



**CITY OF AMERICAN CANYON
FIRST TIME HOMEBUYER
DOWN PAYMENT ASSISTANCE APPLICATION**

PROGRAM SUMMARY

The City of American Canyon's First Time Homebuyer Down Payment Assistance Programs provide deferred loans to assist eligible first time homebuyer purchase homes in the City of American Canyon. Because these programs are funded by several different State of California funding sources, specific program requirements and maximum loan amounts vary. All programs provide this assistance in the form of deferred payment "silent" second loans (not requiring monthly payments). All homes must be occupied by the homebuyers as their primary residences.

Available Funding:

Currently, there are three funding sources available to fund loans: HOME General Program Funds, CalHome General Program Funds, and CalHome Disaster Assistance Funds.

1. HOME Program and CalHome General Program Funds: loans from these programs can be used to purchase existing single-family homes within the city limits of American Canyon. CalHome loans can also be used for the purchase of mobile homes. Applicant's household income must be at or below 80% of the area median income adjusted by household size.
2. CalHome Disaster Assistance Funds: To qualify for these loans, you must have been physically or economically displaced as a result of the 2017 Napa Complex Fire or one of the other qualifying 2017 or 2018 federal disasters impacting Butte, Lake, Los Angeles, Mendocino, Napa, Nevada, Orange, San Diego, Santa Barbara, Shasta, Sonoma, and Ventura Counties.

Economically or physically displaced will be described as someone who was impacted by the California wildfires in that they either:

- a) Lost a residence or was displaced

- b) Suffered an economic impact (job loss, income loss, loss of hours at work etc.)
- c) Experience a 5% or greater housing cost increase post-fire.

CalHome Disaster loans can be used to purchase existing single-family homes and mobile homes within the city limits of American Canyon. Applicant's household income must be at or below 120% of the area median income adjusted by household size. If the applicant's income is at or below 80% of the area median income, they may receive loans from both HOME/CalHome General Program Funds and CalHome Disaster Funds.

For HOME and CalHome General Program funded-loans, generally the total amount of the Program loan(s) is \$150,000 or 30% of the purchase price, whichever is less and shall never exceed the amount of the primary mortgage.

For loans made from CalHome Disaster Assistance Funds, generally the maximum CalHome Disaster Assistance loan is \$100,000. However, if a household has income of 80% of area median or less, they may be eligible to receive both a HOME/CalHome General Program loan and a CalHome Disaster Assistance loan, for a maximum combined loan amount of \$250,000.

Eligible Homebuyer:

To be eligible for down payment assistance the applicant must be a first-time homebuyer. To qualify as a first-time homebuyer, generally you must not have owned a home in the past three years. Additionally, the following are also considered first-time homebuyers under this definition:

1. a displaced homemaker who, while a homemaker, owned a home with his or her spouse or resided in a home owned by the spouse. A displaced homemaker is an adult who has not, within the preceding two years, worked full-time and has been unemployed or underemployed and worked primarily to care for his or her home and family;

2. a single parent who, while married, owned a home with his or her spouse or resided in a home owned by a spouse and 1) is unmarried or legally separated from a spouse, and 2) has custody or joint custody of one or more minor children or is pregnant; or

3. an individual or individuals who owns or owned, as a principal residence during the three-year period before the purchase of a home, a dwelling unit whose structure is (i) not permanently affixed to a permanent foundation in accordance with local or state regulations or (ii) not in compliance with state, local, or model building codes and cannot be brought into compliance with such codes for less than the cost of constructing a permanent structure.

Income Eligible:

All applicants must certify that they meet the household income eligibility requirements for the applicable City’s program(s) and have their household income documented. The income limits in place at the time of loan approval will apply when determining applicant income eligibility. For the HOME and CalHome Program applicants, must have incomes at or below 80% of the County’s area median income (AMI), adjusted for household size. The CalHome Disaster Assistance funding for applicants who qualify as victims of eligible disasters, sets the income limit at 120% of the County’s AMI, adjusted for household size.

