Social Security
Workers Compensation
Child Support
Education Grants/Work Study
Self Employment
AFDC
SSI

Retirement Funds
Alimony
Income from Assets
Pensions
General Assistance
Disability
Union Benefits
Family Support
Annuities

I certify that the foregoing is true, complete and correct. Inquiries may be made to verify statements herein. I also understand that false statements or omissions are grounds for denial of the DCCA loan request and/or prosecution under the full extent of California law.

Signature: _____ Date: _____

Social Security Number #: _____

Witness Name (print or type): _____

Witness Signature: _____ Date: _____



Gross Income Worksheet

Borrower's Last Name:

ASSETS				
Household Member	Assets Description	Current Cash Value	Annual Interest Actual Income from Assets	
1. Net Cash Value of Assets (If asset has a withdrawal penalty, only add 70% of asset)		1.		
2. Total Actual Income from Assets			2.	
3. If line 1 is greater than \$5,000, multiply line by 2% and enter results here; if less than \$5,000 enter 0			3.	
ANTICIPATED ANNUAL INCOME				
Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Other Income	d. Asset Income (Enter the greater of lines 2 or 3 from above)
4. Totals	a.	b.	c.	d.
5. Enter total of items from 4a. through 4d.				5.



Gross Income Worksheet
"Applicant Name"

ASSETS				
Household Member	Assets Description		Current Cash Value	Actual Annual Income from Assets
Applicant #1	Wells -Checking		\$ 883.47	\$ 0.00
Applicant #1	Wells -Savings		\$ 1,377.36	\$ 4.08
Applicant #1	401K		\$ 24,733.17	\$ 0.00
1. Total Net Cash Value of All Assets (If asset has a withdrawal penalty, add 70% of asset)			\$ 2,260.83 <u>\$17,313.22</u> (70% 401) 1. \$19,574.05	
2. Total Actual Annual Income from Assets				2. \$ 4.08
3. If line 1 is greater than \$5,000, multiply line by 2% (or current passbook rate) and enter results here; if less than \$5,000 enter 0				3. \$ 391.48
ANTICIPATED ANNUAL INCOME				
Household Member	a. Wages/ Salaries	b. Benefits/ Pensions	c. Other Income	d. Asset Income (Enter the greater of lines 2 or 3 from above)
Applicant #1	\$42,789.02			
Applicant #2	\$ 0.00			
4. Totals	a.42,789.02	b.	c.	d. \$ 391.48
5. Enter total of items from 4a. through 4d.				5. \$ 43,180.50



COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

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RATIO WORKSHEET

MONTHLY INCOME

Applicant #1

Base Income: \$ _____

Other Income: \$ _____

(Other Income: O.T., Bonuses, Commissions, etc...)

MONTHLY INCOME

Applicant #2

Base Income: \$ _____

Other Income: \$ _____

Asset Income From Worksheet

TOTAL MONTHLY INCOME

= Base Income: \$ _____

= Other Income: \$ _____

= Asset Income: \$ _____

= Total Income: \$ _____

Ratios: please include the MCC credit in calculating the ratios, if receiving the MCC credit.

Proposed Monthly Payments

Borrower's Primary Residence

(Subtract the MCC credit from the Monthly Housing Expense.)

First Mortgage P & I: \$ _____
 Second Mortgage P & I: \$ _____
 Hazard Insurance: \$ _____
 Taxes: \$ _____
 Mortgage Insurance: \$ _____
 HOA Fees: \$ _____
 Other: \$ _____
Primary Housing Expense: \$ _____

Income Per Worksheet:

Total Annual: \$ _____

Divided by 12 =

Total Gross Monthly Income

Other Obligations

Car payments: \$ _____
 Credit Card payments: \$ _____
 All Other Monthly payments: \$ _____
TOTAL Monthly payments: \$ _____

