

#### Pre-Purchase Homebuyer & Financial Literacy Packet

Welcome to Visionary Home Builders of California, Inc. (VHB)
Homeownership & Rental Center.

This application will be used to enroll you in the programs offered by our agency which include:

- Homebuyer Education and Counseling:
  - o HUD Approved 8 hour Homebuyers Education Class
  - o One on One Counseling
- Option to Own Program (OTO)
- Financial Literacy Programs:
  - o Credit Counseling
  - o Debt and Savings Counseling
- Rental Counseling

Please fill out the entire packet and return it to our office. If a question does not apply to you, please mark N/A (Not Applicable).

If you have any questions please contact us at:

315 N. San Joaquin Street Stockton, CA 95202 Phone: (209) 466-6811 Fax: (209) 466-3465 www.visionaryhomebuilders.org



### Please Note: We Cannot Accept Original Documents. Bring copies of the required documents listed below.

Completed Homebuyer Application: Part 1, 2, 3, and 4
Completed Homebuyer Class Registration Sheet: (Include money order or cashier's check for
\$50 per person on this application made out to Visionary Home Builders of California, Inc.).
Driver's License/Identification Card (Photo ID)
Social Security Card
Completed Net Income and Rent Budget
Last 3 months paystubs
Last 3 months Checking and Savings account statements
Last 3 months Retirement and Investment account statements
Last 3 years Federal Tax Returns including all W2's and 1099's
If applicable:
Final Bankruptcy Discharge Papers
Final Foreclosure Notice
• If you have seen a lender, bring your loan application (1003), Loan Cost Illustration (Good
Faith Estimate) and pre-approval letter
\$19.90 per person to run a credit report. The funds must be in the form of a Cashier's Check or
Money Order made payable to Visionary Home Builders of California, Inc.
Personal Checks and Cash ARE NOT ACCEPTED

VHB HRC PPA DAE (REV 03/24/15)



# Homebuyer Application: Part 1

<u>Applicant In</u>	<u>formation</u>
Name:	
Social Security Number: _	
Driver's License/ID #:	
Date of Birth://	/
Home Phone: ()	<del></del>
Cell Phone: ()	
Email:	
Home Address:	
City: State: _	
Is your mailing address th	ne same? $\square$ Yes $\square$ No
Years living at current re	sidence:
Housing Status: □ Own □	Rent $\square$ Other
Housing Payment:	
Household Size:	
Ages:	_
past two	<u>years</u>
Current Employer:	<u>years</u>
past two Current Employer: Position/Title:	<u>years</u>
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Co-Applicant Information
Name:
Relationship to Applicant:
Social Security Number:
Driver's License/ID #:
Date of Birth:/
Home Phone: ()
Cell Phone: ()
Email:
Home Address:
City: State: Zip code:
Is your mailing address the same? $\square$ Yes $\square$ No
Years living at current residence:
Housing Status: $\square$ Own $\square$ Rent $\square$ Other
Housing Payment:
Household Size:Dependents:
Ages:
<b>Employment and Income Information for</b>
<u>past two years</u>
Current Employer:
Position/Title:
Phone: ()Hire Date://_
Monthly Income: Gross:Net:
Previous Employer:
Position/Title:
Phone: () Hire Date://
Monthly Income: Gross:Net:
Previous Employer:
Position/Title:
Phone: () Hire Date://
Monthly Income: Gross:Net:
Other Sources of Income
Source of Income:
Monthly Amount: \$
Source of Income:
Source of Income: Monthly Amount: \$
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## Homebuyer Application: Part 2

### **Asset Information**

Have you owned real estate property in the last Have you had a bankruptcy? ☐ Yes ☐ No			If "Yes" Date:	
Have you had a foreclosure? $\square$ Yes $\square$		VO	If "Yes" Date:	
	Name of Institution	Balance	Name of Institution	Balance
Cash:		_ \$	_CD's:	\$
Checking:		_ \$	_Stocks/ Bonds:	\$
Checking:		\$	_Retirement:	\$
Savings:		\$	Gift Funds:	\$
Savings:		\$	Other:	\$

