

- ____ 9. Ratio Worksheet - Debt Ratios must meet requirements
- ____ 10. GFE - Good Faith Estimated Settlement Statement – showing total closing cost, buyer’s 2.5-5% of purchase price contribution, and the NSP-HA subordinate loan. 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. Credit Report – current within 90 days.
- ____ 14. Signed Purchase Contract and Addenda, and any counter offers, clearly indicating purchase price.
- ____ 15. Preliminary Title Report
- ____ 16. Appraisal & Inspection from an approved appraiser, with the Repair Sheet on top performed within 60 days of purchase offer. (Regardless of the type of 1st Mortgage financing.)
- ____ 17. Sign-off of Repairs - by inspector on any health or safety repairs listed on the repair sheet above. (Don’t need proof of Termite Clearance.)
- ____ 18. Home Buyer Education class, copy of Certificate of Completion.
If the certificate is in Spanish, please submit a blank copy of that form in English also.
- ____ 19. Correct vesting requested.
- ____ 20. Declaration of No Income
- ____ 21. Income Tax Affidavit
- ____ 22. Letter of Understanding
- ____ 23. Student Enrollment Verification
- ____ 24. Flood Plain Certification
- ____ 25. HQS Inspection Acknowledgement
- ____ 26. Proof of initial building permit issuance from County of San Diego Department of Planning and
Land Use
- ____ 27. Verification unit was foreclosed
- ____ 28. Verification unit is within NSP-HA target census areas.

- ____ 29. Lender Certification that states the lender will comply with the bank regulators' guidance for non-traditional mortgages as stated at <http://www.fdic.gov/regulations/laws/rules/5000-5160.html> .
- ____ 30. Copy of Voluntary Acquisition Letter and verification of how it was provided to current owner.
- ____ 31. 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.
- ____ Buyer(s) must contribute at least 2.5 to 5 percent of the purchase price into the transaction depending on the amount of loan requested and the credit score.
- ____ Cash back to borrower(s), at close of escrow, is limited to the amount deposited into escrow by borrower(s) minus their required contribution.
- ____ Purchase price must be at least 1% below appraised value.

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
NEIGHBORHOOD STABILIZATION
HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)**

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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: _____

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

Street: _____

City: _____ Zip: _____

Contact: _____

Phone: _____ Fax: _____

Property Address: _____ City: _____ Zip: _____

Seller(s): _____ NSP Target Area Tract No & Block Group: _____

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

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

Foreclosure?	Abandoned?	_____ Currently Occupied	Last date unit occupied _____
Yes _____	Yes _____	_____ Not Occupied	
No _____	No _____		

TO THE HOMEBUYER:

Thank you for your application to the County of San Diego Neighborhood Stabilization Homebuyer Assistance Program (NSP-HA). Completion of the application process may result in your receiving a NSP-HA 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 NSP-HA 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 NSP-HA 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 I expect to initially share occupancy of the residence with me. I understand that my spouse, whether on title or not, is an Applicant for the NSP-HA Program and must sign this Application.

I 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 NSP-HA 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 NSP-HA Loan. I acknowledge that a material misstatement negligently made by me in this Affidavit or in any other connection with my application for a NSP-HA Loan will result in the cancellation or revocation of the Loan.

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 NSP-HA Loan, and submits the completed information above as accurate and true to the best of the lender's knowledge.

Signature of Lender Representative _____ Date _____

Provide copy of lender's 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
 NEIGHBORHOOD STABILIZATION
 HOMEBUYER ASSISTANCE PROGRAM
 (NSP-HA)
 PROJECTED INCOME SUMMARY
 WORKSHEET**

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 Fifth District

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	\$ _____	\$ _____	\$ _____
F/T Student Income (\$480)	\$ _____	\$ _____	\$ _____
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 plus partial months represented. Partial month example: pay date is August 5. 31 days in August. Divide $5/31 = .16$. Divide 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 hand written 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 6-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 application 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
NEIGHBORHOOD STABILIZATION
HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)

