



City of Banning

DOWN PAYMENT ASSISTANCE PROGRAM (DPAP)

APPLICATION

Checklist

Dear Applicant(s):

Please complete the attached application, and attach copies of the following items required for the evaluation of your application:

- Completed **Original** DAP Application: Filled out and signed by all applicants and household members that are 18 years of age or older.
- Provide proof of income for all household members that are 18 years of age or older by providing all of the following:
 - Copy of the last three (3) consecutive months pay stubs
 - Copies of the two (2) most recent years of Federal and State Tax Returns and W-2's for all household members.
 - Bank Statements for the last three (3) months.
 - Verification of any other income, whether taxable or no including, but not limited to tips, Social Security benefits, SSI, AFDC, disability, unemployment, IRA withdrawals, etc.
- A copy of one of the following state or federal-issued current identification for each applicant:
 - Driver's License
 - Passport
 - Resident Alien Card or California Identification Card.
- Provide both forms of your family household make-up for every household member and applicant
 - Copy of the Birth Certificate
 - Copy of Social Security card
- Other documents as may be requested and provided to the applicant by the City
- Applicant's Certification
- Release of Information
- Statistical Information
- Lender Pre-Approval Letter

When submitting the requested supporting documentation – **DO NOT SEND YOUR ORIGINAL DOCUMENTS**– please provide photocopies and note that submitted documents **will not** be returned. **Please submit on 8 ½" x 11" letter sized paper.**

Please read the application carefully and enter a response for each indicated entry field.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!



City of Banning

DOWN PAYMENT ASSISTANCE PROGRAM (DAP)

APPLICATION

Please complete all entries. Where items are non-applicable, enter none or "n/a." Where insufficient space is supplied, attach additional sheets as necessary. Applications must be complete to be considered for program participation.

| | |
|-------------------|-----------------------|
| Applicant Name(s) | |
| Current Address: | |
| Day Telephone No. | Evening Telephone No. |

| APPLICANT | | CO-APPLICANT | |
|---|---------------|---|---------------|
| Name | | Name | |
| SSN | Date of Birth | SSN | Date of Birth |
| Current Employer | | Current Employer | |
| Employer Address | | Employer Address | |
| Business Phone | | Business Phone | |
| Position | | Position | |
| Length of Time Currently Employed | | Length of Time Currently Employed | |
| Current Annual Gross Income from Employment | | Current Annual Gross Income from Employment | |

Additional Income Information:

All additional sources of Income must be disclosed, whether taxable or not. List Recipient and all additional sources of Income of any person(s) 18 years of age or older residing within the Household.

| | |
|--|---------------|
| Pension/Retirement/Social Security (Specify) | Annual Income |
| Alimony/Child Support/Foster Care (Specify) | Annual Income |
| Unemployment/Disability (Specify) | Annual Income |
| Other (Specify) | Annual Income |
| Other (Specify) | Annual Income |

Household Information:

Please enter the requested information for all persons living in the household. (If additional space is needed, please attach an additional sheet and clearly label with "Household Information continued")

| | | | | |
|--|--------------------------------------|--|--------------|---------------|
| Applicant Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | | Annual Income |
| Co-Applicant Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Name | Age | Handicapped/Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship | Annual Income |
| Enter Household Size: _____ persons | Enter Total Annual Household Income: | | | \$ _____ |

Previous Addresses:

Please fill in previous address information, starting with the most current, for the last 3 years.

| Address | Owned/Rented/Other (Specify) | Start Date | End Date |
|--------------------|---------------------------------|--------------------------------|----------|
| Address: | Monthly Rent: \$ | | |
| Landlord Name: | | Landlord Day Phone Number: | |
| Landlord Address : | | Landlord Evening Phone Number: | |
| Address: | Monthly Rent: \$ | | |
| Landlord Name: | | Landlord Day Phone Number: | |
| Landlord Address: | | Landlord Evening Phone Number: | |
| Address: | Monthly Rent: \$ | | |
| Landlord Name: | | Landlord Day Phone Number: | |
| Landlord Address: | | Landlord Evening Phone Number: | |

Financial Information:

Please list All Applicable Savings and Checking Account Information for Each Account Held

| | |
|--|----------------------|
| Name of Bank/Saving and Loan/Credit Union/Other Financial Institution: | Account Number: |
| Address: | Savings or Checking: |
| Current Account Balance: | |

| | |
|--|----------------------|
| Name of Bank/Saving and Loan/Credit Union/Other Financial Institution: | Account Number: |
| Address: | Savings or Checking: |
| Current Account Balance: | |

| | |
|--|----------------------|
| Name of Bank/Saving and Loan/Credit Union/Other Financial Institution: | Account Number: |
| Address: | Savings or Checking: |
| Current Account Balance: | |