Income Limits for HOME and CalHome Programs

<i>Number of Persons in Household</i>								
	1	2	3	4	5	6	7	8
80% of AMI	\$63,050	\$72,050	\$81,050	\$90,050	\$97,300	\$104,500	\$111,700	\$118,900

Income Limits for CalHome Disaster Assistance

<i>Number of Persons in Household</i>								
	1	2	3	4	5	6	7	8
120% of AMI	\$91,750	\$104,850	\$117,950	\$131,050	\$141,550	\$152,000	\$162,500	\$173,000

Program Terms:

All Program assistance to individual households shall be made in the form of deferred payment (interest and principal) loan. The Program loan’s term shall be for 30 years except for CalHome loans made for the acquisition of mobile homes or manufactured housing. The home purchased with City Program funds must always be owner-occupied and be the homeowner’s primary residence

The Program loan’s interest rate shall be one percent (1.0%) simple interest. All Program loan payments shall be deferred because the borrowers will have their repayment ability fully utilized under the primary loan. The Program loan maybe repaid at any time and there is no pre-payment penalty. The loan principal plus accrued interest will be all due and payable at the time of a.) when the property ceases to be the homeowner’s primary residence, b.) re-sale of the home, or c.) at the maturity date of the loan.

Loans for manufactured and mobile homes assisted with CalHome funds are eligible for forgivable 20-year deferred loans at zero percent (0%) interest. Ten percent (10%) of the

principal of the loan shall be forgiven each year beginning on the eleventh (11th) anniversary of the date of the loan.

Housing Unit Eligibility:

1. Housing units to be purchased must be located within the city limits of American Canyon. For HOME Program Fund loans, the home must be owner-occupied, vacated by the owner-occupant, or vacant for at least 90 days if previously occupied by a tenant. The funds may be used if the tenant is purchasing the rental unit they are currently occupying.
2. Housing unit types eligible include new or previously owned single-family residences; condominiums or (for CalHome) manufactured homes or mobile homes. HOME does not allow manufactured homes unless on a permanent foundation system.
3. All housing units must be in compliance with State and local codes and ordinances.

The Primary Loan:

Prior to obtaining a loan from the City, a homebuyer must provide evidence of financing for the maximum amount the Primary Lender is willing to loan (the "primary loan"). The primary loan must have a fixed interest rate that does not exceed the current market rate. The loan shall be a 30-year term that is fully amortized and have a fixed rate of interest. There shall not be a balloon payment due before the maturity date of the City's Program loan. No temporary interest rate buy-downs are permitted. All households will be required to have impound accounts for the payment of taxes and insurance to ensure they remain current.

If you need additional information, please feel free to contact the Program Operator, Housing Authority of the City of Napa by phone at, 707-257-9254 or by email: fthb@cityofnapa.org.



City of American Canyon Homebuyer Application

Date _____

Applicant's Name: _____

Email Address: _____

Phone/ Cell Phone: _____

Residence Address: _____

City, State, Zip: _____

Family Information

Applicant or Co-Applicant	Social Security Number	D-O-B	Sex	Relation
Other Adult Members/Children				
Name	Social Security Number	D-O-B	Sex	Relation

Are any members of the household Disabled? _____, Who _____
Are any members of the household Veterans? _____, Who _____

Is any member of your household, 18 years of age or older, a full-time student? If yes, please
Attached proof of enrollment to this application. Yes ____ No ____

Employment Information *(List all household members who are employed)*

Applicant's Employer: _____ Position/Title: _____

Employer's Address: _____ Length of Employment _____

Gross Monthly Income *(Income before taxes or other deductions)* _____

Previous Employer *(If less than two years at current job)* _____

Co-Applicant's Employer: _____ Position/Title: _____
 Employer's Address: _____ Length of Employment _____
 Gross Monthly Income (*Income before taxes or other deductions*) _____
 Previous Employer (*If less than two years at current job*) _____

Are any other household members employed? Yes _____ No _____
 (If yes, please describe on a separate sheet of paper in the same manner as the applicant information above.)

Income from alimony, child support, pensions, social security benefits, welfare assistance, and income from assets, stocks and bonds are included in the calculation of the applicant family's household income.