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Fifth District

DECLARATION OF NO INCOME

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

The Neighborhood Stabilization Homebuyer Assistance Program (NSP-HA) is funded by the Housing and Economic Recovery Act of 2008. The County of San Diego is required to verify all income of anyone receiving assistance from NSP-HA 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 NSP-HA 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	Retirement Funds
Unemployment Compensation	Alimony
Social Security	Income from Assets
Workers Compensation	Pensions
Child Support	General Assistance
Education Grants/Work Study	Disability
Self Employment	Union Benefits
AFDC	Family Support
SSI	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 NSP-HA 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 NEIGHBORHOOD STABILIZATION PROGRAM HOMEOWNERSHIP PROGRAM (NSP-HA)

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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: \$ _____

Proposed Monthly Payments
Borrower's Primary Residence

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

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: \$ _____

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

Front end ratio maximum: 38%

Back end ratio maximum: 48%



COUNTY OF SAN DIEGO
NEIGHBORHOOD STABILIZATION
HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)

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FINANCING WORKSHEET

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

Total Purchase Price: _____

Total Closing Costs: _____

Total Funds Needed: _____

Primary Loan: _____

NSP-HA Loan Requested: _____

Buyer Contribution: _____

LENDER CERTIFICATION

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

Signature of Lender



**COUNTY OF SAN DIEGO
NEIGHBORHOOD STABILIZATION
HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)**

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PROHIBITED FINANCING

Prohibited Financing with NSP-HA loans:

Stated Income

Negative Amortization

“Low Teaser Rates”

ARM – with rate increase within first 3 years

“Interest Only” loans

Front end ratio over 38%

Back end ratio over 48%

I certify that the financing attached to this NSP-HA application does not have any of the prohibited characteristics above. I certify that the financing for this transaction complies with the bank regulators’ guidance for non-traditional mortgages as stated at <http://www.fdic.gov/regulations/laws/rules/5000-5160.html> .

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

First Year Interest Rate: _____

Is it a Fixed Rate loan? Yes No

Is this a Variable Rate loan? Yes No

Is there a Buy Down? Yes No

Does this loan have Neg. Am.? Yes No

Is this loan an ARM? Yes No

If YES, Number of years First is fixed _____

Is this loan an Interest Only loan? Yes No

Lender Representative signature _____



**COUNTY OF SAN DIEGO
NEIGHBORHOOD STABILIZATION HOMEBUYER
ASSISTANCE PROGRAM
(NSP-HA)**

**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 <u>MUST</u> be a properly operating smoke detector on every level of the unit. |
| <input type="checkbox"/> Unit must have at least one exit door <u>without</u> 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. |

GUIDE FOR NSP Funded Appraisals (49 CFR 24.103)

1. Name of Grantee: _____
2. Address of Property: _____
3. Name of Appraisal Company/Appraiser _____

4. Physical Inspection- Outside and inside---no windshield survey only. An adequate description of the physical characteristics of the property being appraised.
 - Items identified as personal property
 - Property rights being obtained
 - A statement of the known and observed encumbrances
 - Title information
 - Location
 - Zoning
 - Present Use
 - Analysis of highest and best use
 - Five year sales history
 - Verification of sales by a party involved in the transaction

 - Adequate photographs

5. A description of comparable sales (Field inspection)
 - Physical characteristics
 - Legal characteristics
 - Economic factors
 - Parties to the transaction
 - Source and method of financing
 - Verification by a party involved in the transaction
 - Comparable sales are within six months

6. All relevant and reliable approaches to value consistent with Federal appraisal practices.
 - All applicable approaches to value considered and explanation of why certain approaches not used seems reasonable (See appendix a 24.103(a)(2) – in some cases an agency may choose to only require the sales approach; additionally the income approach likely wouldn't be applicable to most of these NSP acquisitions with some exceptions of course)
 - Analysis and reconciliation of approaches supports appraisers opinion of value

7. Statement of value of real property:
 - Appraised Value
 - Basis of Value
 - Date of value
 - Date of appraisal
 - Signature and certification of the appraiser
 - No NSP program discount applied to appraised value

8. No consideration of any decrease or increase in the fair market value of the real property caused by the project for which the property is to be acquired, or by the likelihood that the property would be acquired for the project other than due to physical deterioration

9. Owner retention of improvements discussed, if any

10. Includes a definition of fair market value as determined by State law and or "the price that a seller is willing to accept and a buyer is willing to pay on the open market in an arm's length transaction" with the following similar language:

- Buyer and seller are typically motivated;
- Both parties are well informed or well advised, each one acting in own best interest;
- A reasonable time is allowed for exposure in the open market;
- Payment is made in terms of cash in U. S. dollars or in terms of financial arrangements comparable thereto; and
- The price represents the normal consideration for the property sold Unaffected by special or creative financing or sales concessions granted by anyone associated with the sale.