### <u>Liability Information</u>

Name of Lender	Monthly	Balance
	Payment	
	<b>\$</b>	\$
	<b></b>	\$
	<b></b> \$	\$
	<u> </u>	\$
	<u> </u>	\$
	<u> </u>	\$
	<b>\$</b>	\$
	<b>\$</b>	\$
	\$	\$



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### **Declaration Page**

A.	Are there any outstanding judgments against you? $\square$ Yes $\square$ No		
В.	Have you been declared bankrupt within the past 7 years? $\square$ Yes $\square$ No		
С.	Have you had property foreclosed upon or given title or deed in lieu thereof in the last		
	7 years? □ Yes □ No		
D.	Are you a party to a lawsuit? □ Yes □ No		
E.	Have you directly or indirectly been obligated on any loan w	hich resulted in	
	foreclosure, transfer of title in lieu of foreclosure, or judgme	nt? □ Yes □ No	
	<ul> <li>Please Note: This would include such loans as home mortg improvement loans, educational loans, and manufactured</li> </ul>		
F.	Are you presently delinquent or in default on any Federal de	bt or any other loan,	
	mortgage, financial obligation, bond, or loan guarantee? $\Box$	Yes □ No	
G.	Are you obligated to pay alimony, child support, or separate	e maintenance? □ Yes □ No	
Н.	Is any part of the down payment borrowed? $\square$ Yes $\square$ No		
I.	Are you a co-maker or endorser on a note? $\square$ Yes $\square$ No		
	<ul> <li>If you answered "Yes" to any questions A through I, plea</li> </ul>	ase attach Separate Sheet	
	with explanation. Include any details such as: date, nan	ne, and address of Lender,	
	FHA or VA case number, and reasons for the action.		
J.	Are you an immigrant to the U.S./Foreign Born? $\Box$ Yes Year	of Immigration: $\square$ No	
К.	Do you intend to occupy the property as your primary reside		
	<ul><li>a. If "Yes," complete the following question below: "L"</li></ul>	•	
L.	Have you had an ownership interest in a property in the last	three years? $\square$ Yes $\square$ No	
	<ul><li>If "Yes": What type of property did you own?</li></ul>		
	$\square$ Principal Residence, $\square$ Second Home, $\square$ Investmen	t Property	
	<ul> <li>If "Yes": How did you hold title to the home?</li> </ul>		
	$\square$ Solely by yourself, $\square$ Jointly with your spouse or a	nother person	
Applic	ant Signature:	Date:	
Applica	ant Name:	_	
Со-Арј	olicant Signature:		
Со-Арј	olicant Name:	-	
Author	ized Staff-Signature and Name	Date:	

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#### **Authorization**

By signing below, I/we certify that the above is true and correct and authorize Visionary Home Builders of California, Inc. to:

- Pull my/our credit report to review my/our credit report
- Verify all information contained herein
- Obtain a copy of the HUD-1 settlement statement from the mortgage lender or Title Company that I/we utilize for my/our mortgage loan.

I/we understand that willful concealment of information regarding family size, income, assets, holdings, personal or real property, business or partnerships, royalties, child support, debt repayment or other eligibility criteria will result in immediate disqualification from any Visionary Home Builders of California, Inc. program(s) from which I/we have submitted information and may result in civil and/or criminal recourse through the legal system.

