



**DEVELOPMENT SERVICES DEPARTMENT**

Telephone (909) 931-4300

Facsimile (909) 931-4123

Dear Applicant,

Thank you for your interest in The City of Upland's First-Time Homebuyer's (FTHB) Program. The FTHB Program is designed to provide qualified families with down payment assistance necessary to secure financing towards the purchase of a home in Upland. This program provides assistance towards the home purchase price in the form of a deferred second mortgage loan.

By submitting a complete application and **all** required documentation (**see checklist**) you will be evaluated for the FTHB Program. This is the first step that must be completed prior to looking for a house or a lender. The Income and Verification form must be signed by you with your employer's name and address printed on the form and returned with the application. We will send it to your employer, if applicable.

The City will notify you of your eligibility within two weeks of submitting a completed application. If you receive a preliminary approval letter from the City, it will explain what further steps are to be taken.

A copy of the FTHB Program's latest Program Policies is also attached for your reference. If you have any questions, please call me at (909) 931-4334.

Sincerely,

Deyanira Pelayo-Brito  
Housing Coordinator





## LOAN APPLICANT'S CERTIFICATION AND AUTHORIZATION

LENDER: City of Upland

APPLICANT(S): \_\_\_\_\_

PROPERTY: \_\_\_\_\_

By signing below, I agree to the following:

1. I certify that I have submitted a complete and accurate loan application containing various information including without limitation, the amount and source of any down payment, my employment and income information, and information on my assets and liabilities. I certify that all of the information submitted is true and correct and that I have made no misrepresentation in the loan application or in any other related document, nor did I omit any pertinent information.
2. If my loan request is approved, I authorize the Lender to obtain additional employment, credit or other information in connection with any update, renewal, or extension of the loan or for the solicitation of any loan or insurance products.
3. If I have submitted a loan request under the Lender's Program, I understand and agree that the Lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information, which I have provided on my loan application such as employment, income, financial, assets and outstanding obligations.
4. I understand that the Lender, or anyone authorized by the Lender, may inspect the Property securing the proposed loan for the purposes of determining its market value and to make sure that it otherwise meets Lender's property requirements for the type of loan requested and in connection with any post closing audit review.
5. I understand and agree that the Lender, its agents, successors and assigns, may verify and re-verify information contained in my loan application and in any and all other documents required in connection with the loan, during loan processing and, if the loan request is approved, after loan closing as part of a post closing audit review.
6. I authorize the Lender, its agents, successors and assigns, to order one or more consumer credit reports and to obtain any and all information pertaining to my income, assets, employment, obligations as well as other information that the Lender may need in order to consider my application for loan financing under the Lender's loan program guidelines.

Applicant Signature:	Date:
Co-Applicant Signature:	Date:



# HOME Funded First-Time Homebuyer Applicant Package



**CITY OF UPLAND DEVELOPMENT SERVICES DEPARTMENT**  
**First-Time Homebuyer's Program**

The First-Time Homebuyer's ("FTHB") Program makes available a limited number of deferred payment (principal and interest; no monthly payment with 0% or 3% simple interest) second mortgages, in amounts up to 30 percent of the purchase price. (The percentage/Amount of the assistance will change time to time). This program is specifically designed to provide qualified families with down payment subsidy assistance necessary to secure financing towards the purchase of a single family home in Upland.

**What are the eligibility requirements?**

1. Eligible applicants are households with combined family income which does not exceed 80% of the County median income adjusted by family size. Staff shall determine income eligibility pursuant to the guidelines provided on Attachment I. Program loans may only be made to applicants having a good credit history and who use the property as their principal residence. Mobile-home purchases are ineligible under this Program.
2. Eligible applicants are those who have not owned a home during the last three years immediately previous to the purchase of a home with Program assistance. Notwithstanding the forgoing, eligible applicants also include those who are a "displaced homemaker" or a "single parent" with custody or joint custody of minor children, a person who has not (within the preceding two years) worked on a full time basis as a member of the labor force during a consecutive twelve-months period.
3. Those who own or have owned, as a principal residence during the three-years period before the purchase of a home with HOME assistance, a dwelling unit that is not permanently affixed to a permanent foundation in accordance with the local and state regulations, or does not comply with the state or local building codes and cannot be brought into compliance with such codes for less than the cost of constructing a permanent structure are also eligible.
4. Eligible applicants must be able to contribute a minimum of 1% of the purchase price plus closing costs. Co-owners, other than owner occupants, will not be permitted.
5. City Council Members, Development Services Department members, all Development Department employees and any employee, official or agent of the City or Agency who exercises any policy or program decision-making function in connection with the Program, are ineligible for assistance under the Program.