11. Statement of all relevant assumptions and limiting conditions including any ones that may be required for the particular appraisal assignment, such as:

- The data search requirements and parameters that may be required for the project.
- Identification of the technology requirements, including approaches to value, to be used to analyze the data
- Need for machinery/equipment appraisals, soil studies, potential zoning changes, etc.
- Instructions to the appraiser to appraise the property "As Is" or "subject to repairs or corrective action"
- Information on property contamination to be provided and considered by the appraiser in making the appraisal (if applicable)

Other

- Evidence of tenants: Yes, if so, list names. No
- HUD Appraiser Certification in File
- Appraiser met grantee's list of qualifications

Appraised Value_____	Date of Value_____	
Amount Offered_____	Date of Offer_____	%Discount_____
Final Purchase Price_____	Date of Purchase_____	% Final Discount_____

Record of Negotiations, Special Circumstances or Rationale for Purchase Price or Other Comments:

Name of Reviewer:_____

Date_____

CERTIFICATE OF APPRAISER – NSP

I hereby certify that:

1. On _____ date(s), I personally made a field inspection of the property herein appraised and have also personally made a field inspection of the comparable sales relied upon in making said appraisal. The property being appraised and the comparable sales relied upon in making this appraisal were as represented in the appraisal.
2. To the best of my knowledge and belief the statements contained in the appraisal herein set forth are true, and the information upon which the opinions expressed therein are based is correct; subject to the limiting conditions therein set forth.
3. I understand that such appraisal may be used in connection with the acquisition of property for project utilizing U.S. Department of Housing and Urban Development Neighborhood Stabilization funds.
4. The appraisal has been made in conformity with appropriate laws, regulations, and policies and procedures applicable to appraisal of property for such purposes--- **specifically the requirements in the Uniform Relocation and Property Acquisition Act of 1970 regulations at 49 CFR 24.103.**
5. To the best of my knowledge no portion of the value assigned to such property consists of items which are non-compensable under the established law of said State.
6. Any decrease or increase in the fair market value of real property prior to the date of valuation caused by the project for which such property is acquired, or by the likelihood that the property would be acquired for such project, other than that due to physical deterioration within the reasonable control of the owner, was disregarded in determining the compensation for the property.
7. Neither my employment nor my compensation for making this appraisal and report are in any way contingent upon the values reported herein.
8. I have no direct or indirect present or contemplated future personal interest in such property or in any benefit from the acquisition of such property appraised.
9. I have not revealed the findings and results of such appraisal to anyone other than the proper officials of the acquiring agency or officials of the U.S. Department of Housing and Urban Development and I will not do so until so authorized by said officials, or until I am required to do so by due process of law, or until I am released from this obligation by having publicly testified as to such findings.
10. I have not given consideration to, or included in my appraisal, any allowance for relocation assistance benefits.

My opinion of the fair market value of the property to be acquired as of the _____ day of _____ 20_____ is \$ _____ based upon my independent appraisal and the exercise of my professional judgment.

Name _____ Company _____

Signature _____ License # _____

Date _____



COUNTY OF SAN DIEGO
NEIGHBORHOOD STABILIZATION
HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)

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.

____ I 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 NSP-HA 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.

I acknowledge and understand that this Affidavit will be relied upon for purposes of determining my eligibility for a NSP-HA loan. I acknowledge that a material misstatement negligently made by me in connection with an application for a NSP-HA 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 NSP-HA 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 NSP-HA loan, will result in a denial of my application for a NSP-HA loan.

I further acknowledge that if any information or certification I provide contains a material misstatement that is due to fraud, then the NSP-HA 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: _____



COUNTY OF SAN DIEGO
NEIGHBORHOOD STABILIZATION
PROGRAM (NSP-HA)

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RON ROBERTS Fourth District
BILL HORN Fifth District

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 Neighborhood Stabilization Program (NSP-HA) 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 NSP-HA 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, \$480 of my annual income will be included in the calculation of the household annual income.

Signature: Student Date

Required: Please attach a current semester transcript for verification.



