

Down Payment Loans

First Time Homebuyer Down Payment Assistance

- To qualify you must be an income eligible first time homebuyers (See Reverse)
- 1.0% minimum buyer contribution
- 30 Year deferred payment, "Silent Second" loans
- 1.0% Interest Rate
- Loan Amount: up to 30% of the purchase price
- Maximum Purchase Price: \$496,000
- Purchase homes or condos within the city limits of American Canyon
- Homes must be owner-occupied or vacant for at least 90 days



For additional Information please contact Andrea Clark at
707-257-9254 or visit the City's webpage at
www.cityofamericancanyon.org



CITY OF
AMERICAN
CANYON



Napa County Income Limits

ANNUAL INCOME LIMIT	
Persons Per Household	80%
	Median
	Income
1	55,650
2	63,600
3	71,550
4	79,500
5	85,900
6	92,250
7	98,600
8	104,950



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 _____

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, any real property? If **yes**, where is it located? Yes _____ No _____

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 \$ _____

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:

- Two most recent 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

Contact: Andrea Clark

1115 Seminary Street, Napa, CA 94559

707-257-9254 Email: aclark@cityofnapa.org

Verification of Assets Disposed

I/We certify that during the 2 -year (24-month) period preceding the effective date of my certification or recertification of eligibility for program participation, I/we _____ have _____ have not disposed of more than \$1,000 in asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	

Amount received for asset(s) disposed of:

1. _____
2. _____
3. _____

Signature of Applicant

Date

**HOUSING AUTHORITY OF THE CITY OF NAPA
EMPLOYMENT VERIFICATION FORM**

Date: _____

Re: _____ Social Security Number: _____

1. Employed since _____ Occupation _____

2. SALARY: Gross pay received per month \$ _____ # of Paychecks a Year _____

Or

Base Rate \$ _____ per hour; or \$ _____ Week; or \$ _____ Month

No. Regular work Hours per week _____ at base pay rate: _____

Total pay anticipated in the next 12 months \$ _____

Overtime pay rate: \$ _____ / Hour

Expected Weekly average number of Over Time hours
next 12 months _____

Overtime for past 12 months \$ _____

Date present rate became effective _____

Date Anticipated salary increase? _____ Anticipated Amount: \$ _____

Any other compensation not included above (specify for commissions, bonuses, meals, tips etc):

For _____ \$ _____ per _____

3. Is pay received for vacation? Yes No Number of days per year? _____

Is pay received for sick leave? Yes No Number of days per year? _____

4. Total pay received during past 12 months \$ _____

5. Does Employee have access to retirement account? Yes No If yes, what amount
can they access: \$ _____

6. Termination date: _____

Employer Name: _____ Signature _____

Date _____ Title _____

By: _____ Date: _____
Employee –

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>	<p>Checking Account No.</p> <p>_____</p> <p>_____</p>	<p>Average Monthly Balance for Last 6 Months</p> <p>_____</p> <p>_____</p>	<p>Current Interest rate</p> <p>_____</p> <p>_____</p>	
	<p>Savings Account No.</p> <p>_____</p> <p>_____</p>	<p>Current Balance</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>
	<p>Certificate of Deposit Account No.</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>_____</p> <p>_____</p>	<p>Withdrawal Penalty</p> <p>_____</p> <p>_____</p>	
<p>Retirement Savings (IRA, Keogh, 401(k))</p>	<p>Account No.</p> <p>_____</p> <p>_____</p>	<p>Amount</p> <p>_____</p> <p>_____</p>	<p>Withdrawal Penalty</p> <p>_____</p> <p>_____</p>	<p>Current Interest Rate</p> <p>_____</p> <p>_____</p>
<p>Money Market Funds</p>	<p>Money Market Funds</p> <p>_____</p> <p>_____</p>	<p>Amount (Average 6-month Balance)</p> <p>_____</p> <p>_____</p>	<p>Interest Rate</p> <p>_____</p> <p>_____</p>	
<p>RELEASE: I hereby authorize the release of the requested information.</p> <p> _____</p> <p>(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>	<p>Signature of _____ or Authorized Representative</p> <hr/> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>			
<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>				