CITY OF NAPA
FIRST TIME HOMEBUYER PROGRAM

DOWN PAYMENT ASSISTANCE LOANS

- To Qualify you must be an income eligible first time home-buyer (see reverse)
- 30 Year Deferred Payment, Silent Second Mortgage Loan
- 1.0% Interest Rate
- Maximum Loan Amount: up to 30% of the purchase price
- Maximum Purchase Price Limits: $427,000 (new or used)
- Purchase homes and condos within the city limits of Napa
- Homes must be owner-occupied or vacant for at least 90 days
- Minimum 1.0% Buyer Contribution
- Minimum credit score of 620

For more information visit the City's Webpage at www.cityofnapa.org/housing

Or contact Andrea Clark at 707-257-9254

CITY OF NAPA

Housing Division
Phone: 707-257-9543
Fax: 707-257-9239

EQUAL HOUSING OPPORTUNITY

NAPA COUNTY INCOME LIMITS CHART

ANNUAL INCOME LIMIT	
Persons Per Household	**80%** Median Income
1	48,950
2	55,950
3	62,950
4	69,900
5	75,500
6	81,100
7	86,700
8	92,300

City of Napa
Homebuyer Application

Date_____

Applicant's Name: _____

Phone Number: _____

Cell Phone/Other: _____

Residence Address: _____

City, State, Zip: _____

Family Information

Applicant or Co-Applicant	Social Security Number	D-O-B	Sex	Relation
Other Adult Members/Children				
Name	**Social Security Number**	**D-O-B**	**Sex**	**Relation**

Are any members of the household Disabled?_____, Who_____

Employment Information *(List* **all** *household members who are employed)*

Applicant's Employer: _____ Position/Title: _____

Employer's Address: _____ Length of Employment _____

Gross Monthly Income *(Income before taxes or other deductions)* _____

Previous Employer *(If less than two years at current job)* _____

Co-Applicant's Employer: _____ Position/Title: _____

Employer's Address: _____ Length of Employment _____

Gross Monthly Income *(Income before taxes or other deductions)* _____

Previous Employer *(If less than two years at current job)* _____

Are any other household members employed? Yes _____ No _____

(If yes, please describe on a separate sheet of paper in the same manner as the applicant information above.)

Income from alimony, child support, pensions, social security benefits, welfare assistance, and income from assets, stocks and bonds are included in the calculation of the applicant family's household income.

List any members receiving any non employment- related income, and the annual income from these sources:

Name	Source	Annual Income

Total Annual Gross Household Income (from all sources) $ _____

Are any residents of the household employed by the Jurisdiction or its Program Operator?

Yes ____ No ___

Are any residents of the household a member of the governing body or agency of government who exercises housing policy? Yes ____ No ____ If Yes to either, please explain below:

Explanation:_____

_____

Current Housing Information

How long have you lived at your address? _____

How long in Napa County? _____

Current monthly Rent $ _____ Landlord Name _____ Phone _____

Do you or your co-applicant now own, individually or in-common, Yes ____ No ____

any real property? If **yes**, where is it located? _____

Have you or your co-applicant owned any real property in the past three (3) years? Yes ___ No ___

If **yes**, how long ago and where is it located? _____

How much money do you have available for down payment for purchase of a home?

$ _____

What is the source of that money? Savings $ _____

Gift $ _____

Current Assets

Savings Account(s)	Bank	_____	Amount	$ _____
	Bank	_____	Amount	$ _____
Checking Account(s)	Bank	_____	Amount	$ _____
	Bank	_____	Amount	$ _____
Stocks and/or Bonds	_____		Total Value	$ _____
Trust Fund	_____		Total Value	$ _____
Retirement Accounts	_____		Total Value	$ _____

Debt Information

	Monthly Payment	Expiration Date	Balanced Owed
Auto	$ _____	_____	$ _____
Auto	$ _____	_____	$ _____
Medical	$ _____	_____	$ _____
Credit Cards	$ _____	_____	$ _____
Name of Card:			
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
Other	$ _____	_____	$ _____
TOTAL	$ _____		$ _____

To apply to the Program, please submit ***copies*** of the following documents with this application:

- Two most recent pay stubs for all working adults in the household, or any other source of income. If you are self employed please provide a current Year to Date Profit and Loss Statement.
- Federal & State income tax returns for the last three years, including W-2's or 1099's.
- Most recent investment or retirement account statement.
- Six months recent checking account statements and one most recent savings account statement include all pages of the statements.
- Loan pre-approval letter from your lender.

If an applicant is self-employed, the past three years tax returns and the current profit and loss statements will be used to calculate the applicant family's income.

Upon receipt of the above, your eligibility for the program will be determined and a letter to that effect will be sent to you.

Please indicate Ethnic/Racial Categories of Head of Household.

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

The two ethnic categories you should choose from are defined below. **You should check one** of the two categories.

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below. **You should check as many as apply to you.**

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Acknowledgment Section

I certify that this will be my primary resident of occupancy.

I/We have applied for a mortgage loan from the City of Napa (the Lender). In applying for the loan, I/We completed a loan application containing information pertaining to qualifications for the loan, including but not limited to current residence address, the amount and source of the down payment, employment and income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.

I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include immediate repayment of all Federal or State funds received and/or prosecution under law.

City of Napa
1115 Seminary Street / P.O. Box 660
Napa, CA 94559
(707) 257-9543 / TTY: 711
www.cityofnpa.org/housing

Applicant's Signature(s):

_____Date_____

_____Date_____

State HCD
Division of Financial Assistance

City of Napa, Housing Division
Contact: Andrea Clark
1115 Seminary Street, Napa, CA 94559
707-257-9254 Email: aclark@cityofnapa.org

Verification of Assets Disposed

I/We certify that during the 2 -year (24-month) period preceding the effective date of my certification or recertification of eligibility for program participation, I/we _____ have _____ have not disposed of more than $1,000 in asset(s) for less than fair market value.

If asset(s) were disposed of for less than fair market value, describe:

Asset	Date of Disposition
1.	
2.	
3.	

Amount received for asset(s) disposed of:

1. _____
2. _____
3. _____

_____ _____

Signature of Applicant Date

_____ _____

Signature of Spouse Date