Applicant Signature:	Date:
Applicant Name:	
Co-Applicant Signature:	Date:
Co-Applicant Name:	
Authorized Staff-Signature and Name	Date:



of CALIFORNIA		

- One Application per Applicant: Co-Applicants must fill out Pre-registration form individually
- Pre-Registration Required: Please fill out completely and return completed form to Visionary Home Builders of California, Inc. (see address below) no later than 5pm on the Monday before your class.
- Include money order or cashier's check for \$50 per person made out to Visionary Home Builders of California, Inc. (NOTE Class Registration Fee is NON-REFUNDABLE)

Today's Date:/ Preferred Date for Class://
Are you a previous client?   Yes   No # of Co-Applicants:
Are you a First Time Home Buyer? □ Yes □ No
If no please explain:
Applicant First Name: MI: Last Name:
<i>Gender:</i> □ <i>Male</i> □ <i>Female Age: Birthdate:</i> /
Address: City: State: Zip Code:
Email Address:
Home Phone: () Work Phone: ()
Cell Phone: ()Other Phone: ()
How did you hear about Visionary Home Builders Homebuyer's Education Course?
$\square$ Newspaper $\square$ Bank $\square$ Government $\square$ Walk-in $\square$ VHB Staff Member
$\square$ Previous Customer $\square$ Friend/Relative $\square$ Realtor $\square$ Flyer $\square$ Billboard Signs $\square$ TV
□ Radio □ Internet/Website □ Other:
<b>Government Monitoring and Reporting Demographic Information</b>
Household Annual Income: \$
Household Size:  The state of t
• Education: □ College □ High School □ GED □ Primary/Vocational □ None
• Current Residence: □Own □ Rent □ Other
Please check here ☐ if you do not wish to furnish the information requested below; if not, continue:
Marital Status: □ Married □ Single □Other    Marital Status
• Are you disabled? ☐ Yes ☐ No •Are you a Veteran? ☐ Yes ☐ No
• Are you an immigrant to the U.S./Foreign Born? ☐ Yes (Year of immigration) ☐ No
What language is spoken in your home? □ English □ Spanish □ Other:
• Race:   American Indian-Alaskan Native   Asian   Black-African American   Hispanic
□ Native Hawaiian-Pacific Islander □ White
• Ethnicity: □Cambodian □Chinese □Filipino □Hmong □Mexican □Puerto Rican □Vietnamese



315 N. San Joaquin Street Stockton, CA 95202

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# Net Income and Rent Budget

W . D				
Housing Payment				
Monthly Rent				
Renters Insurance				
D.1.				
Debt				
Car Loan				
Student Loan				
Credit Card 1 minimum payment				
Credit Card 2 minimum payment				
Credit Card 3 minimum payment				
Credit Card 4 minimum payment				
Education (P. 1. (C. 1)	I			
School Fees / Books / Supplies				
School Lunches				
Tuition				
Tuition				
Housing Expenses	T			
Electricity				
Heating Heating				
Telephone (including cell)				
Water/ Sewer/Garbage				
Food Expenses				
Food / Groceries				
Food at Work				
Insurance				
Health Insurance				
Life Insurance				
Medical Post in Visit/Common				
Dentist Visit/Co-pay				
Doctor Visit/Co-pay				
Medication				
Home Maintenance				
Cleaning Supplies				
Lawn Care/Gardener				
Monthly Maintenance Allotment				
Other Home Maintenance				
Pest Control				
Auto Expenses				
Auto Insurance				
Car Inspection				
Car Repairs Gasoline				
Annual Registration				

Entertainment	
Athletic Events / Hobbies	
Cable TV	
Internet	
Dining Out	
Movie Rentals	
Newspaper / Magazines	
Vacations	
Gift / Donation	
Christmas	
Church Donation	
Other Gift / Donation	
Other	
Misc. / Spending Money	
Birthday Gifts	
Checking Account Fee	
Pet Supplies	
Veterinary Visits for Pets	
Personal	
Allowances	
Barber / Beauty Shop	
Child Care	
Child Support	
Alimony	
Personal Items	
Other	
Other	
Savings	
Monthly Family Plan	
Other Savings	
Clothing	
Clothing	
Clouming	
Other Items	
Other rems	

Applicant - Signature and Name:	
Co - Applicant – Signature and Name:	



