

**CITY OF MESA
NEIGHBORHOOD STABILIZATION PROGRAM APPLICATION**

APPLICANT				SPOUSE			
FIRST NAME:	M.I.	LAST NAME:		FIRST NAME:	M.I.	LAST NAME:	
DATE OF BIRTH:		SOCIAL SECURITY NO.		DATE OF BIRTH:		SOCIAL SECURITY NO.	
CURRENT ADDRESS:			APT. #	CURRENT ADDRESS:			APT. #
MAILING ADDRESS:				MAILING ADDRESS:			
TIME AT CURRENT ADDRESS: ____YRS. ____MOS.				TIME AT CURRENT ADDRESS: ____YRS. ____MOS.			
HOME PHONE ()		WORK PHONE ()		HOME PHONE ()		WORK PHONE ()	
APPLICANT EMPLOYMENT				SPOUSE'S EMPLOYMENT			
CURRENT EMPLOYER:				CURRENT EMPLOYER			
EMPLOYER'S ADDRESS:				EMPLOYER'S ADDRESS:			
CITY:		STATE:	ZIP	CITY:		STATE:	ZIP
LENGTH OF EMPLOYMENT: ____YRS. ____MOS.		OCCUPATION:		LENGTH OF EMPLOYMENT: ____YRS. ____MOS.		OCCUPATION:	
		YEARS IN FIELD:				YEARS IN FIELD:	

HOUSEHOLD COMPOSITION				
NAMES OF DEPENDENTS AND CHILDREN	AGE	OTHER HOUSEHOLD MEMBERS	AGE	RELATIONSHIP
TOTAL PERSONS IN HOUSEHOLD: _____				

APPLICANT INCOME	SPOUSE'S INCOME
GROSS MO. INCOME (Include salary/wages; other income):	GROSS MO. INCOME (Include salary/wages; other income):
SOURCE: \$	SOURCE: \$
SOURCE: \$	SOURCE: \$
SOURCE: \$	SOURCE: \$
GROSS MONTHLY INCOME: \$	GROSS MONTHLY INCOME: \$

YOUR BANKING RELATIONSHIPS			
TYPE OF ACCOUNT	FINANCIAL INSTITUTION	ACCOUNT NO.:	BALANCE
CHECKING			\$
SAVINGS			\$
MONEY MARKET			\$
IRA			\$
OTHER (SPECIFY)			\$

FINANCIAL OBLIGATIONS

	To Whom Owed	Estimated Value	Maximum Limit	Balance Owing	Monthly Payment
Rent/Lease Payment		\$	\$	\$	\$
Do you own any Real Estate?		\$	\$	\$	\$
Auto		\$	\$	\$	\$
Auto		\$	\$	\$	\$
Bank Credit Card		\$	\$	\$	\$
Bank Credit Card		\$	\$	\$	\$
Other Debts (including dept. stores)		\$	\$	\$	\$
Auto Insurance		\$	\$	\$	\$
Utilities		\$	\$	\$	\$
Line of Credit		\$	\$	\$	\$
Other Obligations (Alimony, Child Support)		\$	\$	\$	\$

Have you ever had credit in any other name? Yes No If "Yes", what name? _____

Are you a co-signer or guarantor on any other obligations not listed on this application? Yes No

Have you ever had judgments, garnishments or other legal proceedings against you? Yes No

Have you ever had anything repossessed? Yes No

Have you ever declared bankruptcy? Yes No Date dismissed: _____

Are you employed by the City of Mesa Yes No If "Yes" department and title _____

Are you affiliated and/or related in any way to a City of Mesa employee, agent, consultant, officer, appointed or elected official, contractor, etc. or with any agency that receives CDBG or HOME funds. Yes No If "Yes" give name, agency and title _____

Do you have other assets not mentioned above? _____

Are all applicants citizens or legal residents of the United States? Yes Resident Alien # (if applicable) 1) _____
 No 2) _____

By signing below, you certify that all the information you have given or will give with this application is true and complete. You authorize us to verify all your statements with any source, obtain credit and employment history, and exchange information with others about your credit and account experience. You agree to provide additional information that we may require to process this application, including but not limited to, true and complete federal income tax returns, employment verification and income verification. Any person who knowingly makes a false statement or a misrepresentation in an application or in support of an application for Federal Financial Assistance, or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 or by imprisonment for not more than 2 years, or both, under provisions of the U.S. Criminal Code.

