





<b>DECLARATIONS – The following questions refer to <i>all</i> individuals, persons, families, households currently residing together and others anticipated to occupy the housing unit. Please circle appropriate answer.</b>	
Are persons listed on application U.S. citizens, non-citizen nationals or qualified legally admitted aliens with valid INS documents: <b>Yes No</b> <b>Attach copies of birth certificates and INS Documents.</b>	<b>IF NO, explain</b>
Has anyone filed bankruptcy in the past seven years? If YES, attach copy of discharge <b>Yes No</b>	Is anyone currently delinquent on any Federal debt or any other loan? <b>Yes No</b>
Are there any outstanding judgments or collections against anyone? If YES, <u>attach</u> <b>Yes No</b> <u>copy of judgments and letter of explanation.</u>	Is anyone obligated to pay alimony or child support? If YES, who and how much. _____ \$ _____ <b>Yes No</b>
Has anyone had property foreclosed upon? <b>Yes No</b> If YES, who? _____ When _____	Has anyone disposed of any property at less than fair market value in the past 2 years? <b>Yes No</b>
Is anyone a co-maker or endorser on a note? <b>Yes No</b>	Is anyone party to a lawsuit? <b>Yes No</b>
Do you currently have a contract on a house to purchase? <b>Yes No</b>	Are you currently on the Housing Choice Voucher Program? <b>Yes No</b>

**Vehicles Owned by Each Adult on the Application**

<u>Make of Vehicle</u>	<u>Name on Title</u>	<u>Year and Model</u>	<u>Amount Owed</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

How long have you lived at your current address? \_\_\_\_\_. If less than one year, please provide your previous address as well as the length of residency: \_\_\_\_\_

Is your current residence subsidized? \_\_\_ Yes \_\_\_ No

Do you currently receive rental assistance through a government program? \_\_\_ Yes \_\_\_ No

For purposes of determining eligibility, the income, assets and circumstances of all individuals currently residing together (whether related by blood, marriage, adoption or unrelated) and others anticipated to occupy the housing unit will be considered and must meet all program requirements. Therefore, all persons who **will** occupy the property purchased with the assistance of the CFH NoVA DPA Program whether currently residing together or not must be listed on this application. **All** applicable information requested on this form must be reported for **each** person who will occupy this home.

Each adult listed on the application must read and initial **each** certification statement. (Please initial in the **left-hand margin**.) The signature for each adult signifies he/she understands each statement.

I/We understand total gross household income may not exceed 80% of the area median income, \_\_\_\_\_ adjusted for family size, as defined by HUD for the Washington Metropolitan Area.

I/We understand that any misrepresentation in connection with this application to determine \_\_\_\_\_ eligibility will result in disqualification from the process.

I/We authorize Catholics for Housing to contact persons, businesses, employers or agencies to \_\_\_\_\_ confirm and verify information provided by the applicant in this application form.

I/We understand that the household must be income eligible up to and including the day of settlement. I/We agree to report all changes in income within five (5) days of notification of the change. I/We understand that income includes wages, bonuses, overtime, pay differential, \_\_\_\_\_ interest from assets and all other sources of income to the household.

I/We understand that the home purchased through this program must be used as the primary \_\_\_\_\_ residence.

I/We have not had ownership interest in a home in the last three (3) years, thus qualifying for \_\_\_\_\_ "first-time homeowner" status.

I/We certify that all the information contained in this application is true, accurate and complete, to the best of my/our knowledge. I/We understand that failure to include all required \_\_\_\_\_ information or to misrepresent required data may result in this application being disqualified.

All adults are required to review the contents of this application for accuracy and completeness; your signature verifies your compliance.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member of Household

\_\_\_\_\_  
Date

Reviewed on \_\_\_\_\_



*CFH, INC. (CATHOLICS FOR HOUSING)  
 CFH NoVA DPA  
 AUTHORIZATION OF RELEASE  
 JANUARY 2016*

CFH has an obligation to fulfill its commitment to the Virginia Department of Housing and Community Development (DHCD) to provide down payment assistance to Applicants whose income does not exceed **80%** of the area median income. To that end, verification of all information on the application is required.

**Consent: I consent to allow Catholics for Housing to request further information as needed to support the information on my/our application and/or to verify information contained in my/our application.**

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date of Signature  
 Print name of Applicant \_\_\_\_\_

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date of Signature  
 Print name of Applicant \_\_\_\_\_

\_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date of Signature  
 Print name of Applicant \_\_\_\_\_

Reviewed on \_\_\_\_\_





*CATHOLICS FOR HOUSING, INC. (CFH)  
CFH NOVA DPA  
INSTRUCTIONS FOR INCOME VERIFICATION  
JANUARY 2017*

***Please***

Fill in Part I ***only***

Return the Income Verification form with your

Application with only Part I completed.

