



myhomegateway.org | bmr@myhomegateway.com | (800) 480-9020 x 556

The Bay Area Affordable Homeownership Alliance, Inc. PROGRAM PRESCREEN APPLICATION

PLEASE READ: Applicants must complete this application thoroughly and accurately. Applications must be received before due date and time (if applicable). All requested information must be provided. A late, incomplete, or wrongfully filled out application may result in disqualification from the screening and lottery process. Application deadlines (if applicable) will be provided to you separately by BAAHA's Program Administrator or Program Coordinator.

If applying, write the **address or name of development or name of program** here:

If inquiring, please check all the regions you are interested in being updated about:

<input type="checkbox"/> Alameda County	<input type="checkbox"/> San Francisco County	Other: _____
<input type="checkbox"/> Contra Costa County	<input type="checkbox"/> San Mateo County	

Today's Date (MM/DD/YYYY): ____/____/____ Total # in Household: ____

Buyer/Borrower 1:

First Name *Middle Name* *Last Name*

Buyer/Borrower 2:

First Name *Middle Name* *Last Name*

Applications can be submitted one of the following ways:

Upload PDF: myhomegateway.org | E-mail PDF: bmr@myhomegateway.com | Fax: (415) 231-5181

Mail: ATTN: Program Coordinator, BAAHA, 5517 Geary Blvd Suite 206, San Francisco, CA 94121



BUYER/BORROWER 1 (B1)

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH (MDY):	SSN:
_____	_____	_____	___/___/___	___-___-___
NO PO BOX #s	HOME STREET ADDRESS:	APT #:	ADDRESS CITY:	STATE:
_____	_____	_____	_____	_____
EMAIL ADDRESS:	CELL PHONE #:	WORK PHONE #:		
_____	(____) ____-____	(____) ____-____ X__		
Do you have a homebuyer education certificate? If YES, supply year achieved and from which institution.	ADDITIONAL INFORMATION:			
<input type="checkbox"/> NO <input type="checkbox"/> YES, in 20 _____ from _____				

BUYER/BORROWER 2 (B2) a. Relationship to B1?: _____ b. same address as B1:

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH (MDY):	SSN:
_____	_____	_____	___/___/___	___-___-___
NO PO BOX #s	HOME STREET ADDRESS:	APT #:	ADDRESS CITY:	STATE:
_____	_____	_____	_____	_____
EMAIL ADDRESS:	CELL PHONE #:	WORK PHONE #:		
_____	(____) ____-____	(____) ____-____ X__		
Do you have a homebuyer education certificate? If YES, supply year achieved and from which institution.	ADDITIONAL INFORMATION:			
<input type="checkbox"/> NO <input type="checkbox"/> YES, in 20 _____ from _____				

COMBINED HOUSEHOLD INFORMATION

COMBINED TOTAL # IN HOUSEHOLD:	NUMBER OF DEPENDENTS IN HOUSEHOLD:	DEPENDENTS RELATIONSHIP TO B1 (e.g. daughter, son, etc.)	Have B1 or B2 owned a home in the last 3 years to date? If YES, supply date of closing. If you currently own a home, please provide the current market value of your home.
_____	_____	_____ _____ _____	<input type="checkbox"/> NO <input type="checkbox"/> YES Date closed: ___/___/___ Current market value: \$ _____
B1 MONTHLY RENT:	B2 MONTHLY RENT (if different address):	B1 YEARS AT CURRENT ADDRESS:	B2 YEARS AT CURRENT ADDRESS:
\$ _____	\$ _____	_____	_____

a. Are you working with a: realtor?: NO | YES

Name & contact info: _____

b. Are you working with a lender?: NO | YES

Name & contact info: _____

B1 INCOME

NAME OF CURRENT EMPLOYER(S):	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS ANNUAL INCOME:
				\$
				\$
				\$
				\$
			TOTAL:	\$

B1 LIQUID ASSETS *Include investment accounts. Exclude retirement accounts.*

NAME OF BANK/INSTITUTION:	TYPE OF ASSET ACCOUNT (e.g. checking, savings):	CURRENT CASH VALUE:
		\$
		\$
		\$
		\$
	TOTAL:	\$

B1 RETIREMENT *a. Do you intend to access a retirement account for this purchase? If yes, please note which account below in the notes section provided.*

NAME OF BANK/INSTITUTION:	TYPE OF ACCOUNT (e.g. 401K, IRA):	CURRENT VALUE:
		\$
		\$
		\$
		\$
	TOTAL:	\$

B1 CREDIT & DEBTS *a. What is your median FICO/Credit score?: _____, as of ___/___/_____*

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MONTHLY PAYMENTS/INSTALLMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL:	\$	\$

IS THERE ANY OTHER INFORMATION THAT YOU WOULD LIKE TO PROVIDE REGARDING YOUR FINANCIAL INFORMATION?

B2 INCOME

NAME OF CURRENT EMPLOYER(S):	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS ANNUAL INCOME:
				\$
				\$
				\$
				\$
			TOTAL:	\$

B2 LIQUID ASSETS *Include investment accounts. Exclude retirement accounts.*

NAME OF BANK/INSTITUTION:	TYPE OF ASSET ACCOUNT (e.g. checking, savings):	CURRENT CASH VALUE:
		\$
		\$
		\$
		\$
	TOTAL:	\$

B2 RETIREMENT *a. Do you intend to access a retirement account for this purchase? If yes, please note which account below in the notes section provided.*

NAME OF BANK/INSTITUTION:	TYPE OF ACCOUNT (e.g. 401K, IRA):	CURRENT VALUE:
		\$
		\$
		\$
		\$
	TOTAL:	\$

B2 CREDIT & DEBTS *a. What is your median FICO/Credit score?: _____, as of ___/___/_____*

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MONTHLY PAYMENTS/INSTALLMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL:	\$	\$

IS THERE ANY OTHER INFORMATION THAT YOU WOULD LIKE TO PROVIDE REGARDING YOUR FINANCIAL INFORMATION?

BUYER/BORROWER ACKNOWLEDGEMENTS

Please read, sign, and date the following acknowledgment.

I/We verify that the above information is truthful and accurate. Information provided and derived in/from this application will be used to determine your program eligibility and home purchase capacity. Inaccurate or wrongful information could, at the Program Administrator's discretion, disqualify you from the program screening process. I/We authorize the Bay Area Affordable Homeownership Alliance to share our information with an affiliated organization for the purpose of completing the program screening process.

This application is only used to establish a preliminary homebuyer Program eligibility determination and will be used to match information to restriction criteria of program related properties available in the requested areas. It is important that the application is filled out accurately. Wrongful and withheld information could lead to the disqualification of the applicant to participate in the homebuyer program. Make certain to fill out all sections pertaining to your situation. Please make certain to write legibly. We are not responsible for not being able to contact you if you have not supplied your contact information or have made it so that it is illegible. The program administrator will verify receipt of your application and contact you with any additional questions or concerns that they may have. All communications will initially be conducted by e-mail. By signing below, I/We understand the nature, guidelines, and restrictions of this prescreen application.

B1 FIRST & LAST NAME

B1 SIGNATURE

____/____/____
DATE

B2 FIRST & LAST NAME

B2 SIGNATURE

____/____/____
DATE



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