

**Riverside County
Housing and Workforce Solutions
3403 Tenth Street, Suite 300
Riverside, CA 92501
951-955-0784
First Time Home Buyer Program (HOME FTHB)**

APPLICATION AFFIDAVIT

Lender:			
Lender Address:			
Lender Telephone:		Cell Number:	
Name of Participating Lender Representative:			
Are you on the list of approved agents to submit application	<input type="checkbox"/> Yes <input type="checkbox"/> No – If the answer is “no” you will not be able to submit an application.		
Email Address:			

We are processing a mortgage loan application for the listed applicant(s). Our preliminary review indicates that this household meets the eligibility for HOME First Time Home Buyer Assistance (HOME FTHB) as set forth in the Program Guidelines of the Housing and Workforce Solutions of Riverside County.

It is imperative that Seller, Seller’s, or Buyer’s agents are notified in advance of the time of application and provide the following information:

Listing Agent:

Name:			
Phone Number:		Cell Number:	
Email Address:			

Buyer’s Agent:

Name:			
Phone Number:		Cell Number:	
Email Address:			

Does the property have a lockbox? Yes No
Will you provide access to HWS staff to inspect the house? Yes No
Lock Box #: _____
Property Vacant? Yes No

The following request for Down Payment Assistance funds is for the

Following applicant(s):

Name of Applicant(s):			
Current Address:			
Applicant's Home/cell Phone Number			
Applicant's Work Phone Number			
Applicant's Email Address			
Address of Property Being Purchased:			
Assessor Parcel Number (APN):			
Initial Purchase Price:	\$		
Gross Annual Household Income:	\$	Monthly Income:	\$
Down-Payment Assistance Requested up to (20% of the purchase price not to exceed \$75,000)	\$		

Is applicant a participant in the Riverside County Housing Authority Family Self Sufficiency (FSS) Program?

Yes No

Does applicant give us permission to send correspondence via email regarding this transaction only?

Yes No

Is applicant interested in the Single-Family Affordable Solar Homes (SASH) program to receive a no-cost solar system? The SASH program is administered by GRID Alternatives, a 501©(3) certified non-profit organization.

Yes No

Is the household income within the Program Limits? Yes No

Property being purchased is located in the City Limits: Yes No/Unincorporated

Type of property being purchased: Single Family Detached Planned Unit Development

Condominium

Manufactured Home
(New Resale)

Is the home bank owned/foreclosed? Yes No

Is the home a Short Sale? Yes No

(If yes, do not submit the FTHB application until the seller's lender has fully accepted the offer)

Number of Bedrooms: _____ Number of Bathrooms: _____

In-ground Pool/Spa Yes No *(If the answer is Yes the property is not eligible)*

Newly Constructed Yes No

If yes, date of issuance of occupancy permit: _____

If no, Year Constructed: _____

(If property is more than 50 years old, standard HWS processing turnaround times do not apply)

Is the property vacant? Yes No

If Yes, Date Property Last Occupied: _____

Is the property occupied by the seller: Yes No

Is the property occupied by a tenant who is purchasing the property? Yes No

Is the property occupied by a tenant who is not purchasing the property: Yes No

(If Yes, do not submit file. Properties that are currently tenant occupied and the tenant is not purchasing the subject property are not eligible for HOME FTHB.)

Status of Prior Home Ownership:

First Time Home Buyer

Last Date of Home Ownership: _____

Applicant Information

(For Statistical Purposes Only)	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>	Family Size _____
Age of applicant(s) and all household members: (Please use the letter "H" to signify head of household, and the letter "X" for each family member)		
_____ Under 20	_____ 36-40	Head of Household:
_____ 20-25	_____ 41-50	Male <input type="checkbox"/>
_____ 26-30	_____ 51-60	Female <input type="checkbox"/>
_____ 31-35	_____ Over 61	
Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
<input type="checkbox"/> Native Hawaiian/Pacific Islander		
<input type="checkbox"/> American Indian/Alaskan Native and White		
<input type="checkbox"/> Asian and White		
<input type="checkbox"/> Black/African American and White		
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American		
<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Other		

Date: _____

Authorized Lender Signature: _____

Printed Authorized Lender Name: _____

Title: _____

Address _____

Telephone (____) _____

Email address: _____
