

AHOP PROGRAM

APPLICATION INSTRUCTIONS

PLEASE READ BEFORE COMPLETING APPLICATION

The Bay Area Affordable Homeownership Alliance has been assigned to administer the AHOP Program that you are applying for. BAAHA's AHOP Program Application is used by BAAHA's staff to conduct an analysis that will:

- Provide a preliminary program eligibility determination for the AHOP program;
- Allow BAAHA to provide applicants an assessment and guidance regarding their qualifications to participate in the AHOP Program.

All households must take the time needed to accurately complete the application. **BAAHA's goal is to assist homebuyers.** Submitting a complete and accurate application allows BAAHA to provide relevant and meaningful assistance. **The applicant must complete the application in its entirety, and the applicant must submit the application. Incomplete applications will not be processed and will be returned to the applicant.**

FILLING OUT AND SUBMITTING YOUR APPLICATION

Use one of the following alternatives to download and fill out your application:

- ***Open and save the application as an Adobe PDF/ file. This is BAAHA's preferred format to receive the completed and signed application.*** When downloading the application from the BAAHA website make certain to:
 - a. Download the application from the web
 - b. Once downloaded make certain to OPEN the file as an adobe file.
 - c. Save the adobe PDF file on your computer. Do not fill out the application until you have opened it as an Adobe file (Reader or Acrobat) and saved it on your computer.
 - d. Fill out, sign (do not use docusign), and save the completed application on your computer. Print your name in the signature box if you cannot sign the application.
 - e. Attach the saved PDF adobe application file from your computer when emailing the application to BAAHA at info@myhomegateway.com. Make certain to state the property or program you are applying for in your email.
- ***Print the application from the website*** – fill the printed application out, scan it, and email it to BAAHA at info@myhomegateway.com. BAAHA does not accept photographs of the application – it must be a scanned PDF copy. Alternatively, you can fax a copy of the application to (415) 231-5181

If you are having difficulties in downloading or processing your application please email BAAHA at info@myhomegateway.com

BASIC HOUSEHOLD INFORMATION

General household information for all household members is requested on **pages 1 through 4**. This information covers household member names, address, contact information, dependents in the household, current living circumstances (*renting or owning*), whether the household is a Section 8 Choice Voucher holder, if a member of the household has received a HUD-certified education, and if the household is currently working with a realtor or lender.

- **Census Information** – all adult non-dependent household members are required to fill out their census information. **The application will not be processed unless this information is provided.** Census information is not required for non-adult dependents listed on the application
- **Dependents** – dependents are members of the household that must be referenced in a primary or main household member's tax returns. Examples of dependents may include minor children and dependent elderly or disabled parents.
- **First time homebuyers** – the application asks if any household members currently own or have owned a home within the past 3 years to date.
 - a. **If currently owning** – provide the current market value of the home
 - b. **If any household member has sold a home within 3 years of this application** – provide the date of close of escrow, and the amount the home was sold for (*use the "Market value/Price sold" line*).

- **Lender Information** – You are not required to have identified a lender to fill out and submit the application. Some First Time Homebuyer (FTHB) property purchases will require that applicant(s) be approved by a City (or Program Administrator) chosen and authorized lender. If you are currently working with a lender, provide their name and contact information.
- **Real Estate Agent information** - You are not required to be working with a real estate agent to fill out and submit the application. Some FTHB transactions do not provide compensation to a cooperating real estate agent that represents and assists the buyer in the purchase of the FTHB. If you are currently working with a real estate agent, provide their name and contact information.

HOUSEHOLD FINANCIAL INFORMATION

All non-dependent household members that will be living in the FTHB home are required to fill out the financial information referenced below.