A. Monthly Housing Expense. \$ _____ Total Primary Housing Expense	Front End Ratio "Housing Ratio" (A divided by B)	C. TOTAL Monthly Payments \$ _____ All Debts, including Housing.	Back End Ratio Total Monthly Obligations (C divided by D)
B. Monthly Household Income \$ _____ Total Gross Monthly Income	= _____ %	D. Monthly Household Income \$ _____ Total Gross Monthly Income	= _____ %

Front end ratio minimum: 30%

Front end ratio maximum: 38%

Back end ratio maximum: 45%



COUNTY OF SAN DIEGO DOWNPAYMENT & CLOSING COST ASSISTANCE (DCCA) PROGRAM

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FINANCING WORKSHEET

This worksheet is designed for structuring the financing of a first mortgage, with a DCCA loan.

BUYER LAST NAME: _____

PURCHASE PRICE \$ _____ (must not exceed \$451,250 = (Max. Sales Limit))

DCCA LOAN REQUESTED \$ _____

FINANCING:

First Trust Deed Amount \$ _____ (Base + PMI, etc.)

DCCA Loan Amount \$ _____ (DCCA Loan)

Funding from Other Assistance Programs \$ _____

= Total Funding \$ _____

The next sections will show the details of the above listed totals.

Please complete the following, giving best estimate and matching GFE figures:

1ST TRUST DEED

1st Mortgage, First Year Interest Rate: _____

1st Mtg. Loan Type: _____
(FHA, VA, Cal-HFA, etc.)

Base 1st Mortgage Amount \$ _____

+ Add'l Amount Financed \$ _____ (pmi, funding fees, etc.)

= First Trust Deed Total \$ _____ (should match "First Trust Deed Amount" above)

DOWNPAYMENT

Downpayment from Buyer \$ _____

Downpayment from other Ass't Programs \$ _____ (List other Programs & Amounts on next page.)

Down Payment from **DCCA Loan** \$ _____ (A) *

= **Total Down Payment** (must match GFE) \$ _____

CLOSING COSTS:

Closing Costs Paid by Buyer \$ _____

Closing Costs Paid by Seller \$ _____

Closing Costs financed in Loan (PMI, etc.) \$ _____

Closing Costs Paid by **DCCA Loan** \$ _____ (B) *

Closing Costs Paid by other Ass't Programs \$ _____ (List other Programs & Amounts on next page.)

= **Total Closing Costs** (must match GFE) \$ _____

**"A" + "B" = must add up to
the DCCA Loan Amount
you are requesting.**

** The sum of (A) plus (B) must not exceed the requested DCCA loan amount. Either A or B can be zero.*

LENDER CERTIFICATION

The amounts above indicate my best possible estimate at this time.

(Lender Signature)

(Date)

ALL ASSISTANCE PROGRAMS: (including the DCCA loan)

	LOAN AMOUNT:	(Dollar Amount) PORTION TOWARD DOWNPAYMENT:	(Dollar Amount) PORTION TOWARD CLOSING COSTS:
<u>2ND POSITION</u>			
NAME OF PROGRAM: _____			
CITY/COUNTY/STATE: _____	_____	_____	_____
<u>3RD POSITION</u>			
NAME OF PROGRAM: _____			
CITY/COUNTY/STATE: _____	_____	_____	_____
<u>4TH POSITION</u>			
NAME OF PROGRAM: _____			
CITY/COUNTY/STATE: _____	_____	_____	_____
<u>5TH POSITION</u>			
NAME OF PROGRAM: _____			
CITY/COUNTY/STATE: _____	_____	_____	_____
<u>6TH POSITION</u>			
NAME OF PROGRAM: _____			
CITY/COUNTY/STATE: _____	_____	_____	_____
TOTAL:	_____	_____	_____

Buyer's Contribution:

The DCCA program requires a minimum Buyer's Contribution of at least 1% of the Purchase Price:

Purchase Price: \$ _____

1% is: \$ _____ (Required minimum contribution)

The Buyer's 1% Contribution can come from these sources, as long as the "total" is equal to, or greater than, 1%.