Do not give this form to your employer.

CFH **MUST** present this to your employer.

Return the Income Verification form with your application with only Part I  
completed.

**Additional Income Verification Forms may be copied as needed by the  
applicant**





**PART I. To be completed and signed by Employee**

This will authorize (Name of Employer) \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ FAX \_\_\_\_\_  
 Employer Email \_\_\_\_\_

to release the information requested below regarding my employment/compensation/termination.

\_\_\_\_\_ Full Name (Please print or type) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II. To be completed and submitted by Human Resources/Personnel Office to Catholics for Housing:**

The employee named above has applied to the CFH NoVA DPA (*CFH Northern Virginia Down Payment Assistance Program*), which has income and asset limits used to determine eligibility. The information requested below will be held in strict confidence as is required under the provisions of the Virginia Privacy Protection Act and will be used only to determine the eligibility of the employee for the homeownership program. Thank you for your cooperation in completing those applicable portions of the inquiry.

**Submit to: Karen DeVito, Executive Director, Catholics for Housing  
 18139 Triangle Shopping Plaza, Suite 209, Dumfries, VA 22026-2582 or  
 FAX 703-221-3708 Phone 703-221-4510**

The \_\_\_\_\_ applicant \_\_\_\_\_ is/was \_\_\_\_\_ employed \_\_\_\_\_ with \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Position Title: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Step: \_\_\_\_\_

Current Gross Yearly Pay: \$ \_\_\_\_\_ Additional Bonus/Overtime Per Year: \$ \_\_\_\_\_

If part-time, hourly rate: \$ \_\_\_\_\_ Average hours worked per week \_\_\_\_\_

Is this employee in good standing with the employer? ( ) Yes ( ) No Full-time ( ) Part-time ( )

Next merit increase Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Next cost of living increase Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Effective date of last pay increase received: \_\_\_\_\_

Reviewed on \_\_\_\_\_



*CATHOLICS FOR HOUSING, INC. (CFH)*  
*CFH NoVA DPA*  
*EMPLOYMENT AND INCOME VERIFICATION*  
*JANUARY 2017*

	Current Year-To-Date	Past Year-To-Date
Base Pay	\$ _____	\$ _____
Overtime	\$ _____	\$ _____
Commissions	\$ _____	\$ _____
Total	\$ _____	\$ _____

**I certify that the above information is true and correct to the best of my knowledge.**

Print: \_\_\_\_\_  
Employer's Representative Title

\_\_\_\_\_  
Signature of Employer's Representative Date

\_\_\_\_\_  
Name of Employer Phone Number FAX Number

Employer's Email \_\_\_\_\_

\_\_\_\_\_  
Street Address City State Zip

Reviewed on \_\_\_\_\_







*CATHOLICS FOR HOUSING, INC. (CFH)  
 CFH NoVa DPA  
 FIRST TIME HOMEBUYER AFFIDAVIT  
 JANUARY 2017*

Our signatures below certify that no person, individual, family or household member listed on the CFH NoVa DPA application had an ownership interest (own, purchase, co-sign on a loan, inherit, etc., regardless of whether the undersigned lived in the property) in a home or other residential property within the last three (3) years anywhere in the United States, foreign land or country.

_____	_____
Head of Household	Other Adult Household Member
_____	_____
Date	Date
_____	_____
Other Adult Household Member	Other Adult Household Member
_____	_____
Date	Date

State of Virginia:

City/County of \_\_\_\_\_, to wit:

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, in the jurisdiction aforesaid.

\_\_\_\_\_  
 Notary Public

My Commission expires: \_\_\_\_\_

Reviewed on \_\_\_\_\_





### Application Package

- Application – completed and signed
  - Authorization to Release Information
  - First Time Homebuyer Affidavit
  - Employment / Income Verification Form **TOP PORTION ONLY**  
*(use 1 form for each employer)*
  - Unemployment Affidavit
  - Monthly Spending Plan
  - Copy of **two (2)** most recent tax return, including all related W-2's
  - Copy of **two (2)** most recent pay stubs
  - Copy of **three (3)** most recent bank statements for each bank account
  - Copy of birth certificates for each member of household
  - Copy of Photo I.D. for each adult in household
  - Copy of Pre-Approval Letter from lender
  - Copy of Credit Report from lender
- Additional Required Documents – as they become available
- Hard copy of signed Sales Contract, as soon as it is available
  - Copy of Good Faith Estimate from lender
  - Signed copy of Commitment Letter by Applicant from mortgage lender
  - Copy of Appraisal
  - Copy of Home Inspection
  - Copy of VHDA Homeownership Education Class Certificate

***Please use Check List to ensure your application package is complete  
and ready for processing.***

***Submit Check List with your application***

Reviewed on \_\_\_\_\_