### **Conflict of Interest Programs Disclosure Statement**

I, Home Builders of California, Inc. (VHB)	, have been advised that Visionary provides the following services:
cover individual pre-purchase cour loan prequalification, and loan pact of the order of the orde	program which gives tenants an opportunity to purchase giving them time to repair their credit, save for a down
way to receive, purchase, or utilize any home from VHB, to utilize products or	services I receive from VHB do not obligate me in any other services offered by VHB, to purchase or rent a services of any of VHB's industry partners or any participate in any program of any governmental
Applicant Signature	Co-Applicant Signature
Applicant Name  Date:	Co-Applicant Name  Date:

Date: \_

Authorized Staff- Signature and Name



### **Housing Counseling Program Disclosure**

Purpose of Housing Counseling: I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers repair problems that may prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to repair the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing. I/We understand that even if we follow the plan and remove the barriers we may still not obtain mortgage financing.

Mortgage Financing Assistance: Upon completion of the housing counseling program, I/we understand that the counselor will help to identify those loan programs that best my/our needs and choose a lender that is right for me/us. Upon completion of the program, and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

**Eligible Criteria:** I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling program.

<u>Homeownership Education Classes:</u> I/We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes.

<u>Hold Harmless Agreement:</u> In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/We agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of services which I/We receive from the Indemnified Parties.

<u>Customer's Responsibility:</u> I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Applicant Signature	Co-Applicant Signature
Applicant Name	Co-Applicant Name
Date:	Date:
Authorized Staff- Signature and Name	Date:



#### **Client Authorization for Release of Information**

I/We agree to participate in counseling sessions to help me/us with my/our present housing situation. I/we understand that counselors and sales staff may obtain and discuss information on my/our credit history, banking financial situations, employment, or other related subjects which may improve my/our ability to purchase a home. I/we understand that this is necessary and helpful in assisting me/us in order to improve our chances of acquiring a home. I/we understand that all information will be held in confidence and that no information will be divulged to any person who is not directly involved in the counseling or homeownership process.

I/we understand that I/we am/are free to choose any loan product or house, regardless of the loan products shown to me/us or homes built by Visionary Home Builders of California, Inc.

I/we authorize Visionary Home Builders of California, Inc. to share credit, financial, employment and other information with other non-profits, governmental agencies, or lending institutions as may be necessary to help facilitate homeownership or other housing alternative(s).

As the undersigned, I/we have applied for mortgage counseling. As such I/we give permission to Visionary Homebuilders of California, Inc. to obtain our credit history.

Hold Harmless Agreement: In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/We agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of the disclosure of my/our information so long as the Indemnified Parties have used reasonable efforts to keep it confidential.

Applicant Signature	Co-Applicant Signature
Applicant Name	Co-Applicant Name
Social Security Number	Social Security Number
Date:	Date:
Authorized Staff-Signature and Name	Date:

#### Disclosure Authorization Form

#### **Information Disclosure Authorization**

I/we hereby authorize you to release to Visionary Home Builders of California, Inc., or whom it assigns, the following information for the purpose of verification:

- Employment history, dates, titles, hours, income etc.
- Banking and savings accounts of record
- Mortgage loans(s), landlord rating and payoff information
- Any other information deemed necessary in connection with a consumer credit report for transactions which involve real estate.

This information is for the confidential use in compiling a mortgage loan credit file for a VA, FHA or conventional home loan.

A photographic or carbon or faxed copy of this authorization being a valid copy of the signature(s) of the undersigned, may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite my real estate transaction. Thank you for your cooperation.

Re: Loan #:(If Applicable)	Property Address:
Applicant Signature	Co-Applicant Signature
Applicant Name	Co-Applicant Name
Social Security Number	Social Security Number
Date:	Date:

NOTICE TO BORROWERS: This is notice to you as required by the Right to Financial Privacy Act of 1978 that FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will available to FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.