Household Income Information

Pages 5, 6, and 7 (if applicable) ask for current gross (before withholdings) income information which must be provided for each primary non-dependent household member. When applicable, each household member must list multiple sources of income separately – do not combine all sources of income on one line. Other sources of income may include (and not be limited to) alimony, child support, Social Security and/or disability, investment earnings, and self-employment. Provide projected annual net earnings from self-employment. Make certain to provide the position and/or title at place of employment, how many years employed, and the city in which the employer is located. Supply your **gross projected annual** earnings from each income source. **If none, write \$0 in the TOTAL box.**

Household Asset Account(s) Information

Pages 5, 6, and 7 (if applicable) ask for household **liquid and investment asset** information. Provide the name of the bank/institution in which funds are located, the type of account it is (*example: checking, savings, investments, etc.*), and the total current cash value in the account. **If none, write \$0 in the TOTAL box.**

Household Retirement Account(s) Information

Pages 5, 6, and 7 (if applicable) ask for household **retirement** information. Provide the name of the bank/institution in which funds are located, the type of account it is (*example: 401K, IRA, etc.*), and the current value in the account. **If none, write \$0 in the TOTAL box.**

Household Credit and Debt Information

Pages 5, 6, and 7 (if applicable) ask for household **credit quantity and quality** information.

- Provide your most recent **credit/FICO score** for each non-dependent household member that will be on title.
- Provide the following information on each line: **name(s) of creditors/lenders** that currently you have an active line of credit with (*example: student loan, car loan, department store credit card, home loan, etc.*), the **total outstanding balance** of this on credit line, and the **minimum monthly payments** that are made on this line of credit. **If none, write \$0 in the TOTAL box.**

REQUIREMENT FOR ACCURATE INFORMATION ON YOUR APPLICATION

Information provided in the application must be accurate. This information will be applied towards determining the household's preliminary program eligibility and preference rating to participate in the FTHB Program. A thorough and complete underwriting process will be conducted by the 1st mortgage lender and the City for all eligible applicants. At that time, all information provided in the application will be verified. The underwriting process will require that supporting and verifying financial documents be provided for each household member on title. Inaccurate or misrepresented information on the application could eliminate the household from participating in the FTHB Program. In addition, all individuals signing the application will be declaring under the penalty of perjury under the laws of the United States of America that the information provided is true and correct

www.myhomegateway.org

info@myhomegateway.com

AHOP - Program Application

Read attached instructions prior to completing this application. All applicable items must be answered. Any omissions may result in the delay of the processing of your application. A PDF version of this application is available online at www.myhomegateway.org

Total household size (HHS):

How many people are in the household, including dependents?: _____

Fill out the following information for all Household Members:

Household member #1: *(This should be the primary household member)* Birthday (m/d/y): ____/____/____

First name: _____ Middle initial(s): ____ Last name: _____

Street address: _____ Apt#: ____ City: _____ State: __ Zip: _____

E-mail address: _____ Phone#: _____

Fill out this section for Adult Non-Dependent Household Members only. DO NOT FILL OUT FOR CHILDREN.

Age 62 or older? Yes No

Gender: Female Male Nonbinary

Severely Disabled? Yes No

Hispanic? (Must check Yes or No): Yes No

Race (Must check one):

White	Black/African American	Asian
American Indian/Alaska Native	Native Hawaiian/Pacific Islander	Asian and White
American Indian/Alaskan Native and White		Black/African American and White
American Indian/Alaskan Native and Black/African American		Other Multi Racial

Household member #2: (if applicable) Birthday (m/d/y): ____/____/____

Check if dependent: Check if same address: What is relation to primary?: _____

First name: _____ Middle initial(s): ____ Last name: _____

Street address: _____ Apt#: ____ City: _____ State: __ Zip: _____

E-mail address: _____ Phone#: _____

Fill out this section for Adult Non-Dependent Household Members only. DO NOT FILL OUT FOR CHILDREN.

