



**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 *(Read the Spending Plan Instructions)*
- \_\_\_ 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 From Your Lender**– 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 \_\_\_\_\_





**Real Estate Agent Information**

Name \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Lender Information**

Loan Officer \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Virginia Housing Approved Lender?    Yes    No





### Homebuyer Certification Course and Housing Counseling

In-person or  Online

Self Paced or  Instructor led

Instructor Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Housing Counselor Name: \_\_\_\_\_

Housing Counseling Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_





**Household Composition**

Name			Relationship	Date of Birth	Age	Social Security #	Race (Insert Number)	Hispanic (Y/N)
Last	First	M.I.						
			Head of Household					

The racial/ethnic information requested is for Federal reporting purposes only. This information will NOT be used as a basis for approval or denial of this application.

- 11 White (Origins from peoples of Europe, Middle East, North Africa)
- 12 Black/African American (Origins from black racial groups of Africa)
- 13 Asian (Origins from peoples of Far East, Southeast Asia, Indian subcontinent, example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, Vietnam)
- 14 American Indian/Alaskan Native (Origins from peoples of North, South, Central America, and maintaining tribal affiliation)
- 15 Native Hawaiian/Other Pacific Islander
- 16 American Indian/Alaskan Native & White
- 17 Asian & White
- 18 Black/African American & White
- 19 American Indian/Alaskan Native & Black/African American & White
- 20 Other Multi-race – Please explain: \_\_\_\_\_





**Household Income (Gross), Please include any benefits, alimony, child support, or federal assistance**

Member of Household Name	Source Employment (Name of Co.) Benefits	Amount of Income (per Pay Period)	Pay Period – Weekly, Bi-Weekly, Bi-Monthly, Monthly	Total Annual Income
		\$		
		\$		
		\$		
		\$		
<b>Total</b>		\$		

**Assets for Each Adult on the Application**  
**List each asset and its value.**

Assets include, **but are not limited to**, real estate, recreational vehicles, certificates of deposits, stocks, bonds, savings accounts, mutual funds, Employer Retirement Account, 457, 401, IRA’s, life insurance policies, etc.

<u>Asset</u>	<u>Name on Account</u>	<u>Type of Account</u>	<u>Current Value</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**Total Outstanding Debt for Each Adult on the Application**

<u>Liability</u>	<u>Name on Account</u>	<u>Type of Account</u> Loan, Credit Card, etc.	<u>Current Balance</u>	<u>Minimum Payment</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____





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

**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









***CFH NoVA DPA - FIRST TIME HOMEBUYER AFFIDAVIT***

The 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 by \_\_\_\_\_ on \_\_\_\_\_





*CFH NoVA DPA - INSTRUCTIONS FOR INCOME VERIFICATION*

*Please*

Fill in Part 1 *only*

Return the Income Verification form with your  
Application with only Part 1 completed.

**Do not give this form to your employer. Return it to CFH.**

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

Return the Income Verification form with your application with only Part 1  
completed.

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







***CFH NoVA DPA - EMPLOYMENT AND INCOME VERIFICATION – PAGE TWO***

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

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

Print: \_\_\_\_\_

Employer's Representative Title

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Signature of Employer's Representative Date

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Name of Employer Phone Number FAX Number

---

Street Address City State Zip

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





**An accurate spending plan is critical to both the applicant and to CFH to ensure that a property is affordable. Please collect copies of all your bank/checking/credit/loan statements and your utility, phone, and other recurring bills for the previous 3 months before you complete your spending plan.**