Buyer's portion toward Downpayment: _____

Buyer's portion toward Closing Costs: _____

Buyer's MCC application Fee: _____

TOTAL from Buyer into the Transaction: _____ (must be equal to, or greater than, 1%, and match the buyer contribution amounts on the page 1 of the Financing Worksheet).

Buyer's Ernest Money deposited into Escrow is: _____

To Determine the MAXIMUM Refund allowed to Borrower

(We Will Get the Final Information From Escrow.)

Actual monies deposited into Escrow – Total: _____

MCC Application Fee (POC) : _____

Monies Deposited from third party (gift) : _____

Total into Transaction : _____

Subtract (-)

1% PERCENT Required Contribution : _____

Equals (=)

MAXIMUM Refund allowed to Borrower: _____



COUNTY OF SAN DIEGO
DOWNPAYMENT & CLOSING COST
ASSISTANCE (DCCA) PROGRAM

PROHIBITED FINANCING

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Prohibited Financing with DCCA loans:

Stated Income

Negative Amortization

Front end ratio, less than 30%, or exceeding 38%

Back end ratio exceeding 45%

“Low Teaser Rates”

ARM – with rate increase within first 5 years

“Interest Only” loans

I certify that the financing attached to this DCCA application does not have any of the prohibited characteristics above.

Lender rep. initial here: _____

Type of Loan: _____
Cal-HFA FHA VA Cal-Vet CONV 100% Financed

First Year Interest Rate: _____

Is it a Fixed Rate loan? q Yes q No

Is this a Variable Rate loan? q Yes q No

Is there a Buy Down? q Yes q No

Does this loan have Neg. Am.? q Yes q

No

Is this loan an ARM? q Yes q No

If YES, Number of years First is fixed _____



**COUNTY OF SAN DIEGO
DOWNPAYMENT & CLOSING COST ASSISTANCE
(DCCA) PROGRAM**

**HOUSING QUALITY STANDARDS (HQS)
INSPECTION ACKNOWLEDGEMENT**

Property Location: _____

Borrower(s): _____

The County of San Diego will inspect the property using the U.S. Department of Housing & Urban Development and County Housing Authority Inspection Guidelines for basic health and safety items. This inspection does NOT include a detailed inspection of structural components or the condition of items such as: electrical and plumbing systems, heating and cooling systems, roof, bracing/support system, or the presence of termites/termite damage. The County of San Diego recommends obtaining a complete assessment of the home's condition through licensed contractors.

The undersigned borrower(s) hereby acknowledge that the County's inspection reflects the home's compliance with the minimum criteria necessary for health and safety for the occupants, and that a copy of the inspection report will be provided to me/us upon request.

Borrower has personally inspected the property described above, is satisfied with the property's condition, takes full responsibility for any necessary repairs, and chooses to proceed with the purchase.

Borrower

Date _____

Borrower

Date _____

INSPECTION GUIDELINES

It is necessary for the unit you plan to purchase to pass a Housing Quality Standards (HQS) inspection before final loan approval. A failed inspection could delay the loan approval and funding of your loan.

The County Department of Housing & Community Development will inspect the following ten (10) areas for housing Quality Standards' (HQS) compliance:

- | | |
|--|--|
| <input type="checkbox"/> Living Room | <input type="checkbox"/> Building Exterior |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Heating and Plumbing |
| <input type="checkbox"/> Bathroom(s) | <input type="checkbox"/> General Health and Safety |
| <input type="checkbox"/> Other rooms used for living | <input type="checkbox"/> Garage |
| <input type="checkbox"/> Secondary Room | <input type="checkbox"/> Outbuildings |

