

## COMMUNITY HOUSING PARTNERSHIP PROGRAM

### HOMEOWNER'S CHECKLIST

Please make sure the following items are attached to the application:

- \_\_\_\_\_1. **All Household Income for all household members:** Federal 1040 Tax Returns with all schedules and W-2s (if self employed, please provide past two years of Federal 1040 Tax Returns with all schedules and W-2s), two recent check stubs, TANF, Child Support, VA Benefits, Social Security/Supplemental Social Security (current award letter and two months of recent bank statements), Unemployment Benefits, IHSS and any other income the household is receiving.
- \_\_\_\_\_2. Current mortgage information (last statement with payment and balance info).
- \_\_\_\_\_3. Homeowner insurance policy (company name, policy # and agent's name, address and phone number).
- \_\_\_\_\_4. Drivers License or California Identification Card for all persons on the title.
- \_\_\_\_\_5. Social Security Card for all persons on the title.

Community Housing Partnership Program  
Redevelopment Agency of the City of Fresno & Fresno Housing Authority  
1401 Fulton Suite 600 (San Joaquin Light and Power Building)  
Fresno, Ca 93721  
(559) 445-8905

**Mailing Address:**  
Fresno Housing Authority (CHPP)  
P.O. Box 11985  
Fresno, Ca 93776-1985

# CHPP Equal Credit Opportunity and Financial Discrimination Acts

## EQUAL CREDIT OPPORTUNITY ACT NOTICE

The federal Equal Credit Opportunity Act prohibits discrimination against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the consumer credit protection act. The federal agency which administers compliance with this law is:

Federal Trade Commission  
Washington, DC 20580

## THE HOUSING FINANCIAL DISCRIMINATION ACT OF 1977 FAIR LENDING NOTICE

It is illegal to discriminate in the provision of or in the availability of financial assistance because of the consideration of:

1. Trend, characteristics of conditions in the neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.
2. Race, color, religion, sex, marital status, national origin or ancestry.

It is illegal to consider the racial, ethnic, religious or national origin composition of a neighborhood or geographic area surrounding a housing accommodation or whether or not such composition is undergoing change, or is expected to undergo change, in appraising a housing accommodation or in determining whether or not, or under what terms and conditions, to provide financial assistance.

These provisions govern financial assistance for the purpose of the purchase, construction, rehabilitation or refinancing of one to four family residences occupied by the owner and for the purpose of the home improvement of any one to four unit family residence.

If you have questions about your rights, or if you wish to file a complaint, contact the management of this financial institution or:

Department of Real Estate 107 S. Broadway Room 8107 Los Angeles, Ca 90012	or	Department of Real Estate 185 Berry Street Room 5816 San Francisco, Ca 94107
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## ACKNOWLEDGEMENT OF RECEIPT

**I/We have received a copy of this notice.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Fresno Housing Authority/Redevelopment Division 08/29/00



## Community Housing Partnership Program

Redevelopment Agency of the City of Fresno & Fresno Housing Authority

Mailing Address:  
P.O. Box 11985  
Fresno Ca 93776

Name	Address	Phone
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**HEALTH AND SAFETY ITEMS WILL BE ADDRESSED BEFORE ANY OTHER ITEMS CAN BE CONSIDERED FOR REPAIRS OR REPLACEMENT.**

**\*\*\*MAJOR LOANS: A TERMITE INSPECTION IS REQUIRED PRIOR TO CONSTRUCTION\*\*\***

### Home Evaluation

Needs Work	
	<b>Exterior roof covering</b> -reparacion del techo
	<b>Exterior Paint</b> -pintura en el exterior
	<b>Damaged fencing or do not have a fence</b> -cerca necesita reparacion o no tiene cerca
	<b>Weeds, trash or other debris on property</b> -yerbas, basura o otros escombros sobre su propiedad
	<b>Remove Disabled vehicles</b> -vehiculos desabilitados
	<b>Concrete work (driveways, walkways)</b> -necesita cemento (entrada del vehiculo o entrada hacia su casa)
	<b>Deed trees, limbs or overhanging branches</b> -arboles muertos o sobrepesados con ramas colgantes
	<b>Exterior handicap access &amp; egress (ramps), hand rails</b> -acceso para incapacitados en el exterior – rampas, barillas para sostenerse
	<b>Damaged exterior window glass</b> -ventanas exteriores con vidrios quebrados o danados
	<b>Damaged or unusable exterior doors</b> -puertas exteriores que esten danadas
	<b>Other exterior items</b> (cualquier otros articulos en lo exteriors)

**COMMUNITY HOUSING PARTNERSHIP PROGRAM APPLICATION**

Minor Grant                       Major Loan

**How did you hear about the program:**

**APPLICANT(S) INFORMATION (if more space is needed, please use back of page.)**

Applicant Name:	D.O.B. / /	SSN:	CA DL/ID:
Co-applicant Name:	D.O.B. / /	SSN:	CA DL/ID:
Property Address:	Year Purchased:		Zip Code:
Home Phone:	Cell Phone:	Message Phone:	
Dependent:	D.O.B. / /	SSN:	
Dependent:	D.O.B. / /	SSN:	
Dependent:	D.O.B. / /	SSN:	

**MONTHLY INCOMES**

Applicant's Employer:	Co-applicant's Employer:		
Employer's Phone Number:	Employer's Phone Number:		
Monthly Income:	Wages \$	Monthly Income:	Wages \$
	Social Security \$		Social Security \$
	Other Income \$		Other Income \$
Total Monthly Income \$	Total Monthly Income \$		

**LONG-TERM DEBT and HOMEOWNERS INSURANCE**

Name of First Home Lender:	Phone:	Loan#:	Mo. Payments:
Name of Second Home Lender:	Phone:	Loan#:	Mo. Payments:
Insurance Company:	Agent:	Phone:	Policy#:

**INCOME GUIDELINE (please circle family size)**

Household size	1	2	3	4	5	6	7	8
80% Income	31,550	36,050	40,550	45,050	48,700	52,300	55,900	59,500
120% Income	47,400	54,100	60,850	67,550	73,100	78,500	83,900	89,300

I/We the applicant(s) certify that all information in this application and all information furnished in support of this application is correct and complete to the best of my/our knowledge. I/We understand that the willful falsification of this information may lead to the revocation of the grant and other penalties. I/We agree to provide additional information that may be requested to process this application. I/We agree to comply with all applicable requirements of the Lead-Based Paint Poisoning Prevention Act of 42 U.S.C. 4821 et seq.

Funding for these programs is subject to availability of funds.

**TO WHOM IT MAY CONCERN:**

I/We hereby authorize you to release to any credit reporting agency or lender, for verification purposes, all information concerning:

Current or previous employment history, dates, titles, income, hours worked, etcetera. Banking and savings account records. Mortgage loan ratings, (opening date, high credit, payment amount, loan balance, payment record and maturity date) any information deemed necessary in connection with a credit report for a real estate secured transaction. This information is for the confidential use in compiling a mortgage loan credit report for a residential loan. A photo copy of this authorization may be deemed to the equivalent of the original, and may be used as a duplicate original.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Owner/Applicant</b></p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National: <input type="checkbox"/> American Indian or Alaskan Native    <input type="checkbox"/> Asian or Pacific Islander</p> <p>Origin: <input type="checkbox"/> Black, not of Hispanic origin    <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Sex: <input type="checkbox"/> Female    <input type="checkbox"/> Male</p>	<p><b>Co-Owner/Co-Applicant</b></p> <p><input type="checkbox"/> I do not wish to furnish this information</p> <p>Race/National: <input type="checkbox"/> American Indian or Alaskan Native    <input type="checkbox"/> Asian or Pacific Islander</p> <p>Origin: <input type="checkbox"/> Black, not of Hispanic origin    <input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> White, not of Hispanic origin</p> <p><input type="checkbox"/> Other (specify) _____</p> <p>Sex: <input type="checkbox"/> Female    <input type="checkbox"/> Male</p>
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# STATEMENT OF INFORMATION

First	Full Middle and/or Maiden	Last	Social Security Number
Driver's License or CA ID Number	Date of Birth	Birthplace	Home Phone
Resided in the USA Since		Resided in California Since	
Resided in the USA Since		Resided in California Since	

**IF YOU ARE MARRIED, PLEASE COMPLETE THE FOLLOWING:**

Name of spouse:	First	Full Middle and/or Maiden	Last
Date of Birth	Birthplace	Contact Phone	Date of Marriage
Resided in the USA Since		Resided in California Since	
Resided in the USA Since		Resided in California Since	

**PREVIOUS MARRIAGE OR MARRIAGES (if none, write "NONE"):**

Name of Former Spouse	<input type="checkbox"/> Deceased	<input type="checkbox"/> Divorced	Where
Name of Former Spouse	<input type="checkbox"/> Deceased	<input type="checkbox"/> Divorced	Where

**CHILDREN BY CURRENT OR PREVIOUS MARRIAGE(S):**

Name of Dependent	Date of Birth	Name of Dependent	Date of Birth
Name of Dependent	Date of Birth	Name of Dependent	Date of Birth
Name of Dependent	Date of Birth	Name of Dependent	Date of Birth

**INFORMATION COVERING PAST 10 YEARS:**

**Residence History:**

Current Address	City and State	From	To
Current Address	City and State	From	To
Current Address	City and State	From	To

**Employment History:**

Employer	Location	Length of Employment
Employer	Location	Length of Employment
Employer	Location	Length of Employment

**Spouse's Employment History:**

Employer	Location	Length of Employment
Employer	Location	Length of Employment
Employer	Location	Length of Employment

**HAVE YOU OR YOUR SPOUSE OWNED OR OPERATED A BUSINESS?**

If so, please list names: \_\_\_\_\_  Yes  No

**I HAVE NEVER BEEN ADJUDGED BANKRUPT, NOR ARE THERE ANY UNSATISFIED JUDGMENTS OR OTHER MATTERS PENDING AGAINST WHICH MIGHT AFFECT MY TITLE TO THIS PROPERTY EXCEPT AS FOLLOWS:**

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The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

Executed on X \_\_\_\_\_ X \_\_\_\_\_  
Signature Signature

Executed on X \_\_\_\_\_ X \_\_\_\_\_  
Spouse's Signature

THE STREET ADDRESS OF THE PROPERTY IN THIS TRANSACTION IS: \_\_\_\_\_

**PLEASE BE SURE YOU HAVE FILLED THIS FORM OUT COMPLETELY; INCLUDING SIGNATURES AND DATE.**  
 THANK YOU!!!  
 Revised 08/28/08