List any members receiving any non employment-related income, and the annual income from these sources:

Name	Source	Annual Income

Total Annual Gross Household Income (from all sources) \$ _____

Are any residents of the household employed by the Jurisdiction or its Program Operator?
 Yes _____ No _____

Are any residents of the household a member of the governing body or agency of government who exercises housing policy? Yes _____ No _____ If Yes to either, please explain below:

Explanation: _____

Current Housing Information

How long have you lived at your address? _____
 How long in Napa County? _____

Current monthly Rent \$ _____ Landlord Name _____ Phone _____

Do you or your co-applicant now own, individually or in-common, Yes _____ No _____
 any real property? If **yes**, where is it located? _____

Have you or your co-applicant owned any real property in the past three (3) years? Yes _____ No _____
 If **yes**, how long ago and where is it located? _____

How much money do you have available for down payment for purchase of a home?

What is the source of that money? Savings \$ _____
 Gift \$ _____

In the past two years (24 months) have you or any member of your household disposed of assets of more than \$1,000 in asset(s) for less than fair market value? Yes_____ No_____

Is this application to purchase a mobile home or manufactured home? Yes_____ No_____

Do you qualify as physically or economically displaced as a result of the 2017 Napa Fire Complex (or one of the other qualifying 2017 or 2018 federal disasters impacting Bute, Lake, Los Angeles, Mendocino, Napa, Nevada, Orange, San Diego, Santa Barbara, Shasta, Sonoma, and Ventura Counties)? Yes_____ No_____

If yes, please attach documentation of either (1) the recent rent increase (2) information regarding economic impact (job loss, income loss, loss of hours at work etc. (3) information, including address, to document the unit you occupied was physically impacted by a 2017 or 2018 qualifying disaster.

Current Assets

Savings Account(s)	Bank _____	Amount	\$ _____
	Bank _____	Amount	\$ _____
Checking Account(s)	Bank _____	Amount	\$ _____
	Bank _____	Amount	\$ _____
Stocks and/or Bonds	_____	Total Value	\$ _____
Trust Fund	_____	Total Value	\$ _____
Retirement Accounts	_____	Total Value	\$ _____

Debt Information

	Monthly Payment	Expiration Date	Balanced Owed
Auto	\$ _____	_____	\$ _____
Auto	\$ _____	_____	\$ _____
Medical	\$ _____	_____	\$ _____
Credit Cards	\$ _____	_____	\$ _____
Name of Card:			
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____
TOTAL	\$ _____		\$ _____

To apply to the Program, please submit ***copies*** of the following documents with this application:

- Past two month’s pay stubs for all working adults in the household, or any other source of income. If you are self employed please provide a current Year to Date Profit and Loss Statement.

- Federal & State income tax returns for the last three years, including W-2's or 1099's.
- Most recent investment or retirement account statement.
- Six months recent checking account statements and one most recent savings account statement include all pages of the statements.
- Loan pre-approval letter from your lender.

If an applicant is self-employed, the past three years tax returns and the current profit and loss statements will be used to calculate the applicant family's income.

Upon receipt of the above, your eligibility for the program will be determined and a letter to that effect will be sent to you.

Please indicate Ethnic/Racial Categories of Head of Household.

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

The two ethnic categories you should choose from are defined below. **You should check one** of the two categories.

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below. **You should check as many as apply to you.**

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Acknowledgment Section

I certify that this will be my primary resident of occupancy.

I/We have applied for a mortgage loan from the City of American Canyon (the Lender). In applying for the loan, I/We completed a loan application containing information pertaining to qualifications for the loan, including but not limited to current residence address, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.

I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under law.

City of American Canyon
 4381 Broadway, Suite 201
 American Canyon, CA 94503
 707-647-4336 / TTY: 711
www.cityofamericancanyon.org

Applicant’s Signature(s):

_____ Date _____
 _____ Date _____

CITY OF AMERICAN CANYON
HOME DOWN PAYMENT ASSISTANCE: Income & Asset Inclusions

Type of Income	YES or NO	Type	Received from whom?	Amount Received Annually
1 The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses, and other compensation for personal services.				
2 The net income from the operation of a business of profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.				
3 Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family.				
4 The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.				
5 Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.				
6 Welfare assistance, Welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31) program.				
7 Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.				
8 All regular pay, special pay, and allowances of a member of the Armed Forces.				

