

1619 Paramount Blvd.
Montebello, Ca 90640
(323) 722-3955

MONTEBELLO HOUSING DEVELOPMENT CORPORATION
INTAKE ASSESSMENT
APPLICATION CHECKLIST

*Please be sure to provide the following items: **MUST BRING COPIES OF ALL DOCUMENTS***

- _____ Application: Filled out completely and signed by all participants
- _____ Copies of paycheck stubs for all applicants for the last 30 days (must be consecutive)
- _____ Copies of the last three (3) years Federal Tax Returns (1040) all taxpayers to sign 2nd page
- _____ Copies W-2 Statements
- _____ Copies of verification of other household members. Must be a valid form of US identity such as a California identification or birth certificate for minors
- _____ Copies of past two (2) months bank statements as proof of assets and ability to provide down payments. All pages
- _____ Copies of all applicants US identity and social security card
- _____ Copies of all current expenses (credit card statements, utility bills, school payments etc)
- _____ Copy of Montebello Housing Development Corporation homebuyer education certificate
- _____ Copy of proof of last 12 months rental history (12 months canceled checks)
- _____ Copy of MHDC Homebuyer Education certificate dated within a year
- _____ Please call to make an appointment once you have collected all the required information at **(323) 722-3955**

Application received by: _____ Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
RELEASE and APPROVAL TO PROVIDE VERIFICATION

MONTEBELLO HOUSING DEVELOPMENT CORPORATION
HOUSING ASSISTANCE
APPLICATION

Date _____

THERE ARE IMPORTANT LEGAL CONSEQUENCES TO THIS APPLICATION.
PLEASE READ IT CAREFULLY BEFORE SIGNING.

Personal Information

1. Applicant(s) legal name(s) _____
(First) (Last)

2. Applicant(s) current address: _____
(First) (Last)

(Street) (City) (Zip code)

(Street) (City) (Zip code)
Applicant Co-applicant

3. Telephone numbers Home: _____

Work: _____

Cell/Mess: _____

Email _____

4. Social Security Number: _____

5. Drivers License Number: _____

6. We were married on _____ at _____

7. Wife's maiden name _____

Demographics

Marital Status Circle One: Married Single Divorce Widowed

Education Circle One: College Some College High School/GED
 Vocational None

Race Circle One: Hispanic Asian Black Non-Hispanic Other
 White Chose not to respond

Gender: Circle One: Female Male

Would you like be placed on our mailing list? Yes or No

Are you a veteran or active in the military? Yes or No

Eligibility Criteria

8. Gross Household Income: \$ _____ (Defined as total annual income before taxes for the combined household). Please note that all income information will be verified.

9. Current Employer(s):

Name: _____

Address: _____

Name: _____

Address: _____

10. Number of occupants of the household: _____

11.

Name	Relationship to Applicant	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Are applicant(s) legal resident(s) of the United States? Yes _____ No _____

13. Have applicant(s) owned the home? Yes _____ No _____

14. Do applicants currently own a home? Yes _____ No _____

15. Have applicants owned a home within the past three years? Yes _____ No _____

16. Previous residences (over the preceding three year period)

For each place of residence, indicate address of residence, whether residence was owned or rented, beginning and ending date of residence, beginning and ending date of time period lived at each residence; name, address and phone number where landlord may be contacted:

A. Owned _____ Rented _____

From _____ to _____ Total Time _____ years _____ months

Address: _____
(Street) (City) (Zip code)

Landlord/Owner Information:

Address: _____
(Street) (City) (Zip code)

Telephone: _____

B. Owned _____ Rented _____

From _____ to _____ Total Time ____ years ____ months

Address _____
(Street) (City) (Zip code)

Landlord/Owner Information:

Address: _____
(Street) (City) (Zip code)

Telephone: _____

Applicant's signature Date

Co-applicant's signature Date

Employment History

APPLICANT:

NAME: _____
(Last) (First) (M.I.)

