

The Bay Area Affordable Homeownership Alliance

BELOW MARKET RATE PURCHASE PROGRAM PRESCREEN APPLICATION

FULL ADDRESS, NAME OF PROJECT, OR CITY/COUNTY/REGION(S) APPLYING FOR:						
Today's Date (MM/DD/YYYY):/ Total # in Household:						
Please print names: Borrower First Name:	Co-Borrower First Name:					
MI:	MI:					
Borrower Last Name:	Co-Borrower Last Name:					
DI FACE DEAD! Applicants must separate	to this application they and a courately					

PLEASE READ: Applicants must complete this application thoroughly and accurately. Applications must be received before due date and time. All requested information must be provided. A late application and an incomplete or wrongfully filled out application will result in disqualification from the screening and lottery process.

Application deadlines will be sent out separately. Applications must be submitted by either:

Scanning and uploading to: myhomegateway.org

Scanning & e-mailing to: bmr@myhomegateway.com

Faxing application to: (415) 231-5181

Mailing application to: BAAHA, ATTN: Program Administrator

5517 Geary Blvd #206 San Francisco, CA 94121

BUYER/BORROWER 1 (B1)

FIRST NAME:		МІ:	LAST NAME:						DATE OF BIRT	H (MDY):	SSN:	
								_	/	/		
	HOME STREET	ADDRE	SS:		APT #:		ADDRESS	CITY:			STATE:	ZIP:
<u>VO</u> PO BOX #s						_						
MAIL ADDRESS:	. 1					С	ELL PHONE #	ŧ:		WORK PHONE	E #:	1
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FIRST NAME:		MI:	LAST NAME:						DATE OF BIRT	_	SSN:	
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OMBINED	HOUSEH	OLD	INFORM	/IAII	ON							
OF INDEPENDENTS:	# OF DE	PENDE	VTS: C	OMBINE	ED TOTAL #	ŧ IN	1	Have I	B1 or B2 owned	a home in the l	ast 3 years t	o date (circ
			Н	OUSEH	OLD:			,	If YES, supply d	ate of closing.	_	
								NO	YES	/	/	
	_						_	lf you	currently own, v	hat is the curre	nt market va	lue of you
								home	? \$			
B1 MONTHLY RENT:	B2 MONT	HLY REN	IT (if different ac	ddress):	: B1 Y	ÆΑ	RS AT CURRE	NT AD	DRESS: B	2 YEARS AT CUF	RRENT ADDR	ESS:
\$	\$											
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. Are you working	with a: realtor	Z: INC	רן ובס	name	e & conta	iCt	ınto:					
. Are you working	with a lender?	: NO	YES	name	& contac	ct i	nfo:					

B1 FINCANIAL & CREDIT INFORMATION

NAME OF EMPLOYER(S) & (GROSS AMOUNT(S) PER YEAR:	ASSET ACCOUNTS (CASH &	EQUIVALENT) – SPECIFY T	YPE OF ACCOUNT, NAME
1	<i>:</i> \$	OF BANK, & AMOUNT:		
	<u>:</u> \$: \$
				: \$
3	<i>:</i> \$	_		
4	: \$	_		• Ψ
RETIREMENT & INVESTVEN	T ACCOUNTS - SPECIFY TYPE OF ACCOUNT &	DEBTS (INSTALLMENTS, CI	REDIT CARDS, ETC.):	
AMOUNT:	_	LENDER/CREDITOR		MIN. MOS PYMNT
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	<i>:</i> \$		\$	\$
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FICO/CREDIT SCORE:	CITY EMPLOYER LOCATED:			
	1	3		
	2	4		
1	GROSS AMOUNT(S) PER YEAR:	ASSET ACCOUNTS (CASH & OF BANK, & AMOUNT:		: \$
2	: \$:	-		; \$
3	: \$			
4	<u>:</u> \$	_		: \$
RETIREMENT & INVESTVEN	T ACCOUNTS - SPECIFY TYPE OF ACCOUNT &	DEBTS (INSTALLMENTS, CI	REDIT CARDS, ETC.):	
AMOUNT:		LENDER/CREDITOR	CURRENT BALANCE	MIN. MOS PYMNT
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	:\$		\$	\$
FICO/CREDIT SCORE:	CITY EMPLOYER LOCATED:			<u> </u>
	1	3		
	2	4		
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IS THERE ANY OTHER INFORMATION TO	HAT YOU FEEL WE NEED OR INFORMA	TION RELATED TO THE ABOVE QUESTIONS?
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BUYER ACKNOWLEDGEM	IENTS	
Please read, sign, and date the follow	wing acknowledgment.	
be used to determine your program elig Program Administrator's discretion, di	sibility and home purchase capacity. It squalify you from the program scre	rovided and derived in/from this application will naccurate or wrongful information could, at the tening process. I/We authorize the Bay Area of organization for the purpose of completing the
information to restriction criteria of pro application is filled out accurately. Wro participate in the homebuyer program. In write eligibly. We are not responsible for have made it so that it is illegible. The	ogram related properties available in ngful and withheld information could Make certain to fill out all sections pen or not being able to contact you if you program administrator will verify recei they may have. All communications w	igibility determination and will be used to match the requested areas. It is important that the lead to the disqualification of the applicant to taining to your situation. Please make certain to have not supplied your contact information or pt of your application and contact you with any will initially be conducted by e-mail. By signing then application.
B1 FIRST & LAST NAME	B1 SIGNATURE	DATE
 B2 FIRST & LAST NAME	B2 SIGNATURE	/