CITY OF NAPA
FIRST TIME HOMEBUYER PROGRAM

DOWN PAYMENT ASSISTANCE LOANS

- To Qualify you must be an income eligible first time homebuyer (see reverse)
- 30 Year Deferred Payment Loan
- 1.0% Interest Rate
- $100,000 Maximum Loan Amount
- Maximum Purchase Price Limits:

Existing Homes	$475,000
Existing Condos	$280,050
New Construction Homes	$483,000
New Construction Condos	$483,000

- Purchase homes, condos, or mobile homes within the city limits of Napa
- Minimum 1.0% Buyer Contribution

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	46,150
2	52,750
3	59,350
4	65,900
5	71,200
6	76,450
7	81,750
8	87,000

CITY of NAPA

EQUAL HOUSING OPPORTUNITY

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 Emplyment _____

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 Emplyment _____

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) $ _____

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 (we) am interested in purchasing a home using assistance from the City of Napa. I (we) have read the sales and obligation information concerning this assistance and have completed this application. I (we) represent that the information completed by me (us) is true and correct.

I (we) have applied for a mortgage loan from the City of Napa. As part of the application process, the City of Napa may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

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_____