Age 62 or older? Yes No

Gender: Female Male Nonbinary

Severely Disabled? Yes No

Hispanic? (Must check Yes or No): Yes No

Race (Must check one):

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian/Alaskan Native and White		<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American		<input type="checkbox"/> Other Multi Racial

Household member #3: (if applicable) Birthday (m/d/y): ____/____/____

Check if dependent: Check if same address: What is relation to primary?: _____

First name: _____ Middle initial(s): ____ Last name: _____

Street address: _____ Apt#: ____ City: _____ State: __ Zip: _____

E-mail address: _____ Phone#: _____

Fill out this section for Adult Non-Dependent Household Members only. DO NOT FILL OUT FOR CHILDREN.

Age 62 or older? Yes No

Gender: Female Male Nonbinary

Severely Disabled? Yes No

Hispanic? (Must check Yes or No): Yes No

Race (Must check one):

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian/Alaskan Native and White		<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American		<input type="checkbox"/> Other Multi Racial

Household member #4: *(if applicable)* Birthday (m/d/y): ____/____/____

Check if dependent: _____ Check if same address: _____ What is relation to primary?: _____

First name: _____ Middle initial(s): _____ Last name: _____

Street address: _____ Apt#: _____ City: _____ State: ____ Zip: _____

E-mail address: _____ Phone#: _____

Fill out this section for Adult Non-Dependent Household Members only. DO NOT FILL OUT FOR CHILDREN.

Age 62 or older? Yes No

Gender: Female Male Nonbinary

Severely Disabled? Yes No

Hispanic? (Must check Yes or No): Yes No

Race (Must check one):

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian/Alaskan Native and White	<input type="checkbox"/> Black/African American and White	
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> Other Multi Racial	

Household member #5: *(if applicable)* Birthday (m/d/y): ____/____/____

Check if dependent: _____ Check if same address: _____ What is relation to primary?: _____

First name: _____ Middle initial(s): _____ Last name: _____

Street address: _____ Apt#: _____ City: _____ State: ____ Zip: _____

E-mail address: _____ Phone#: _____

Fill out this section for Adult Non-Dependent Household Members only. DO NOT FILL OUT FOR CHILDREN.

Age 62 or older? Yes No

Gender: Female Male Nonbinary

Severely Disabled? Yes No

Hispanic? (Must check Yes or No): Yes No

Race (Must check one):

<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian and White
<input type="checkbox"/> American Indian/Alaskan Native and White	<input type="checkbox"/> Black/African American and White	
<input type="checkbox"/> American Indian/Alaskan Native and Black/African American	<input type="checkbox"/> Other Multi Racial	

First-time homebuyer status:

Have any household members owned a real property or been on title within the last 3 years to date? (click one): Y N

If any member has owned a property *within* the past 3 years, and no longer does, supply the date of closing and the amount the home was sold for. If any member *currently* owns a property, please provide the date it was purchased and current market value of the home.

Date sold/ purchased (m/d/y): ____/____/____ Market value/Price sold: \$ _____

Monthly Rent Amount:

What is your monthly rent payment: _____

Lender information:

Are you currently working with a lender? (click one): Y N

IF YES: Name: _____ Company: _____

Contact e-mail: _____ Phone: _____

Realtor information:

Are you currently working with a realtor? (click one): Y N

IF YES: Name: _____ Company: _____

Contact e-mail: _____ Phone: _____

Housing Choice Voucher Holder (Section 8):

Are you a Housing Choice Voucher Holder (Section 8)? (click one): Y N

Are you a current member or a graduate of the Family Self-Sufficiency Program? Y N

Homebuyer education certificate:

Are all non-dependent household members currently certified from a HUD-approved homebuyer agency? (click one): If you have a certificate please make certain to provide copies of certification with this application Y N

If you would like to provide more information about your household, use this space provided:

Household Member 1 INCOME

NAME OF CURRENT PLACE OF EMPLOYMENT/INCOME SOURCE:	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS YEARLY INCOME:
				\$
				\$
				\$
				\$
			TOTAL OF ALL AMOUNTS HERE:	\$