EMPLOYER: _____

ADDRESS: _____
(Street) (City) (Zip code)

TELEPHONE: _____

OCCUPATION: _____

Length of Employment: ____ Years ____ Months Monthly Gross Income: \$ _____

TOTAL MONTHLY GROSS INCOME:

Applicant: \$ _____ Co-applicant: \$ _____

OTHER MONTHLY INCOME:

SOURCE of INCOME

	APPLICANT	CO-APPLICANT
Interest from CD's	_____	_____
Social Security	_____	_____
Unemployment	_____	_____
Interest from Savings	_____	_____
Child Support	_____	_____
Foster Care	_____	_____
Pension	_____	_____
Alimony	_____	_____
AFDC	_____	_____
Other	_____	_____
TOTAL	_____	_____

PRESENT MONTHLY EXPENSES (use additional forms if needed)

	To Whom Paid	Monthly	Balance
Mortgage/Rent	_____	_____	_____
Auto Payment	_____	_____	_____
Other Regular Payments (loans)	_____	_____	_____
	_____	_____	_____
Credit Card(s)	_____	_____	_____
	_____	_____	_____
Other	_____	_____	_____
	_____	_____	_____
Totals		_____	_____

SAVINGS: Account# _____ Balance \$ _____

CHECKING: Account# _____ Balance \$ _____

Stocks, Bonds, Other Investments (Itemize and list values)

Retirement Accounts (IRA, 401K, etc.)

IMPORTANT – READ BEFORE SIGNING: I (we) certify that I (we) _____ have not owned property in the last three years, that I (we) _____ own real property and that the above statements are true. I (we) authorize the Montebello Housing Development Corporation to verify credit worthiness.

Applicant Signature

Date

Co-Applicant's Signature

Date

**MONTEBELLO HOUSING DEVELOPMENT CORPORATION
HOMEBUYER'S AFFIDAVIT**

1. (We) certify that the residence will be occupied and used as my (our) principle place of residence. I (We) certify that the residence will not be used as an investment property, vacation home, or recreational home. I (We) certify that I (we) will notify the Montebello Housing Development Corporation in writing if the residence ceases to be my (our) principle residence.

2. I (We) certify that the total assistance costs for the residence, excluding any closing costs will not exceed the Program's maximum loan amount (said amount will be determined by The Montebello Housing Development Corporation).

3. I (We) understand that the assistance loan /second mortgage loan shall not exceed \$_____.

4. I (We) understand and agree that the second mortgage proceeds received from the Montebello Housing Development Corporation will be used exclusively towards the approved program for the home, and that the second mortgage loan is not transferable. I (We) understand that if the title is altered in any way, for example, the addition or deletion of a name, The Montebello Housing Development Corporation will demand full payment of the second mortgage loan.

5. I (We) understand that this is a loan and must be prepaid as per the terms and conditions of the loan agreement and promissory note.

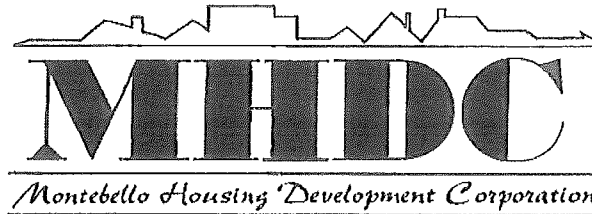
I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in the application, or in any other statement made to me (us) in connection with an application for the Program may constitute a criminal violation and may result in the denial of my (our) application, or if discovery of a false statement occurs after acceptance into the Program, may result in immediate cancellation of the second mortgage loan agreement which would make the balance of the second mortgage immediately payable, and may be in addition to any criminal penalty imposed by law.

Signature of Applicant _____ Date _____

Printed Name _____
(First) (Last)

Signature of Applicant _____ Date _____

Printed Name _____
(First) (Last)



CLIENT AUTHORIZATION FOR HOME COUNSELING AGENCY

I would like to participate in your counseling sessions to help improve my housing situation. I understand that my home counselor may discuss information about my credit history, financial situation, employment and other information with me, and with other representatives of financial institutions, or agencies, as necessary to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in our efforts to improve my housing situation.

I hereby authorize my home counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my housing situation, and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial situations when disclosing this information is essential to the improvement of my housing situation.

It is expressly understood that it is my option to work with the real estate agent and/or lender and/or attorney and/or other representative(s) of my choosing, and the home counseling agency will work with such representative in assisting me to improve my housing situation.