Applicant's Signature	Date	Spouse's Signature	Date
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Applicant Race/National Origin Information:

White Black

Asian American Indian / Alaskan Native

Hispanic

Native Hawaiian / Other Pacific Islander

American Indian / Alaskan Native & White

Asian & White

Black / African American & White

American Indian / Alaskan Native & Black / African American

Balance / Other

Spouse Race/National Origin Information:

White Black / African American

Asian American Indian / Alaskan Native

Hispanic

Native Hawaiian / Other Pacific Islander

American Indian / Alaskan Native & White

Asian & White

Black / African American & White

American Indian / Alaskan Native & Black / African American

Balance / Other

SEX: Male Female

SEX: Male Female

HOUSEHOLD COMPOSITION FORM

	First Name	Last Name	Relationship	Race/Sex/Age	Income	Own Other Property (Yes / No)
1						
2						
3						
4						
5						
6						
7						
8						

- I (we) certify that the above named and only the above named, intend to occupy the property purchased under the City of Mesa Neighborhood Stabilization Homebuyer Assistance Program as my (our) principal residence.
- I (we) acknowledge and understand that income eligibility for the above-mentioned program is based upon the total household income for all persons who will occupy the property and, I (we) certify that we have disclosed all household members and income.
- I (we) certify that I (we) have disclosed any and all ownership of other residential property by any household member.

I (we) certify that the information above is true, complete and accurate. I (we) understand that a material misstatement made by me (us) constitutes fraud and may result in a denial of my (our) application.

Applicant Signature (Head)

Date

Co-Applicant Signature

Date

MONTHLY EXPENSES AND LIABILITIES

EXPENSES		<u>LIABILITIES (loans, credit cards & other debts)</u>		
<u>HOUSING</u>		Name of Creditor	Minimum Payment	Unpaid Balance
RENT	_____	_____	_____	_____
FOOD/GROCERIES	_____	_____	_____	_____
ELECTRICITY	_____	_____	_____	_____
WATER/SEWER	_____	_____	_____	_____
GAS	_____	_____	_____	_____
TELEPHONE	_____	_____	_____	_____
<u>TRANSPORTATION</u>		_____	_____	_____
AUTO INSURANCE	_____	_____	_____	_____
GASOLINE	_____	_____	_____	_____
REPAIRS/MAINTENANCE	_____	_____	_____	_____
TAGS/TAXES	_____	_____	_____	_____
<u>OTHER</u>		_____	_____	_____
CHILDCARE	_____	_____	_____	_____
CLOTHING	_____	_____	_____	_____
LAUNDRY/DRY CLEANING	_____	_____	_____	_____
MEDICAL	_____	_____	_____	_____
CABLE TV	_____	_____	_____	_____
RECREATION	_____	_____	_____	_____
CONTRIBUTIONS	_____	_____	_____	_____
SAVINGS	_____	_____	_____	_____
MISC.	_____	_____	_____	_____
TOTAL EXPENSES	_____	TOTAL DEBTS	_____	_____
<u>MONTHLY NET INCOME</u>				
Full time employment	_____			
Full time employment	_____			
Part-time employment	_____			
Social Security Disability	_____			
Retirement	_____			
Alimony	_____			
Child Support	_____			
Public Assistance	_____			
Other:	_____			
TOTAL NET INCOME	_____			
Surplus / Deficit	_____			

Name: _____

Date: _____



Chicanos Por La Causa, Inc.
A PROMISE OF OPPORTUNITY

DISCLOSURE STATEMENT

I,/We _____, state that I/we do not have a financial relationship with an Officer, Employee, Board Member or an Affiliate of Chicanos Por La Causa, Inc.

I,/We _____, state that I/we do have a relationship with an Officer, Employee, Board Member or an Affiliate of Chicanos Por La Causa, Inc.

Officer: _____

Employee: _____

Board Member: _____

Affiliate: _____

Client Signature

Client Signature

Date

635 East Broadway Road

Mesa, AZ 8520

480-833-0016 3KRQH

480-610-4789 Fax



Chicanos Por La Causa, Inc.
A PROMISE OF OPPORTUNITY

**Clients Certification & Authorization
Certification**

Each of the undersigned does hereby certify the following:

1. I/We agree to participate and receive housing counseling services from CPLC as part of the City of Mesa Neighborhood Stabilization program.
2. I/We understand and agree that CPLC may verify the information provided on the application with my/our employer, financial institution, and landlord or management properties.
3. I/We agree that CPLC may share information relating to my/our application, including financial, credit real estate & closing to third party agencies directly associated with this transaction. I/We also understand that the information about my/our personal circumstances will be treated in a confidential manner.
4. I/We also understand that these procedures are necessary in order to assist me/us in qualifying for this program.
5. I/We certify that the information given is true to the best of my/our knowledge.