**Income Requirements**

In order to qualify for mortgage assistance, the applicant's total annual household income must not exceed the current income limits (see attachment II) Source: *State of California Dept. of Housing and Community Development – HCD*

**Purchase Price Limit**

The purchase price limit for the program shall not exceed the HOME Program Maximum Purchase Price/After Rehab Value Limit for San Bernardino County, periodically updated by the U.S. Department of Housing and Urban Development (HUD) **or** HCD approved Sales Price Increase under 24 CFR 92.254(a)(ii)(3).

**How much can I borrow?**

The City of Upland can assist with down payment assistance only, in amounts of up to 30 percent of the purchase price of your home. (The percentage may change from time to time as approved by City Council)

### **What type of properties are eligible?**

Single-family residential properties, and single family residential, condominiums and townhome properties located within the City of Upland are eligible. In addition, this program is for existing housing stock and new homes.

### **How much money does the borrower need to qualify?**

To qualify for the FTHB assistance the borrower needs to have a minimum of 1% of purchase price plus closing costs in hand. The **First lender's requirements** may vary from this requirement.

### **What are the repayment terms of this loan?**

The FTHB Program loan is secured by a second Deed of Trust. FTHB loans are deferred until sale, or transfer or 30 years have lapsed. Program loans bear simple interest at 0% or 3% for the first 20 years due and payable at the end of the 30 year loan term.

### **Lender Requirements**

Applicants must have sufficient income and creditworthiness to qualify for primary financing as defined by their selected lender.

### **Building Standards**

The home to be purchased will be inspected by the Housing Coordinator of City of Upland prior to final second loan approval. The selected home must be in compliance with City's building, zoning, code requirements, health and safety and housing quality standards requirements in conjunction with the City of Upland's uniform building and housing codes.

### **Flood Insurance Requirements**

The entire Upland community is classified as Zone "X", an area of minimal flood risk. No flood insurance is required for HOME eligible applicants.

### **REAL PROPERTY ACQUISITION REQUIREMENTS**

**Real Property Acquisition requirements dictate that an "acquisition notice" containing the items listed below is provided to the seller prior to, or at the same time as the purchase offer is presented by the buyer's agent:**

THE REAL ESTATE AGENTS RESPONSIBILITY IS TO GIVE THIS NOTICE TO THE SELLER BEFORE PRESENTING ANY PURCHASE OFFER FOR A FTHB AND TO INFORM THE SELLER OF THE FOLLOWING:

1. Buyer does not have the power of eminent domain and, therefore, will not acquire the property if negotiations fail to result in an amicable agreement.
2. Buyer or buyer's agent estimate of the fair market value. (An appraisal is not required; however, the grantee's files must include an explanation, with reasonable evidence, of the basis for the estimate-like comparable.) Home must be vacant at least 3 months, owner-occupied, new or being purchased by occupant.
3. The buyer shall provide this information to the seller before making the purchase offer.

4. If the buyers Agent does not provide the seller with an acquisition Notice prior to the purchase offer, a provision in the contract should empower the seller to withdraw from the agreement after this information is provided.

Whenever feasible, this information shall be provided to the seller by the buyer before making the purchase offer.

**Hazard Insurance requirement**

The City requires that the borrower name the City of Upland on their insurances as a loss payee during the term of the FTHB loan. The borrower will instruct their insurance company to provide a copy of their renewed insurance to the City each year.



**UPLAND DEVELOPMENT SERVICES DEPT.  
First-Time Homebuyer's Program**

Please fill out the attached application as completely and as accurately as possible. The information provided herein shall be kept confidential and shall be used for the purpose of determining eligibility and collecting statistical data for the City of Upland's FTHB Program.