It is further understood that in consideration of the home counseling agency's assistance with my housing situation I agree to hold harmless the home counseling agency and its agents and/or employees from any and all claims caused of actions arising. Or which may arise, from mistakes, errors or omissions in regards to said counseling.

I/We hereby authorized Montebello Housing Development Corporation (MHDC) to verify my/our past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process a mortgage loan application. I/We further authorize (MHDC) to orders a consumer credit report and verify other credit information, including past present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

Applicant Signature

Date

Co-Applicant

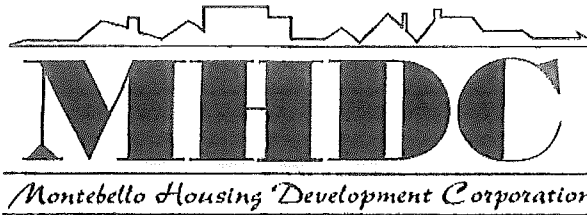
Date

Applicant Address

City

State

Zip Code



CREDIT CHECK CONSENT

I, the undersigned consumer, direct Montebello Housing Development Corporation, to obtain a copy of my credit report This consent shall automatically expire thirty (30) days from the date of my signature below.

Printed Name

Social Security Number

Date of Birth

Address

Signature

Date

Printed Name

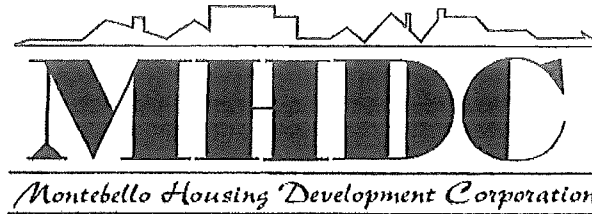
Social Security Number

Date of Birth

Signature

Date

The second signature line is only to be used when ordering a joint credit report for a married couple. If more than one individual credit report is being ordered, use a separate Credit Check Consent form for each customer.



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Homeownership Action Plan

The MHDC will provide services free of charge to assist you on your path to homeownership. Please indicate which programs you are interested in attending; This is not intended to convey for a loan approval. Upon review of completed application documents, the counselor may add additional action item(s) to this document. Moreover upon applying for a mortgage loan, there may be additional conditions applied.

In order to be an active participant in my (our) homeownership goal, I (we) agree to attend and participate in the following:

Homebuyer Education Class and Financial Literacy workshops

- One 8 – hour class held on Saturday’s (9:00 AM – 5:30 PM)
- Financial Literacy Workshops

In order to take an active participation in my (our) homeownership goal, I (we) agree to take the following actions steps:

___ MANDATORY (8 Hour) Pre-purchase Class ___ Pre-Purchase Counseling

___ MANDATORY Post-purchase Counseling (2 Hours must be taken within 1yr of purchase)

___ Credit Report Analysis (1 Hour)

___ Credit Remediation/Repair (2 to 12 months) ___ Financial Planning (16 Hours)

___ Extended Counseling/Homebuyer Club (up to 24 months)

___ I.D.A. Program (24 Months)

Other: _____

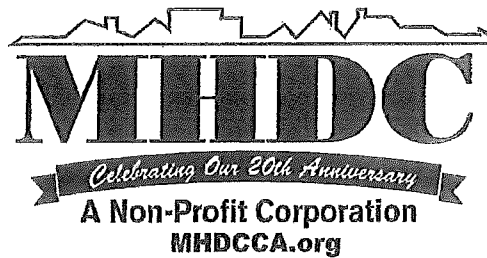
Other: _____

- The above issues must be addressed prior to applying for as mortgage loan;
- This document is not intended is convey “loan approval”;
- Upon review of additional documents, the counselor may add additional action items to this list;
- Upon applying for a mortgage loan, there may be additional conditions which may apply

 Date

 (Borrower)

 (Co-Borrower)



Montebello Housing Development Corporation's Privacy Policy

Montebello Housing Development Corporation is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at 323-722-3955 and do so.

Release of your information to third parties

1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.

2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).

3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client's signature _____ Date _____

Client's signature _____ Date _____