Household Member 1 ASSETS *Include investment accounts. Enter retirement accounts in next section.*

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

Household Member 1 RETIREMENT *Do you intend to access a retirement account for this purchase? If yes, please note which account below in the notes section provided. Write "0" in the total box if you have no retirement accounts.*

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

Household Member 1 CREDIT & DEBTS

FICO/CREDIT SCORE: _____

AS OF: ____/____/20____

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MINIMUM REQUIRED MONTHLY PAYMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OF ALL AMOUNTS HERE:	\$	\$

ADDITIONAL FINANCIAL INFORMATION:

Household Member 2 INCOME

NAME OF CURRENT PLACE OF EMPLOYMENT/INCOME SOURCE:	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS YEARLY INCOME:
				\$
				\$
				\$
				\$
			TOTAL OF ALL AMOUNTS HERE:	\$

Household Member 2 ASSETS *Include investment accounts. Exclude retirement accounts.*

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

Household Member 2 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. Write "0" in the total box if you have no retirement accounts.

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

Household Member 2 CREDIT & DEBTS

FICO/CREDIT SCORE: _____

AS OF: ____/____/20____

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MINIMUM REQUIRED MONTHLY PAYMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OF ALL AMOUNTS HERE:	\$	\$

ADDITIONAL FINANCIAL INFORMATION:

Household Member 3 INCOME

NAME OF CURRENT PLACE OF EMPLOYMENT/INCOME SOURCE:	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS YEARLY INCOME:
				\$
				\$
				\$
				\$
			TOTAL OF ALL AMOUNTS HERE:	\$

Household Member 3 ASSETS *Include investment accounts. Exclude retirement accounts.*

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

Household Member 3 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. Write "0" in the total box if you have no retirement accounts.

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

Household Member 3 CREDIT & DEBTS

FICO/CREDIT SCORE: _____

AS OF: ____/____/20____

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MINIMUM REQUIRED MONTHLY PAYMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL OF ALL AMOUNTS HERE:	\$	\$

ADDITIONAL FINANCIAL INFORMATION:

Information acknowledgement:

I (We) verify that the above information is truthful and accurate. Inaccurate or wrongful information could, at the City's and Program Administrator's discretion, disqualify me (us) from the program application process. I (We) authorize the Bay Area Affordable Homeownership Alliance, Inc. (BAAHA) to share our information with an affiliated organization for the purpose of completing the program screening process.

Information provided in this application establishes applicants eligibility to participate in a homebuyer Program.

All applicants must submit a HUD education certificate prior to closing their purchase. HUD certificates must have been received within 12 months of the date of the application. All non-dependent applicants must submit a copy of their HUD education certificate.

Wrongful and withheld information provided in this application could lead to my (our) disqualification to participate in the purchase process. I (We) have made certain to fill out all sections pertaining to my/our household.

I (We) have made certain that I (we) have written legibly. I (We) understand that BAAHA is not responsible for not being able to contact me (us) if I (we) have not supplied my (our) contact information or have made it so that it is illegible.

By signing below, I (we) understand the nature, guidelines, and restrictions of this application.

The Program Administrator will verify receipt of my application and contact me with any additional questions or concerns that they may have. All communications will initially be conducted by e-mail.

All non-dependent members are required to sign the application. Dependent members are not required to sign the application. Dependent members include members that are claimed on a tax return as a dependent in the household. This will most commonly includes a child or senior that is claimed as a dependent on one of the applicant's tax returns.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct

Member #1 name: _____ Signature*: _____ Date: ____/____/20__

Member #2 name: _____ Signature*: _____ Date: ____/____/20__

Member #3 name: _____ Signature*: _____ Date: ____/____/20__

Member #4 name: _____ Signature*: _____ Date: ____/____/20__

Member #5 name: _____ Signature*: _____ Date: ____/____/20__

***Signature line must be filled out and may be typed if unable to sign electronically**