Please attach **COPIES** of the following to your application:

- 1) Last three years of **signed** federal and state income tax returns (include copy of W-2 Forms). ( )
- 2) A minimum of two months of current consecutive pay check stubs for all working current members. ( )
- 3) Verification of **all** other non-working income received by all household members (Social Security/Disability Award letters, etc.) ( )
- 4) Verification of **all** asset holdings, including 6 months current consecutive checking statements and 1 month savings account current statement ( )
- 5) Provide a photocopy of driver's license, passport, CA Identification, or Resident Alien Card for every applicant. ( )
- 6) Proof of 1% of purchase price plus closing costs in hand by buyer: i.e. copy of bank statement or other documentation ( )
- 7) Pre-qualification letter from a Mortgage lender (First Loan) to include the qualified loan amount. ( )
- 8) Provide School Class Schedule (including total units) for **all** Full-Time students 18 years or older (*Verification of Full-Time Student Status Form must be signed*). ( )

**Other documentation may be required to determine program eligibility.**

Please submit these application materials to:

City of Upland- Housing Coordinator  
P.O. Box 460  
Upland, CA 91785

**Incomplete applications will not be processed.** W2's are not accepted in lieu of tax returns. In order for application to be processed, all required tax returns must accompany application. If Federal tax returns cannot be located, contact the IRS at 1- 800 - 829-3676 for IRS Summary Form 4506. If this is an emergency contact your local IRS District Office and request and submit IRS Summary Form 1722. The City may process the application when a release form is signed.

If State tax returns cannot be located, contact the State Franchise Board at 1-800-852-5711 for State Form 3516.



**CONSENT AND DECLARATION**

I /We, as undersigned, hereby consent to allow authorized representatives of the City of Upland (the “City”) to enter my/our single family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned and the representatives of the City. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my /our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the attached First-Time Homebuyer Program Policies.

The undersigned certify the following: I/We have applied for a loan under the First-Time Homebuyer Program funded by the City. In applying for assistance, I /We completed an application containing various information for the purpose of obtaining a loan. I/We understand and agree that the City cannot ensure that information provided by me/us or on my/our application will be kept confidential notwithstanding that the City intends to maintain my/our application package in a confidential file.

I/We understand and agree that the City, reserves the right to change the review process to a full documentation program on a case-by-case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City, including, but not limited to providing further confirmation or documentation as the City may request from time to time.

I /We further acknowledge and understand that by receiving assistance through this program, I (we) consent to abide by all past, present and future State Federal Regulations governing the use of Local State and/or Federal Funds.

I (we) understand and agree that the City reserves the right to change the requirements of this application and program at any time without notice.

\_\_\_\_\_  
Applicant’s Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Co-Applicant’s Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature



**CITY OF UPLAND  
FIRST-TIME HOMEBUYER PROGRAM  
460 N. Euclid Avenue, Upland, CA 91786  
(909) 931-4300**



**First-Time Homebuyer Program**

**PROGRAM APPLICATION**

Please complete all entries. Where items are non-applicable, enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

Address of the Property to be Acquired	
Mailing Address	

APPLICANT		CO-APPLICANT	
Name		Name	
Date of Birth	Gender	Date of Birth	Gender
Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated		Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated	
Number of Dependents		Number of Dependents	
Day Telephone No.	Evening Telephone No.	Day Telephone No.	Evening Telephone No.

**Household – Please enter the requested information for all property residents (attach additional sheets, if necessary)**

Applicant Name	Age	<b>Self</b>	Employment Status	Social Security Number
Co-Applicant Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Name	Age	Relationship	Employment Status	Social Security Number
Enter Household Size: _____ persons				

**Please provide current "School Transcripts" for all Full-Time Students 18 years or older.**



**Employment and Income – Please complete the following**

APPLICANT		CO-APPLICANT	
Current Employer		Current Employer	
Employer Address		Employer Address	
Business Phone		Business Phone	
Position/Title		Position/Title	
Length of Time Currently Employed		Length of Time Currently Employed	
Previous Employer (If employed less than three years at current employer)		Previous Employer (If employed less than three years at current employer)	
Previous Employer Address (If employed less than three years at current employer)		Previous Employer Address (If employed less than three years at current employer)	
Previous Business Phone (If employed less than three years at current employer)		Previous Business Phone (If employed less than three years at current employer)	
Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment		Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment	

INCOME EARNED BY OTHER HOUSEHOLD MEMBERS				
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment	Annual Income
Household Member Name	Employer Name	Employer Address	Current Hourly Rate of Pay <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employment	Annual Income