COUNTY OF SAN DIEGO
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HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)

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Third District

RON ROBERTS
Fourth District

BILL HORN
Fifth District

LETTER OF UNDERSTANDING

To be signed by the **Non-Occupying Co-Signer** of the first mortgage in connection with the County of San Diego Neighborhood Stabilization Homebuyer Assistance Program loan.

Primary Borrower: _____

Property Address: _____

Regarding the purchase transaction of the property referenced above, I have agreed to co-sign the first mortgage Promissory Note to help the primary Borrower qualify for the first mortgage. I understand that I am not a party to the County of San Diego NSP-HA loan for which the primary Borrower is also applying.

I understand that if the primary Borrower ceases to occupy the property, the NSP-HA loan will become due and payable immediately, regardless of whether I occupy the property.

Print Name: (1) Co-Signer or Co-Mortgagor

Signature: (1) Co-Signer or Co-Mortgagor

Date

Print Name: (2) Co-Signer or Co-Mortgagor

Signature: (2) Co-Signer or Co-Mortgagor

Date



COUNTY OF SAN DIEGO
NEIGHBORHOOD STABILIZATION
HOMEBUYER ASSISTANCE PROGRAM
(NSP-HA)

**BOARD OF
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Fifth District

LENDER CERTIFICATION

Property Address: _____

Buyer Name: _____

I am the Lender for the Buyer and Property listed above.

I certify that the financing for this transaction complies with the bank regulators' guidance for non-traditional mortgages as stated at <http://www.fdic.gov/regulations/laws/rules/5000-5160.html> .

I acknowledge that any material misstatement negligently or fraudulently made by me in connection with this NSP-HA loan application is a violation punishable by a fine and revocation of the NSP-HA 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 Lender (Type or Print): _____

Lender Signature (in blue ink): _____

GUIDEFORM
- NSP VOLUNTARY ACQUISITION OF FORECLOSED PROPERTY -
- Informational Notice -
(Agencies/Persons **Without** Eminent Domain Authority)

Grantee or Agency Letterhead

(date)

Dear _____:

(Name of Agency/Person) _____, is interested in acquiring property you own at (address) _____ for a proposed project which may receive funding assistance from the U.S. Department of Housing and Urban Development (HUD) under the Neighborhood Stabilization Program (NSP).

Please be advised that (Name of Agency/Person) _____ does not have authority to acquire your property by eminent domain. In the event we cannot reach an amicable agreement for the purchase of your property, we will not pursue this proposed acquisition.

The subject property is listed for purchase at \$ _____. We currently believe \$ _____ to be the market value of the property.

Under the NSP, we are required to purchase foreclosed property at a discount from its current market appraised value. Depending on the results of our appraisal, our purchase offer may differ from the amounts noted above.

Please contact us at your convenience if you are interested in selling your property.

In accordance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA), owner-occupants who move as a result of a voluntary acquisition are not eligible for relocation assistance. A tenant-occupant who moves as a result of a voluntary acquisition for a federally-assisted project may be eligible for relocation assistance. Such displaced persons may include not only current lawful occupants, but also former tenants required to move for any reason other than an eviction for cause in accordance with applicable federal, state, and local law. If your property is currently tenant-occupied or a tenant lawfully occupied your property on or after February 17, 2009, we need to know immediately. Further, you should not order current occupant(s) to move, or fail to renew a lease, in order to sell the property to us as vacant.

If you have any questions about this notice or the proposed project, please contact (name) _____, (title) _____, (address) _____, (phone) _____.

ACCEPTANCE AND ACKNOWLEDGEMENT OF RECEIPT:

I/we _____ affirm that I/we am/are the seller(s) of the residential property located at _____ (Print Seller Name) and certify that the property was was not occupied by a "bona fide" tenant at time of foreclosure which occurred on _____. If occupied by a "bona fide" tenant at time of foreclosure occurring on or after February 17, 2009, I/we certify that a 90-day notice to vacate was delivered on _____. A copy of the 90-day notice, including the manner and proof of delivery to the tenant, is attached.

I/we accept and acknowledge receipt of this NSP Voluntary Acquisition of Foreclosed Property notice.

Signature of Seller(s)

Date

Note to NSP Voluntary Acquisition Notice: Agency/Person must document the manner in which this notice was delivered to owner (e.g., certified mail, return receipt requested, by hand) and the date of delivery.

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 Neighborhood Stabilization Program (NSP). 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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