- **The spending plan has 2 columns Now and w/house**
  - To complete the **Now** column, use your recent statements/bills to fill in the entries for **Fixed Expenses, Creditor Payments, and Flexible Expenses**
  - The **w/House** column is where you estimate how your expenses would change with a new house/condo.
- **Fixed Expenses** are items that you have to pay monthly. These expenses may vary over the year so use an average monthly figure that is representative of how much you will pay yearly when multiplied by 12.
  - To assist you in making these estimates, speak to your lender. The lender will know how much your monthly mortgage payment will be, inclusive of principal, interest, taxes and insurance (PITI).
  - The seller should be able to provide you with the average monthly utility costs for the property, as well as the monthly Home Owner Association/Condo Owner dues/fees. Add the HOA/Condo fees to the PITI figure, given to you by your lender, and enter the total as a rent expense in the **w/House** column
- **Creditor Payments (For all parties listed on the mortgage.)**
  - **Total Installment Loan Payments** – such as personal loans, student loans, etc.
  - **Total Auto Payments**
  - **Total Credit Card Payments** – please enter the total of the monthly minimum payment(s) for all credit cards
- **Flexible Expenses** (This area of your spending plan you have some discretion in how you spend your money.)
  - Please review the 3 months of bank/checking statements and your credit card bills so you can accurately capture how you are currently spending your money.
  - Using your current spending plan and realizing that home ownership will require expenditures for house maintenance and a change to gasoline usage because of the travel to and from work and school, etc.
- **Expenses** – enter the totals for the **FIXED (A), CREDITOR (C), and FLEXIBLE (B)** categories.
- **Net Monthly Income** – this is take home pay after taxes and all deductions have been subtracted from your gross income. Identify the source for the **Source 1, Source 2, and Other Income** entries.
  - For weekly pay – take your weekly pay and multiply it by 52. Then divide that number by 12 to get your monthly pay.
  - For bi-weekly pay – take your take home pay and multiply it by 26. Then divide that number by 12 to get your monthly pay.



- If you are a contract employee that is for less than a year. Take your monthly take home pay and multiply it by the number of months in your contract. Take that number and divide it by 12 to get your monthly net income.
- If you are an hourly employee take the hours you work in an average week and use that paystub to obtain how much your average take home pay is. Then use one of the above methods to obtain a monthly income.
- If you receive overtime and/or bonus pay. Use the total yearly take home pay for overtime and bonus pay and divide it by 12.
- For business income, use the average of your two most recent tax returns to determine your net business income.
- Sources of Income that must be included:
  - Wages, salaries, tips, etc.
  - Business income
  - Interest & dividend income
  - Retirement and insurance income
  - Unemployment & disability income
  - Welfare Assistance, alimony, child support & gift income
  - Armed forces income
- **Subtract Expenses from Income**
  - If the **DIFFERENCE** between your **Total Income (E)** and your **Total Expenses (D)** is less than \$150 then you must adjust your flexible expenses to ensure that you have at least \$150 remaining monthly..
- **Sign page 2 of the Monthly Spending Plan and have your housing counselor sign it as well.**

## MONTHLY SPENDING PLAN

<b>FIXED EXPENSES</b>	<b>Now</b>	<b>w/House</b>	<b>FLEXIBLE EXPENSES</b>	<b>Now</b>	<b>w/House</b>	
Rent/Mortgage			Savings			
Electric			Groceries			
Gas/Oil			Lunch (work/school)			
Water/Sewer			Eating out			
Telephone			Entertainment/Hobbies			
Cell Phone			Beauty/Barber Shop			
Trash pickup			Manicure/Pedicure			
Cable TV (basic)			Laundry/Dry Cleaning			
w/bundle package			Cleaning Supplies			
Auto Insurance			Clothing			
Life Insurance			Gasoline (car/truck)			
Medical Insurance			Bus or Taxi			
Renter's Insurance			Newspaper/Magazines			
Child care			Tuition/books			
Child support/Alimony			School Supplies			
Internet Services			Alcohol/Cigarettes			
Other			Church Offerings/Tithes			
<b>TOTAL (A)</b>			Charity			
			Auto Maintenance			
			House Maintenance			
<b>CREDITOR PAYMENTS</b>	<b>Now</b>	<b>w/House</b>	Pet Expenses			
Total Installment loans	p		Parking/Tolls			
Total Auto Payments			Lottery/Bingo			
Total credit card payments			Doctor/Dentist Co-pays			
<b>TOTAL (C)</b>			Medical Prescriptions			
			Other			
<b>EXPENSES</b>			<b>TOTAL (B)</b>			
FIXED (A)						
CREDITOR (C)						
FLEXIBLE (B)						
<b>TOTAL EXPENSES (D)</b>						
<b>NET MONTHLY INCOME</b>			<b>Subtract Expenses from Income (E-D)</b>			
Source 1			Total Income (E)			
Source 2			Total Expenses (D)			
Other Income						
<b>TOTAL (E)</b>			<b>DIFFERENCE + OR -</b>			

**Note:** If you have accounted for all income and monthly expenses, your difference should be at least **\$150.00** at month end. If you come up with a negative number, you are spending more than you make. Please revise spending plan to trim expenses.

**CERTIFICATION:** I hereby certify that I have reviewed the above budget with the applicant(s) and they concur that it is reasonable.

Client(s) Signature: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_