**All additional sources of income must be disclosed, whether taxable or not. List all additional sources of income within the household:**

EMPLOYMENT EARNINGS FROM APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM CO-APPLICANT		Annual Income
EMPLOYMENT EARNINGS FROM OTHER HOUSEHOLD MEMBERS		Annual Income
Pension/Retirement/Veteran Benefits/Social Security (Specify)	Recipient	Annual Income
Alimony/Child Support/Foster Care (Specify)	Recipient	Annual Income
Unemployment/Disability (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
Other (Specify)	Recipient	Annual Income
TOTAL ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS		Annual Income

**Financial Information - Please list all applicable Savings and Checking Account Information for each account held**

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Name of Primary/Secondary Account Holder:	Current Account Balance:

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Name of Primary/Secondary Account Holder:	Current Account Balance:

Name of Bank/Saving and Loan/Credit Union/Other Financial Institution:	Account Number:
Address:	Savings or Checking:
Name of Primary/Secondary Account Holder:	Current Account Balance:

**Please list All Other Asset Accounts and their respective values (checking/savings/stocks/401K/bonds/annuities/pensions/cash value of life insurance policies, etc.)**

Account Category	Current Cash Value
Total Value of Checking/Savings Accounts Indicated Above	\$
Total Value of Other Cash Accounts	\$
Total Value of Cash on Hand	\$
Stocks/Bond/Other Investment Accounts	\$
Life Insurance Net Cash Value	\$
Net Worth of Business	\$
Other Assets (IRA/Roth IRA):	\$
Other Assets (401K):	\$
Other Assets (Pension/Veteran Benefits):	\$
Other Assets (list):	\$
Total Assets	\$

Do you currently own, or have an interest in any real estate (residential, commercial, or other real property), other than the property which you are seeking to acquire under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete and submit the attached Schedule of Real Estate Owned
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List applicable information regarding all of your Loan Obligations - (Attach additional sheets as necessary)

Creditor / Financial Institution	Account Number	Monthly Payment Amount	Current Outstanding Balance
Creditor:			

Please answer all of the following:

	Applicant	Co-Applicant
Have you owned a residential property within the last three years of this application? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any judgments currently outstanding against you? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last seven years? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you has a property foreclosed on, or given a deed-in-lieu in the last 7 years? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (e.g.: mortgages, SBA loans, home improvement loans, any financial obligation, bond or loan guaranty, etc.) ? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any members of your household disabled? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Ethnicity/Head of Household (For Statistical Purposes Only) - Demographic information will be held strictly confidential, and is not considered as a factor in the review of your grant application. However, in accordance with Department of Housing and Urban Development (HUD) requirements, this information must be collected for your participation in this program. Please complete the following:**

HEAD OF HOUSEHOLD	
Female Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
RACIAL BACKGROUND	
SINGLE CATEGORIES	DOUBLE CATEGORIES
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – For individuals that do not identify with any of the above	<input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native and Black or African American
ETHNIC BACKGROUND	
<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <ul style="list-style-type: none"> <li><input type="checkbox"/> Mexican-American</li> <li><input type="checkbox"/> Puerto Rican</li> <li><input type="checkbox"/> Cuban</li> <li><input type="checkbox"/> Other Hispanic/Latino _____</li> </ul>	

**Complete this section for the property to be acquired, if known at the time of the application.**

Property Street Address:			
APN:			
Purchase Price:	\$	Amount of First Loan Commitment:	\$
Company Name of First Lender:			
First Lender Contact Person:			
First Lender Telephone No.:	(      )		
FTHB Loan Request Amount:	\$		
Title is held by Seller in What Name(s):			
Manner in which Title will be held:			

I hereby certify that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I do not qualify for the First-Time Homebuyer Program, I understand that I am liable for all costs incurred through the program.

Applicant Signature:	Date:
Co-Applicant Signature:	Date:

**PLEASE REMEMBER TO ATTACH ALL INFORMATION REQUESTED IN THE GENERAL  
QUALIFICATIONS SHEET.  
DO NOT SEND ORIGINALS.**

**ATTACHMENT B**

**CITY OF UPLAND**

**HOME Investment Partnerships Program (HOME): Income & Asset Inclusions**

<b>Type of Income</b>	<b>YES or NO</b>	<b>Type</b>	<b>Received from whom?</b>	<b>Amount Received Annually</b>
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.				