CHECK THESE CONDITIONS TO MAKE SURE YOUR UNIT WILL BE READY TO PASS INSPECTION

- | | |
|--|--|
| <input type="checkbox"/> All major utilities (electricity, gas, or water) must be turned on. | <input type="checkbox"/> All electrical outlets must have cover plates that are not cracked or broken. |
| <input type="checkbox"/> The cooking stove and oven must be clean and in working condition. All burner control knobs must be present. | <input type="checkbox"/> There must be no missing, broken or badly cracked windows/window panes. |
| <input type="checkbox"/> The refrigerator must be clean and in working condition. | <input type="checkbox"/> The roof must not leak. |
| <input type="checkbox"/> The heating unit must be properly installed and vented and otherwise in good working order. Heater must be operational. | <input type="checkbox"/> No cracking, chipping, scaling or loose paint anywhere inside or outside the unit if a child under age six will reside in the unit. |
| <input type="checkbox"/> You must have hot and cold running water in the kitchen and bathroom(s). | <input type="checkbox"/> The carpet or linoleum must not have holes, tears, or loose seams. |
| <input type="checkbox"/> There must be a shower or bathtub that is in good working condition. | <input type="checkbox"/> There must be a flush toilet that works and does not leak. |
| <input type="checkbox"/> Stairs and railings, inside and out, must be secure. A stairway of four or more stairs requires a railing. | <input type="checkbox"/> The hot water tank for your unit must have a pressure relief valve and downward discharge pipe. |
| <input type="checkbox"/> The bathroom must have a window or working ventilation fan. | <input type="checkbox"/> There must be no mice, rats or insect infestation. |
| <input type="checkbox"/> All accessible outside doors and windows must have working locks. | <input type="checkbox"/> There MUST be a properly operating smoke detector on every level of the unit. |
| <input type="checkbox"/> Unit must have at least one exit door without a double-keyed deadbolt lock. | <input type="checkbox"/> Security bars in the bedrooms must have a quick release device. |
| <input type="checkbox"/> There must be no plumbing leaks or plugged drains. | <input type="checkbox"/> No excessive debris in or around the unit. |



COUNTY OF SAN DIEGO
DOWNPAYMENT & CLOSING COST
ASSISTANCE (DCCA) PROGRAM

BOARD OF
SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

PAM SLATER-PRICE
Third District

RON ROBERTS
Fourth District

BILL HORN
Fifth District

INCOME TAX AFFIDAVIT

To be completed only if applicant was not required by law to file income tax returns.

____ 1. I hereby certify that I am a first time homebuyer and that I have not owned a principle residence for the last three years. I also certify that I was not required by law to file a Federal Income Tax return for the following year(s) _____ for the reason(s) stated below.

State Reason – state legal reason you were not required to file tax returns for the year(s) referenced above:

____ 2. I hereby certify that the closing date in connection with which I am seeking a DCCA loan is occurring between January 1 and February 15, and that I have not yet filed my Federal Income Tax Return for the prior tax year. Regarding my principal residence during that year, I certify that I am not entitled to claim a deduction for property taxes and/or mortgage interest.

I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for a DCCA loan. I acknowledge that a material misstatement negligently made by me in connection with an application for a DCCA loan will constitute a federal violation punishable by a fine, and a material misstatement fraudulently made in this Affidavit or in any other statement made by me in connection with the application for a DCCA loan will constitute a federal violation punishable by a fine, and any other penalty imposed by law. In addition, any material misstatement or false statement, which affects my eligibility for a DCCA loan, will result in a denial of my application for a DCCA loan.

I further acknowledge that if any information or certification I provide contains a material misstatement that is due to fraud, then the DCCA loan will automatically become due and payable to the COUNTY OF SAN DIEGO.

I am signing this Income Tax Affidavit for one of the two reasons stated and checked above.

Name of Applicant (print or type): _____

Social Security Number: _____

Signature of Applicant: _____ Date: _____



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STUDENT ENROLLMENT VERIFICATION

To be completed for Adults (18 years old and over), who are full-time students, and will not be going on the Title or the Note of the First Mortgage financing in connection with the County of San Diego Downpayment and Closing Cost Assistance (DCCA) Program loan.

Primary Borrower: _____

Property Address: _____

Regulations require the County of San Diego to verify enrollment information for adult household members for the purpose of determining the household's eligibility for the DCCA program.

