Whittier Housing Authority Affordable Home Ownership Program (AHOP)

INTEREST FORM AND PRE-QUALIFICATION APPLICATION

PARTICIPANTS

Borrower:				Age:	
Spouse/Co-Borrower:_				Age:	
Mailing Address:			Phone#:		
City:Sta	ate:	Zip Code:	Work#:		
E-mail Address:					
Borrower's home addre	ess for I	ast five years (include be	eginning and e	ending month and	
year at each address):					
Spouse/Co-Borrower's	addres	s for last five years (inclu	ıde beginning	and ending month	
and year at each addre	ess):				
OTHER HOUSEHOLD	MEMB	ERS (not listed above):	Total Hou	sehold Size:	
Name:		Relationship: _		Age:	
Name:		Relationship:		Age:	
Name:		Relationship:		Age:	
Name:		Relationship: _ (Son, Day		Age:	
		(Son, Da	aughter, Father, Mot	ther, etc.)	
EMPLOYMENT			_		
		(
		Address:			
Previous Employer (if le	ess tha	n 5 yrs. with current emp	loyer):		
Address:		Occupation:		How Long:	
Check One (if applicab	le, ente	r badge or certificate nur	mber in the sp	ace provided):	
S	worn P	ublic Safety Personnel; _		Certified or	
Registered Medical Pro	ofession	nal;	_Teacher wit	h Bachelors Degree	
or higher employed by	Accred	ited Public or Private Sch	ool.	none of the above	

Co-Borrower Emplo	oyer:		Occupat	ion:
How Long:	_ Employe	r Address:_		
Previous Employer	(if less tha	n 5 yrs. wit	h current employer):_	
Address:		Occup	oation:	How Long:
Check One (if appli	cable, ente	er badge or	certificate number in	the space provided):
	Sworn F	Public Safet	y Personnel;	Certified or
Registered Medical	Profession	nal;	Teach	er with Bachelors Degree
or higher employed	by Accred	lited Public	or Private School;	none of the above
EMPLOYMENT GF	ROSS INC	OME		
			wk. , <u>2 wks.</u> , <u>1st & 15^t</u>	^h mo. , <u>mo.</u> (circle only one)
				h mo. , mo. (circle only one)
	hild suppo	rt, unemplo	yment insurance, self-	lity, AFDC, general relief, -employed profits, interest
Borrower: \$			Type(s):	
Borrower: \$			Type(s):	
Borrower: \$			Type(s):	
Co-Borrower: \$			Type(s):	
Co-Borrower: \$			Type(s):	
Co-Borrower: \$			Type(s):	
INCOME OF OTHE as a household me				ncome of any person listed
Name:		Inco	me:	_ per: <u>wk.</u> , <u>2 wks.</u> , <u>month</u>
Name:		Inco	me:	_ per: <u>wk.</u> , <u>2 wks.</u> , <u>month</u>
Name:		Inco	me:	_ per: <u>wk.</u> , <u>2 wks.</u> , <u>month</u>
DEBTS (List total b	alance due	e and minim	num monthly payment):
Auto Loans:				
Lender/Co. Name			Total Balance Due	Monthly Payment

Other /Debts (i.e. loans, credit cards, depa	artment store cards, etc.):			
Lender/Co. Name	Total Balance Due	Monthly Payment			
*Attach additional page if necessary					
Total Monthly Payments (add all monthly p	payments):	\$			
	vaymonto).	Ψ			
ADDITIONAL INFORMATION					
Borrower is a U.S. Citizen					
Co-Borrower is a U.S. Citizen	Legal Resident				
Does Borrower or Co-Borrower have an im Whittier? Yes No; If yes, list	nmediate family member address and relationship	residing in the City of to Borrower:			
Has Borrower or Co-Borrower attended the provided by a HUD certified trainer?	e 8-hour Home Buyer ed Yes No; if yes,	lucation course attach certificate.			
Person(s) buying home is/are (please checonomic Married/Registered Domestic Partner Operation of Law	ck one of the following): ersBlood Relativ	Single Related by			
What size unit are you most interested in?	1 bedroom;	2 BR;3 BR			
What is the smallest unit you would accept	?1 bedroom;	2 BR;3 BR			
Have you owned a home within the past three years?YesNo					
Do you have funds for a minimum 3% dow and closing cost?	n payment Yes	No			
If "yes", how much: \$					
Do you have a good credit history?	YesNo				
Estimate your FICO credit score:					
If "no", please explain (attach additional pa	ges if necessary):				

I/WE DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ANSWERS GIVEN IN THIS WHITTIER AFFORDABLE HOME OWNERSHIP PROGRAM (AHOP OR PROGRAM) INTEREST FORM AND PRE-QUALIFICATION APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ACKNOWLEDGE AND UNDERSTAND THAT INFORMATION PROVIDED ON THIS FORM WILL BE RELIED UPON FOR PURPOSES OF DETERMINING MY/OUR ELIGIBILITY AND PRIORITY STATUS FOR THE PROGRAM. I/WE FURTHER ACKNOWLEDGE THAT A MATERIAL MISSTATEMENT FRAUDULENTLY OR NEGLIGENTLY MADE IN THIS APPLICATION OR IN ANY OTHER STATEMENT MADE BY ME/US IN CONNECTION WITH THE APPLICATION FOR THE PROGRAM MAY CONSTITUTE A VIOLATION PUNISHABLE BY A FINE AND/OR DENIAL OF MY/OUR APPLICATION. IF A PROGRAM LOAN HAS BEEN ISSUED PRIOR TO THE DISCOVERY OF THE FALSE STATEMENT, IMMEDIATE CANCELLATION OF THE PROGRAM LOAN WILL OCCUR, IN ADDITION TO ANY CRIMINAL PENALTY IMPOSED BY LAW.

Borrower Signature	Date	Co-Borrower Signature	Date

PRIOR TO SUBMTTING THIS FORM PLEASE ATTACH THREE MONTHS OF RECENT PAY STUBS, PRIOR YEAR W-2s AND/OR OTHER DOCUMENATION FOR ALL INCOME LISTED ABOVE.