<b>Type of Assets:</b>		<b>YES or NO</b>	<b>Source</b>	<b>Value of Asset</b>	<b>Interest Earned Annually</b>
<b>1a</b>	Cash held in savings accounts (current balance)				
<b>1b</b>	Cash held in checking accounts (avg. balance for last 6 mos.)				
<b>1c</b>	Cash held in safe deposit boxes				
<b>1d</b>	Other cash				
<b>2</b>	Cash value of revocable trusts available to the applicant.				
<b>3</b>	Equity in rental property or other capital investments.				
<b>4</b>	Cash value of stocks or bonds.				
<b>5a</b>	Cash value of Treasury bills, certificates of deposit and money market accounts.				
<b>5b</b>	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).				
<b>6</b>	Retirement and pension funds.				
<b>7</b>	Cash value of life insurance policies available before death.				
<b>8</b>	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.				
<b>9</b>	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.				
<b>10</b>	Mortgages or deeds of trust held by applicant.				
<b>11</b>	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 UPLAND HOME Investment Partnerships Program (HOME): 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

**ATTACHMENT "C"**

**Certification**

The undersigned certify the following:

1. I/We have applied for a loan from the City of Upland (the "City"). In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, employment and income information, and assets and liabilities. I/We certify under penalty of perjury that all of the information is true and complete and that I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that the City, reserves the right to change the loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.
3. I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage/trust deed, as applicable under the provisions of Title 18, United States Codes, Section 1014.

**Authorization to Release Information**

To whom it may concern:

1. I/We have applied for a loan from the City. As part of the application process, the City may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to the City, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income, bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. The City may address this authorization to any party named in the loan application, (credit reporting bureau, etc.).
4. A copy of this authorization may be accepted as an original.
5. Your Prompt reply to the City is appreciated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number



**CITY OF UPLAND**  
**FIRST-TIME HOMEBUYER PROGRAM**  
 460 N. Euclid Avenue, Upland, CA 91786  
 (909) 931-4300

**ATTACHMENT D**

**Income Limits  
(HOME FUNDED PROJECT)**

<b>HOUSEHOLD SIZE</b>	<b>MEDIAN- INCOME</b> (80% of Area Median)
<b>1</b>	<b>\$42,200</b>
<b>2</b>	<b>\$48,200</b>
<b>3</b>	<b>\$54,250</b>
<b>4</b>	<b>\$60,250</b>
<b>5</b>	<b>\$65,100</b>
<b>6</b>	<b>\$69,900</b>
<b>7</b>	<b>\$74,750</b>
<b>8</b>	<b>\$79,550</b>

*Source: State of California Dept. of Housing and Community Development – HCD (Effective 06/29/2020)*

REQUEST FOR VERIFICATION OF EMPLOYMENT

ATTACHMENT "E" - APPLICANT

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/or 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 1452b (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.

Part I - Request

1. To (Name and Address of Employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. From (Name and Address of Lender)

Development Services Dept. – Housing Programs  
CITY OF UPLAND  
460 North Euclid Avenue  
Upland, CA 91786

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 party.

3. Signature of Lender

4. Title

5. Date

6. Lender's No. (Optional)

\_\_\_\_\_

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

Part II – Verification of Present Employment

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

\_\_\_\_\_

12A. Current Gross Base Pay (Enter Amount and Check Period)

Pay Grade \_\_\_\_\_  
 Annual  Hourly  
\$ \_\_\_\_\_  Monthly  Other (Specify) \_\_\_\_\_  
 Weekly \_\_\_\_\_

13. For Military Personnel Only

Type Monthly Amt.  
Base Pay \$ \_\_\_\_\_  
Rations \$ \_\_\_\_\_  
Flight or Hazard \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Quarters \$ \_\_\_\_\_  
Proficiency Pay \$ \_\_\_\_\_  
Overseas or Combat \$ \_\_\_\_\_  
Variable Housing \$ \_\_\_\_\_

14. If Overtime or Bonus is Applicable

Overtime  Yes  No  
Bonus  Yes  No

12B. Three Years Gross Earnings

Type	Year-to-Date	Last Year	Prior Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

15. If paid hourly, average

hours/wk \_\_\_\_\_

16. Date of Applicant's next pay

increase \_\_\_\_\_

17. Projected Amount of pay

increase \$ \_\_\_\_\_

18. Date of Applicant's last pay

increase \_\_\_\_\_

19. Amount of last pay increase

\$ \_\_\_\_\_

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 \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_ 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 number

\_\_\_\_\_

REQUEST FOR VERIFICATION OF EMPLOYMENT

ATTACHMENT "E" - CO-APPLICANT

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/or 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 1452b (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.