Name of Student

Social Security Number of Student

Student – Date of Birth

I understand that if I am a full-time student and not going on the Title of the property, my income will not be included in the calculation of the household annual income.

Signature: Student Date

Required: Please attach a current semester transcript for verification.

The below information should be completed and signed by a bona fide representative of the educational institution. If you have any questions regarding this document, please call the DCCA Program Administrator at (858) 694-4810.

ENROLLMENT INFORMATION

Please Print:

Name of Student: _____

The student is enrolled for _____ units from _____ to _____ (dates)

And is considered: [] Full time [] Part time

Name of Educational Institution: _____

Address: _____
Street City State Zip

Phone No.: _____

Name: _____ Title: _____

Signature: _____ Date: _____



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SELLER AFFIDAVIT

Property Address: _____

Purchase Price: \$ _____

Buyer Name: _____

I am the Seller of the property identified in the above address. I understand that the Buyer is applying for a loan from the County of San Diego Downpayment and Closing Cost Assistance Program which is partially financed by the U.S. Department of Housing and Urban Development.

As a voluntary sale, I understand that I am not entitled to relocation benefits under the Uniform Relocation Assistance and Real Property acquisition Policies act of 1970 (URA) as a result of this transaction. I understand my property is not being purchased under threat of eminent domain and that I am free to negotiate the sales price with the buyer and if I do not want to sell I don't have to. The buyer has informed me that the market value of the property is _____. The buyer and I have voluntarily negotiated the above identified purchase price.

I understand that this program does not allow the purchase of a property that is currently occupied by anyone other than the buyer or the seller.

I hereby state that there are no tenants currently renting the property (with the allowed exception of the buyer's household). I also state that I did not recently, (within the last 30 days), evict tenants for the purpose of making this unit eligible for the County of San Diego Downpayment and Closing Cost Assistance Program.

I acknowledge that any material misstatement negligently or fraudulently made by me in connection with this DCCA loan application is a violation punishable by a fine and revocation of the DCCA loan, in addition to any criminal penalty imposed by law. I understand that I can phone the Program Administrator at (858) 694-4810, if I have questions regarding this document or transaction.

Date: _____

Name of Seller (Type or Print): _____

Seller Signature (in blue ink): _____

Current Address: _____

Social Security Number: _____

NOTE: SELLER HAS A CHOICE OF EITHER PROVIDING HIS/HER SOCIAL SECURITY NUMBER OR HAVING THIS DOCUMENT NOTARIZED.

HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO

3989 Ruffin Road, San Diego, CA 92123-1815

AUTHORIZATION FOR RELEASE OF INFORMATION

Each household member 18 years or older must read and sign an Authorization Form for Release of Information. If you need additional forms, please contact your Housing Representative.

I, _____ (legal name), do hereby authorize any agencies, offices, groups organizations or business firms to release to the HOUSING AUTHORITY OF THE COUNTY OF SAN DIEGO any information or materials which are deemed necessary to complete and verify my application for assistance under the Downpayment and Closing Cost Assistance (DCCA) Program. The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, allowances or preferences I have claimed, and residency. These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; educational institutions; past or present employers; Social Security Administration; welfare and food stamps agencies; Veteran's Administration, court clerks; utility companies; Workmen's Compensation Payers; public and private retirement systems; law enforcement agencies; medical facilities, and credit providers.

It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD and/or HACSD in the administration and enforcement of program rules and regulations and that HUD and/or HACSD may in the course of its duties obtain such information from other Federal State or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration; and State welfare and food stamp agencies. If there is a discrepancy between the information provided by the above sources and the information that I have provided, I understand that the HACSD may take action to deny my application and will require the repayment of benefits I was not eligible to receive.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above. This authorization is valid for 24 months from the date of my signature.

Address	City	State	Zip
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Social Security Number	Date of Birth	Telephone No.
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Signature	Date Signed
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