Assets:

Please list All Other Asset Accounts and their respective values: (Cars, trailers, jewelry, etc.)

| Account Category | Current Cash Value |
|---------------------------------------|--------------------|
| Stocks/Bond/Other Investment Accounts | \$ |
| Life Insurance Net Cash Value | \$ |
| Net Worth of Business | \$ |
| Other Assets (list) _____ | \$ |
| Other Assets (list) _____ | \$ |
| Other Assets (list) _____ | \$ |
| Other Assets (list) _____ | \$ |
| TOTAL | \$ |

| | |
|--|---|
| Do you currently own, or have an interest in any real estate? | <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, you must complete and submit the attached Schedule of Real Estate Owned |
| Have you owned, or had an ownership interest in residential real estate within the last three (3) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Debt:

Please list all applicable information regarding your Loan Obligations, Inclusive of all Outstanding Loans (Attach additional sheets as necessary)

| | |
|-----------------------------------|-------------------------|
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |
| Creditor: | Account Number: |
| Address: | Monthly Payment Amount: |
| Current Outstanding Loan Balance: | |

| | |
|--|--|
| Current Outstanding Loan Balance for all Obligations: | Total Monthly Payment Amount for all Obligations: |
|--|--|

Financial History:

Please answer all of the following:

| | Applicant | Co-Applicant |
|---|--|--|
| Do you have any outstanding judgments currently outstanding against you? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you declared bankruptcy within the last seven years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you has a property foreclosed on, or given a deed-in-lieu in the last 7 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| During the preceding 5 years, have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment, or which resulted in a loan default (e.g.: mortgages, SBA loans, any financial obligation, bond or loan guaranty, etc.) ? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you presently delinquent or in default on any debt to the Federal Government (e.g.: Federal Guaranteed Student Loan, Public Health Service, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I/We hereby certify that the aforementioned statements are true. If at any time this information is found to be false or incorrect, and it is then determined that I/We do not qualify for the Down Payment Assistance Program, I/We understand that I/We am/are liable for all costs incurred through the program.

| | |
|--|-------|
| Applicant Signature: X | Date: |
| Co-Applicant Signature: X | Date: |
| Household Member Signature (18 years of age or older): X | Date: |
| Household Member Signature (18 years of age or older): X | Date: |

***** PLEASE REMEMBER TO ATTACH ALL REQUESTED INFORMATION REQUESTED IN THE APPLICATION CHECKLIST. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. DO NOT SEND ORIGINALS. *****

SCHEDULE OF REAL ESTATE OWNED

| Property Address | Type of Property (Residential/ Commercial/ Vacant) | Market Value | Outstanding Mortgage/ Loan Amounts | Monthly Gross Rents | Monthly Loan Payments | Taxes and Insurance | Other Monthly Operating Expenses | Monthly Income |
|------------------|---|--------------|---------------------------------------|---------------------|-----------------------|---------------------|----------------------------------|----------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| TOTALS | | | | | | | | |



City of Banning

DOWN PAYMENT ASSISTANCE PROGRAM (DAP)

APPLICATION

CONSENT AND DECLARATION

I / We, as undersigned, hereby consent to allow authorized representatives of the City of Banning (the “City”), or its designee, to enter my/our single family residence for the purpose of evaluating the housing structure. This evaluation will be performed jointly by the undersigned and the representatives of the City during which photos of the existing conditions will be taken. In addition, by signing below, I/We declare that the information provided herein is true and accurate to the best of my/our belief and knowledge that I/We made no misrepresentations in the application or other documents, nor did I/We omit pertinent information and that I/We under penalty of perjury have received and read the attached City of Banning Down Payment Assistance Program (DAP) Guidelines.

The undersigned certify the following: I/We have applied for the DAP, funded by the City. In applying for assistance, I/We completed an application containing various information for the purpose of obtaining a loan. I/We understand and agree that the City cannot ensure that information provided by me/us or on my/our application will be kept confidential notwithstanding that the City intends to maintain my/our application package in a confidential file.

I/We understand and agree that the City reserves the right to change the review process to a full documentation program on a case by case basis. This may include independent verification of the information provided on the application. I/We expressly consent to and authorize City to verify the information on the application and hereby instruct all persons so requested to fully cooperate with City including, but not limited to providing further confirmation or documentation as City may request from time to time.

This application package is an important legal document, and in all respects has been voluntarily and knowingly executed by the Applicant(s). The Applicant(s) hereby acknowledge that he/she/they: (i) have read, in its entirety this application package, including any and all attachments hereto; (ii) understand the respective contents and requirements of each document, (iii) sought legal advice, if desired, concerning the legal effect of this application package and the program; (iv) shall indemnify and hold harmless the City of Banning and Banning Housing Authority (BHA) (including its employees, representatives, agents, or officials) from any claims, actions, suits, or litigation, whether monetary or otherwise, that may be asserted by the Applicant(s) or any third party person, firm, or entity arising from the 's performance of the City or BHA in considering/approving the application; and (v) without reservation agree to be bound by all the terms, requirements and obligations of this application package and the program.

I/We understand and agree that the City reserves the right to change the requirements of this application and program at any time.

Applicant Signature

Date

Co-Applicant Signature

Date



City of Banning

DOWN PAYMENT ASSISTANCE PROGRAM (DAP)

APPLICATION

Release of Information

I/we, the undersigned hereby authorize the City of Banning or any of its designees, to release without liability to the City or its agents and all information, as further described below, they may request.

INFORMATION COVERED

I/we understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested include, but are not limited to:

Identity and Marital Status
Medical or Child Care Allowance
Residences and Rental Activity

Employment, Income and Assets
Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the City Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release information (depending on program requirements) include, but are not limited to:

Previous Landlords
Court and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Veterans Administration
Utility Companies

Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Banks and other Financial Institutions
Retirement Systems
Credit Providers and Credit Bureaus

CONDITIONS

I/we agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the City will stay in effect for a year and one month from the date signed. I/we understand I/we have a right to review my/our file and correct and information that I/we can PROVE to be incorrect.

Signature (Head of Household/Applicant)

Print Name

Date

Signature (Spouse/Co-Applicant)

Print Name

Date

Signature (Household Member, 18+ years)

Print Name

Date

Signature (Household Member, 18+ years)

Print Name

Date



City of Banning

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APPLICATION

CONFLICT OF INTEREST PROVISIONS AND CERTIFICATION

APPLICANT CERTIFICATION OF CITY CONFLICTS OF INTEREST PROVISIONS

Applicant has identified all *potential* conflicts of interest as follows:

- Applicant is Is not a current or former:
- City of Banning or Successor Agency Employee
 - Member of the Banning City Council
 - Appointed official (planning commissioner)
 - Consultant or Attorney to the City or Successor Agency

Please identify any positions held as described about and dates of service:

- Applicant is Is not a spouse or dependent of a current or former:
- City of Banning or Successor Agency Employee
 - Member of the Banning City Council
 - Appointed official (planning commissioner)
 - Consultant or Attorney to the City or Successor Agency

Please identify any positions held as described about and dates of service:

- Applicant does does not Have business ties with a current or former:
- City of Banning or Successor Agency Employee
 - Member of the Banning City Council
 - Appointed official (planning commissioner)
 - Consultant or Attorney to the City or Successor Agency

Please identify any positions held as described about and dates of service:

| | |
|--|-------|
| Applicant Signature: X | Date: |
| Co-Applicant Signature: X | Date: |
| Household Member Signature (18 years of age or older): X | Date: |
| Household Member Signature (18 years of age or older): X | Date: |

Note: The previously answered questions identify *potential* conflicts of interest. In many cases, there will not be an *actual* conflict of interest that disqualifies the buyer from participating in the Down Payment Assistance Program, even if there is a *potential* conflict.

STATE AND LOCAL CONFLICT OF INTEREST PROVISIONS

STATE CONFLICT OF INTEREST PROVISIONS

In accordance with the Political Reform Act and Government Code Section 1090, the following persons may not participate in the DAP Program:

- Existing and former members of the City of Banning City Council, and existing or former City Manager and City Attorney.
- Existing and former staff members of City of Banning and consultants *involved in designing or implementing the Rehabilitation or DAP Programs*.
- Spouses and dependents of anyone listed in subsection (a) or (b), and any other person whose participation would provide a financial benefit to anyone listed in subsection (a) or (b).

CITY CONFLICT OF INTEREST PROVISIONS

- Employees, elected and appointed officials of the City and any and all family members of the employee, elected and appointed official, shall not be allowed to bid or provide goods/services to the City nor bid on any surplus property.



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Statistical Information

The following information will be kept confidential and used only to provide aggregated data for program analysis. The information provided will be separated from your application and maintained separately. Completion of this form will not be used to evaluate your application for participation in this program.

Head of Household ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Native Alaskan and White |
| <input type="checkbox"/> Black/African America | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native AND Black/African American |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Other |

Hispanic/Latino Ethnicity? Yes No

- Yes, Mexican/Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Hispanic/Latino

Head of Household: Male Female

Age of Head of Household:

- 18-24 25-34 35-44 45-54 55-64 65 & older

Disabled:

- Yes No

This information is kept in a separate file.