Part I - Request

1. To (Name and Address of Employer)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. From (Name and Address of Lender)

Development Services Dept. - Housing Programs  
CITY OF UPLAND  
460 North Euclid Avenue  
Upland, CA 91786

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 party.

3. Signature of Lender

4. Title

5. Date

6. Lender's No. (Optional)

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

Part II - Verification of Present Employment

9. Applicant's Date of Employment

10. Present Position

11. Probability of Continued Employment

12A. Current Gross Base Pay (Enter Amount and Check Period)

Pay Grade \_\_\_\_\_  
 Annual  Hourly  
\$ \_\_\_\_\_  Monthly  Other (Specify) \_\_\_\_\_  
 Weekly \_\_\_\_\_

13. For Military Personnel Only

Type Monthly Amt.  
Base Pay \$ \_\_\_\_\_  
Rations \$ \_\_\_\_\_  
Flight or Hazard \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_  
Quarters \$ \_\_\_\_\_  
Proficiency Pay \$ \_\_\_\_\_  
Overseas or Combat \$ \_\_\_\_\_  
Variable Housing \$ \_\_\_\_\_

14. If Overtime or Bonus is Applicable

Overtime  Yes  No  
Bonus  Yes  No

12B. Three Years Gross Earnings

Type	Year-to-Date	Last Year	Prior Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

15. If paid hourly, average hours/wk \_\_\_\_\_

16. Date of Applicant's next pay increase \_\_\_\_\_

17. Projected Amount of pay increase \$ \_\_\_\_\_

18. Date of Applicant's last pay increase \_\_\_\_\_

19. Amount of last pay increase \$ \_\_\_\_\_

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 \$ \_\_\_\_\_ Commissions \$ \_\_\_\_\_ 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 number

**ATTACHMENT "F"**  
**California Fair Lending Notice**

Under the Housing Financial Discrimination (Holden) Act of 1977, it is unlawful to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trends, characteristics or conditions in the neighborhood of geographic area surrounding a housing accommodation, unless the financial institution can demonstrate in the particular case that such consideration is required to avoid an unsafe and unsound business; or
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is unlawful to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographical area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one-to-four unit family residences occupied by the owner and for the purpose of the home improvement of any one-to-four unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact:

Department of Real Estate  
2201 Broadway  
P.O. Box 187000  
Sacramento, CA 95808-7000

**Equal Credit Opportunity Act (ECOA) Notice**

To: All borrowers for a real property secured loan to purchase, construct, rehabilitate, improve or refinance an owner-occupied one- to four-family residence; and all owner-applicants for a real property secured home improvement loan to improve a one- to four-family residence (whether or not owner-occupied)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing that the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derive from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. In addition to your rights under federal law, you may also have other rights afforded under state law. The federal agency that administers compliance with this law concerning this lender is the:

Consumer Response Center  
Federal Trade Commission  
Washington, DC 20580.

**Acknowledgment of Receipt**

I/We have received a copy of the California Fair Lending Notice and the Equal Credit Opportunity Notice.

Borrower Name (Printed)	Borrower Signature	Date
Borrower Name (Printed)	Borrower Signature	Date



<b>SCHEDULE OF REAL ESTATE OWNED</b>									
Property Address	Type of Property (Residential/ Commercial/ Vacant)	Market Value	Outstanding Mortgage/ Loan Amounts	Monthly Gross Rents	Monthly Loan Payments	Taxes and Insurance	Other Monthly Operating Expenses	Monthly Income	
<b>TOTALS</b>									

## ATTACHMENT “H”

### 24 CFR Part 5 ANNUAL INCOME INCLUSIONS AND EXCLUSIONS

#### 24 CFR Part 5 Annual Income Inclusions

##### §5.609 Annual income.

(a) *Annual income* means all amounts, monetary or not, which:

- (1) Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
- (2) Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and
- (3) Which are not specifically excluded in paragraph (c) of this section.
- (4) Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

(b) Annual income includes, but is not limited to:

- (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 or 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 Service regulations. Any withdrawal of cash or assets from the operation of a business or profession 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 as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (b)(2) of this section. 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. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD;
- (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 a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (except as provided in paragraph (c)(14) of this section);
- (5) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in paragraph (c)(3) of this section);

(6) *Welfare assistance payments.*

(i) Welfare assistance payments made under the Temporary Assistance for Needy Families (TANF) program are included in annual income only to the extent such payments:

- (A) Qualify as assistance under the TANF program definition at 45 CFR 260.31; and
- (B) Are not otherwise excluded under paragraph (c) of this section.

(ii) If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of:

- (A) The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus

(B) The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from one application of the percentage.

(7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;

(8) All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

(9) For section 8 programs only and as provided in 24 CFR 5.612, any financial assistance, in excess of amounts received for tuition and any other required fees and charges, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 *et seq.*), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002)), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.

## 24 CFR Part 5 Annual Income Exclusions

(c) Annual income does not include the following:

(1) Income from employment of children (including foster children) under the age of 18 years;

(2) Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);

(3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);

(4) Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;

(5) Income of a live-in aide, as defined in §5.403;

(6) Subject to paragraph (b)(9) of this section, the full amount of student financial assistance paid directly to the student or to the educational institution;

(7) The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;

(8) (i) Amounts received under training programs funded by HUD;

(ii) Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

(iii) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;

(iv) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the PHA or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, resident initiatives coordination, and serving as a member of the PHA's governing board. No resident may receive more than one such stipend during the same period of time;

(v) Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment training program;

(9) Temporary, nonrecurring or sporadic income (including gifts);

(10) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

(11) Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household and spouse);

(12) Adoption assistance payments in excess of \$480 per adopted child;

(13) [Reserved]

(14) Deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts, or any deferred Department of Veterans Affairs disability benefits that are received in a lump sum amount or in prospective monthly amounts.

(15) Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

(16) Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

(17) Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24 CFR 5.609(c) apply. A notice will be published in the FEDERAL REGISTER and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary. [See <https://www.federalregister.gov/documents/2014/05/20/2014-11688/federally-mandated-exclusions-from-income-updated-listing> for most recent notice]

(d) *Annualization of income.* If it is not feasible to anticipate a level of income over a 12-month period (*e.g.*, seasonal or cyclic income), or the PHA believes that past income is the best available indicator of expected future income, the PHA may annualize the income anticipated for a shorter period, subject to a redetermination at the end of the shorter period.

## ATTACHMENT I"

### PART 5 ANNUAL INCOME NET FAMILY ASSET INCLUSIONS AND EXCLUSIONS

This table presents the Part 5 asset inclusions and exclusions as stated in the HUD Technical Guide for Determining Income and Allowances for HOME Program (Third Edition; January 2005).

Statements from 24 CFR Part 5 – Last Modified: January 2005

#### Inclusions

1. Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance. Assets held in foreign countries are considered assets.
2. Cash value of revocable trusts available to the applicant.
3. Equity in rental property or other capital investments. Equity is the estimated current market value of the asset less the unpaid balance on all loans secured by the asset and all reasonable costs (e.g., broker fees) that would be incurred in selling the asset. Under HOME, equity in the family's primary residence is not considered in the calculation of assets for owner-occupied rehabilitation projects.
4. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts.
5. Individual retirement, 401(K), and Keogh accounts (even though withdrawal would result in a penalty).
6. Retirement and pension funds.
7. Cash value of life insurance policies available to the individual before death (e.g., surrender value of a whole life or universal life policy).
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 an applicant.

#### Exclusions

1. Necessary personal property, except as noted in number 8 of Inclusions, such as clothing, furniture, cars and vehicles specially equipped for persons with disabilities.
2. Interest in Indian trust lands.
3. Assets not effectively owned by the applicant. That is, when assets are held in an individual's name, but the assets and any income they earn accrue to the benefit of someone else who is not a member of the household and that other person is responsible for income taxes incurred on income generated by the asset.
4. Equity in cooperatives in which the family lives.
5. Assets not accessible to and that provide no income for the applicant.
6. Term life insurance policies (i.e., where there is no cash value).
7. Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation.