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The Bay Area Affordable Homeownership Alliance

FIRST TIME HOMEBUYER COUSLING FORM

# INSTRUCTIONS

READ AND ACKNOWLEDGE BEFORE COMPLETING APPLICATION

BAAHA's First Time Homebuyer Counseling Form is used by BAAHA's staff to conduct an analysis that will:

- Provide a preliminary program eligibility determination for a specific program;
- Direct households to programs, resources, and opportunities to help maximize purchase opportunities; and/or
- Provide guidance to resources and services that can better prepare households to become homeowners.

All households must take the time needed to accurately complete the prescreen application. **BAAHA's goal is to assist homebuyers.** Submitting a complete and accurate application allows BAAHA to provide relevant and meaningful assistance.

**This application must be entirely completed. Incomplete applications will not be processed and will be returned to the applicant.**

## BASIC HOUSEHOLD INFORMATION

General household information is requested on pages 1 and 2. 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 HUD-certified education, and if the household is currently working with a realtor or lender.

- **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 "current market value" line*).

## HOUSEHOLD INCOME INFORMATION

Pages 3 and 4 ask for current household income information. For all primary household members, list **all current employers and/or sources of income** (*see examples below*), the position and/or title at place of employment, how many years employed and/or receiving the source(s) of income, the city in which the employer is located, and the **gross** amount made/received **per year** with that employer/income source. Provide the yearly (annual) gross total of all income sources. **If none, write \$0 in the TOTAL box.**

- **Examples of additional income sources:** alimony, child support, Social Security and/or disability, self-employment.

## HOUSEHOLD ASSET INFORMATION

Pages 3 and 4 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*), and the current cash value in the account. **If none, write \$0 in the TOTAL box.**

## HOUSEHOLD RETIREMENT INFORMATION

Pages 3 and 4 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*), and the current value in the account. **If none, write \$0 in the TOTAL box.**

## HOUSEHOLD CREDIT AND DEBT INFORMATION

Pages 3 and 4 ask for household **credit quantity and quality** information.

- Provide your most recent **credit/FICO score** for all applicable household members
- Provide the **name(s) of creditors/lenders** that currently have an active line of credit (*example: student loan, car loan, department store credit card, etc.*), the **total outstanding balance** of this line of credit, and the **minimum monthly payments** that are made on this line of credit. **If none, write \$0 in the TOTAL box.**

\*If there are more than 2 non-dependent household members, please contact BAAHA to request a supplementary household member page.

### Application Assistance

For questions about the Program Prescreen Application, please contact BAAHA at:

[info@myhomegateway.com](mailto:info@myhomegateway.com)



www.myhomegateway.org | info@myhomegateway.com

# The Bay Area Affordable Homeownership Alliance, Inc. FIRST TIME HOMEBUYER COUNSELING FORM

**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 applicable, 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:

Hayward                                       Other Alameda County City      Specify: \_\_\_\_\_  
 San Leandro

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

Household Member 1 (M1):  
\_\_\_\_\_  
*First Name*                                      *Middle Name*                                      *Last Name*

Household Member 2 (M2):  
\_\_\_\_\_  
*First Name*                                      *Middle Name*                                      *Last Name*

**Applications can be submitted one of the following ways:**

**Upload PDF:** myhomegateway.org | **E-mail PDF:** [info@myhomegateway.com](mailto:info@myhomegateway.com) | **Fax:** (415) 231-5181

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



## Household Member 1 (M1)

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH (MDY):	SSN:
_____	_____	_____	___/___/___	___-___-___
<b>NO PO BOX #s</b>	HOME STREET ADDRESS:	APT #:	ADDRESS CITY:	STATE: ZIP:
_____	_____	_____	_____	_____
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 _____				

## Household Member 2 (M2) a. Relationship to M1: \_\_\_\_\_ b. same address as M1:

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH (MDY):	SSN:
_____	_____	_____	___/___/___	___-___-___
<b>NO PO BOX #s</b>	HOME STREET ADDRESS:	APT #:	ADDRESS CITY:	STATE: ZIP:
_____	_____	_____	_____	_____
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 a. Check if household is Section 8 Choice Voucher Holder:

TOTAL HOUSEHOLD MEMBERS:	NUMBER OF DEPENDENTS IN HOUSEHOLD:	DEPENDENTS RELATIONSHIP TO M1 (e.g. daughter, son, etc.)	Have any household members 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: ___/___/___  Market value/price sold: \$ _____	
M1 MONTHLY RENT:	M2 MONTHLY RENT (if different address):	M1 YEARS AT CURRENT ADDRESS:	M2 YEARS AT CURRENT ADDRESS:	
\$ _____	\$ _____	_____	_____	

\*If there are more than 2 non-dependent people in your household, please contact BAAHA to request a supplementary household member page.

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

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Contact info: \_\_\_\_\_

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

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Contact info: \_\_\_\_\_

## Household Member 1 INCOME

NAME OF CURRENT EMPLOYER(S)/INCOME SOURCE(S):	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS YEARLY INCOME:
				\$
				\$
				\$
				\$
			<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$

## Household Member 1 ASSETS *Include investment accounts. Exclude retirement accounts.*

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

## Household Member 1 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:
		\$
		\$
		\$
		\$
		\$
		<b>TOTAL OF ALL AMOUNTS HERE:</b>

## Household Member 1 CREDIT & DEBTS

FICO/CREDIT SCORE: \_\_\_\_\_

AS OF: \_\_\_\_/\_\_\_\_/20\_\_\_\_

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MONTHLY PAYMENTS/INSTALLMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$	\$

### ADDITIONAL FINANCIAL INFORMATION:

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## Household Member 2 INCOME

NAME OF CURRENT EMPLOYER(S)/INCOME SOURCE(S):	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS YEARLY INCOME:
				\$
				\$
				\$
				\$
			<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$

## 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:
		\$
		\$
		\$
		\$
		\$
		<b>TOTAL OF ALL AMOUNTS HERE:</b>

## 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.

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

## Household Member 2 CREDIT & DEBTS

FICO/CREDIT SCORE: \_\_\_\_\_ AS OF: \_\_\_\_/\_\_\_\_/20\_\_\_\_

NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MONTHLY PAYMENTS/INSTALLMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$	\$

### ADDITIONAL FINANCIAL INFORMATION:

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# HOUSEHOLD MEMBER ACKNOWLEDGEMENTS

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 my (our) program eligibility and/or home purchase capacity. Inaccurate or wrongful information could, at the Program Administrator's discretion, disqualify me (us) 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/resources available in the requested areas. It is important that the application is filled out accurately. Wrongful and withheld information could lead to disqualification to participate in the homebuyer program.

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.

I (We) have read and followed the BAAHA Program Prescreen Application instructions.

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

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.

\_\_\_\_\_  
M1 FIRST & LAST NAME

\_\_\_\_\_  
M1 SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
M2 FIRST & LAST NAME

\_\_\_\_\_  
M2 SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE



**The Bay Area Affordable Homeownership Alliance, Inc.**

[www.myhomegateway.org](http://www.myhomegateway.org) | [info@myhomegateway.com](mailto:info@myhomegateway.com)

Name of **Member 1 (M1)** on application:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

## Additional Household Member Financial Information

Name of **additional non-dependent household member**:

First: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

Relationship to Household Member 1 (M1): \_\_\_\_\_

### Household Member INCOME

NAME OF CURRENT EMPLOYER(S)/INCOME SOURCE(S):	TITLE / POSITION:	YEARS AT EMPLOYER:	CITY EMPLOYER LOCATED IN:	GROSS YEARLY INCOME:
				\$
				\$
				\$
				\$
			<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$

### Household Member ASSETS Include investment accounts. Exclude retirement accounts.

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

### Household Member 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:
		\$
		\$
		\$
		\$
	<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$

### Household Member CREDIT & DEBTS

FICO/CREDIT SCORE: _____	AS OF: ____/____/20____
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NAME OF CREDITOR/LENDOR:	TOTAL OUTSTANDING BALANCE:	MONTHLY PAYMENTS/INSTALLMENTS:
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>TOTAL OF ALL AMOUNTS HERE:</b>	\$	\$