Authorization to Release Information

To Whom It May Concern:

1. I/We authorize you to provide to CPLC with all information and documentation that they request, but not limited to, employment history, income verification, bank, money market, similar account & balances; credit history; copies of income tax returns, rent history, utility payment's, phone payment's and cable payment's.
2. CPLC may address this authorization to any party named in the loan application, and a copy of this authorization may be accepted as an original.
3. I/We authorize CPLC to pull my (our) credit report for the purposes of my (our) application for the Purchasing and Down Payment Assistance Program.
4. Your prompt reply to CPLC is appreciated.

(Borrower's Signature)

(Social Security Number)

(Date)

(Borrower's Signature)

(Social Security Number)

(Date)



AUTHORIZATION TO REQUEST CREDIT REPORT

Borrower

Co-Borrower

Last Name:	First Name:	Last Name:	First Name:
Date of Birth:	SS#	Date of Birth:	SS#:
Address:		Address:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Work Phone:	Other Phone:	Work Phone:	Other Phone:
Current rate of pay: \$		Current rate of pay: \$	
Total monthly debt payments: \$		Total monthly debt payments: \$	

I hereby authorize CPLC/Mesa Housing & Community Development Department to order and in-file consumer credit report at my request. The information that CPLC/Mesa Housing & Community Development Department obtains is to be used only in the processing of this request unless otherwise indicated by me in writing. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

Signature & Date

Signature & Date

Equal Credit Opportunity Ad

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 (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Ad. The Federal Agency that administers compliance with this law concerning this company is the Comptroller of the Currency Customer Assistance Group, 1301 McKinney St, Suite 3450, Houston, Texas 7701-9050.

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

Signature

Date

Signature

Date

635 East Broadway Road, Mesa, AZ 85204

480.833.0016 phoenix.housing@cplc.org www.cplc.org



Chicanos Por La Causa, Inc.

A PROMISE OF OPPORTUNITY

ACKNOWLEDGEMENT OF RIGHT TO CHOOSE YOUR OWN SERVICE PROVIDER

Please sign and return with this application.

I, _____, hereby acknowledge that I have the right to choose my own service
(Print Name)
provider (lender, insurance, real estate agent, bank, etc.) and I am not obligated to use Chicano's Por La Causa's
affiliates, business partners, or referrals. I understand I am still eligible for all of the services Chicano's Por La Causa
provides should I elect a service provider of my own choosing. I further understand that should I choose to have
Chicano's Por La Causa provide me with referrals for service providers that I will receive a minimum of three per
service needed.

(Signature)

(Chicanos Por La Causa's Signature)

(Mesa Housing & Community Development Department Coordinator's Signature)

(Date)

HOME PURCHASING

THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION IN A TIMELY MANNER

- _____ 3-months of most recent pay stubs
(For everyone in the household 18 years & older)
- _____ 3-months of recent bank statements for all asset/cash accounts (all pages)
- _____ Proof of Income: Child support order, divorce decree, SSI or SSD award letters, retirement benefits award letter (if not available 3-months of bank statements showing deposits)
- _____ Income Tax Federal returns & W-2 (most recent three years)
Self-employed clients will need 3-years starting with the most recent year. If not available call the IRS for Transcripts at 1-800-829-1040 it can take up to 4 weeks or you can request them to fax them to you. Let the IRS know that you are in the process of purchasing a home and need them ASAP.
- _____ Picture ID for applicants
- _____ Social Security Card for applicants
(Those with work only must bring residence card)
- _____ Documentation of divorce decree all pages (if it applies to you)
- _____ Bankruptcy papers including discharge letter and list of creditors
- _____ Tri-Merge Credit Report with FICO Scores
Money order payable to CPLC
 - \$17.50 for one borrower
 - \$35.00 for two borrowers

IF YOU ARE WORKING WITH A LENDER, BANK OR MORTGAGE COMPANY THE FOLLOWING IS REQUIRED FOR DOWN PAYMENT ASSISTANCE:

- _____ Copy of 1003, Loan Approval, Good Faith Estimate and Truth in Lending
- _____ Copy of a Purchase Contract along with a listing of the subject property
- _____ Copy of property evaluation report