	Type of Assets:	YES or NO	Source	Value of Asset	Interest Earned Annually
1a	Cash held in savings accounts (current balance)				
1b	Cash held in checking accounts (avg. balance for last 6 mos.)				
1c	Cash held in safe deposit boxes				
1d	Other cash				
2	Cash value of revocable trusts available to the applicant.				
3	Equity in rental property or other capital investments.				
4	Cash value of stocks or bonds.				
5a	Cash value of Treasury bills, certificates of deposit and money market accounts.				
5b	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).				
6	Retirement and pension funds.				
7	Cash value of life insurance policies available before death.				
8	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.				
9	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.				
10	Mortgages or deeds of trust held by applicant.				
11	Assets (cash, property, etc.) gifted or sold below market value in last 24 months.				

APPLICANT'S CERTIFICATION

I/we certify that all information on this **City of American Canyon HOME Program Down Payment Assistance: Income and Asset Inclusions** form is true and correct to the best of my/our knowledge and I/we understand that any deliberate falsifications are grounds for rejection of the application. I/we consent to all verification of any information herein contained.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Print Name

Print Name



Housing Authority
of the City of Napa

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1462b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

Part I – Request

1. To (Name and address of employer)	2. From (Name and address of lender)
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's Number (Optional)
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) \$ _____ <input type="checkbox"/> Weekly				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
				Pay Grade		
12B. Gross Earnings				Type	Monthly Amount	
				Base Pay	\$ _____	
Type	Year To Date	Past Year	Past Year	Rations	\$ _____	
Base Pay	\$ _____	\$ _____	\$ _____	Flight or Hazard	\$ _____	
Overtime	\$ _____	\$ _____	\$ _____	Clothing	\$ _____	
Commissions	\$ _____	\$ _____	\$ _____	Quarters	\$ _____	
Bonus	\$ _____	\$ _____	\$ _____	Pro Pay	\$ _____	
Total	\$ 0.00	\$ 0.00	\$ 0.00	Overseas or Combat	\$ _____	
				Variable Housing Allowance	\$ _____	

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Bonus _____
24. Reason for Leaving		25. Position Held	

Part IV – Authorized Signature - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	

Housing Authority: 1115 Seminary Street, Napa CA 94559 | Mailing Address: P.O. Box 660, Napa CA 94559 | (707) 257-9543 phone
(707) 257-9239 fax | TTY: 711 (Telecommunication Relay Service) | www.cityofnapa.org/housing



VERIFICATION OF: Assets on Deposit

<p>HOUSING AUTHORITY OF THE CITY OF NAPA P.O. BOX 660 NAPA, CA 94559</p> <p>AUTHORIZATION: Federal Regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</p> <p>Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.</p>	Checking Account No. _____ _____	Average Monthly Balance for Last 6 Months _____ _____	Current Interest rate _____ _____		
	Savings Account No. _____ _____	Current Balance _____ _____	Current Interest Rate _____ _____	Current Interest Rate _____ _____	
	Certificate of Deposit Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____		
<p>Retirement Savings (IRA, Keogh, 401(k))</p>	Account No. _____ _____	Amount _____ _____	Withdrawal Penalty _____ _____	Current Interest Rate _____ _____	
<p>Money Market Funds</p>	Money Market Funds _____ _____	Amount (Average 6-month Balance) _____ _____	Interest Rate _____ _____		
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p><input checked="" type="checkbox"/> (Signature of Applicant)</p> <p>Date: _____</p> <p>Or a copy of the executed "HOME Program Eligibility Release Form," which authorizes the release of the information requested, is attached.</p>	Signature of _____ or Authorized Representative _____ Title: _____ Date: _____ Telephone: _____				
<p>WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>					