



# SAN FRANCISCO DOWNPAYMENT ASSISTANCE LOAN PROGRAM TRANSMITTAL FORM

**London N.  
Breed**  
Mayor

**Kate Hartley**  
Director

<b>UNIT ADDRESS</b>				<b>PLEASE ENTER ALL THAT APPLY:</b> <input type="checkbox"/> DALP (Down Payment Assistance Loan Program) <input type="checkbox"/> BMR DALP (Below Market Rate DALP) <input type="checkbox"/> CSLP (City Second Loan Program) <input type="checkbox"/> FRDALP (First Responders DALP) <input type="checkbox"/> EDALP (Educators DALP) <input type="checkbox"/> TND (Teacher Next Door) (TND Application Fee not required unless layering DALP)
Street No.	Street Name	Unit #	Zip Code	
Enter if applicable: <input type="checkbox"/> <b>This property is also applying for MCC</b> (Pay MCC Fee in lieu of DALP Application fee when layering MCC: MCC Fee required for ALL programs layering MCC) <input type="checkbox"/> <b>This property is a BMR</b> (DALP Application fee not required with BMR properties)				

HEAD OF HOUSEHOLD/ HOUSEHOLD MEMBER  <b>#1</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	<b>OCCUPATION:</b>			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

LENDER NAME:		TITLE:	
LENDER ADDRESS:		FAX:	PHONE:
SUBMITTED BY:		EMAIL:	
DATE OF SUBMISSION:		CONTRACT RATIFICATION DATE:	
FINANCING CONTINGENCY EXPIRATION DATE:		CLOSE OF ESCROW DATE AS SHOWN ON PURCHASE CONTRACT:	

ESCROW #		ESCROW OFFICER EMAIL:	
ESCROW OFFICER NAME:		ESCROW OFFICER PHONE:	

<input type="checkbox"/>	LOAN TRANSMITTAL FORM
<input type="checkbox"/>	COPY OF DALP APPLICATION FEE (IF LAYERING MCC PAY MCC FEE ONLY) *SEE WEBSITE FOR FEE AMOUNT
<input type="checkbox"/>	LOAN-1 LOAN APPLICATION
<input type="checkbox"/>	LOAN-1 LOAN APPLICATION ALL ITEMS LISTED ON PG 8 OF 9 "REQUIRED APPLICANT DOCUMENT CHECKLIST"
<input type="checkbox"/>	LOAN-2 LENDER'S CERTIFICATION
<input type="checkbox"/>	LOAN-2 LENDER'S CERTIFICATION ALL ITEMS LISTED ON PG 2 OF 2 "ATTACHED"

<b>PLEASE MAIL THE FOLLOWING:</b>	
<b>ATT: LOAN PROGRAM, 1 SOUTH VAN NESS AVE, 5<sup>TH</sup> FLOOR, SAN FRANCISCO, CA 94103</b>	
	NON-REFUNDABLE DALP APPLICATION FEE CASHIER'S CHECK PAYABLE TO THE CITY & COUNTY OF SAN FRANCISCO
	ATTACH COPY OF LOAN TRANSMITTAL FORM

Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**\*\*\*Loan applications must be submitted with all required attachments\*\*\***

TODAY'S DATE: \_\_\_\_\_

<b>UNIT ADDRESS</b>				<b>PLEASE ENTER ALL THAT APPLY:</b> <input type="checkbox"/> DALP (Down Payment Assistance Loan Program) <input type="checkbox"/> BMR DALP (Below Market Rate DALP) <input type="checkbox"/> CSLP (City Second Loan Program) <input type="checkbox"/> FRDALP (First Responders DALP) <input type="checkbox"/> EDALP (Educators DALP) <input type="checkbox"/> TND (Teacher Next Door) (TND Application Fee not required unless layering DALP)		
Street No.	Street Name	Unit #	Zip Code			
Enter if applicable:						
<input type="checkbox"/> This property is also applying for MCC						
<input type="checkbox"/> This property is a BMR						

Print household member legal names as they will appear on the mortgage loan and title.

**Head of Household (Household Member 1):**

<b>#1</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	First	Middle	Last	Month	Day	Year
	<b>OCCUPATION:</b>			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Household Member 2 Relationship to Head of Household:**

<b>#2</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	First	Middle	Last	Month	Day	Year
	<b>OCCUPATION:</b> <input type="checkbox"/> This member is a dependent (spouse is not a dependent)			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Household Member 3 Relationship to Head of Household:**

<b>#3</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	First	Middle	Last	Month	Day	Year
	<b>OCCUPATION:</b> <input type="checkbox"/> This member is a dependent			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Household Member 4 Relationship to Head of Household:**

<b>#4</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	First	Middle	Last	Month	Day	Year
	<b>OCCUPATION:</b> <input type="checkbox"/> This member is a dependent			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No



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ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:
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**Household Member 5** **Relationship to Head of Household:**

<b>#5</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	<b>OCCUPATION:</b> <input type="checkbox"/> This member is a dependent			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Household Member 6** **Relationship to Head of Household:**

<b>#6</b>	<b>NAME</b>			<b>DATE OF BIRTH</b>		
	<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
	<b>OCCUPATION:</b> <input type="checkbox"/> This member is a dependent			<b>GENDER:</b>		<b>MARRIED OR DOMESTIC PARTNERED?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

*(If you need to add more household members, please attach a separate sheet to this application)*

**Total Household Size Including Dependents:**

**CONTACT INFORMATION FOR HEAD OF HOUSEHOLD**

<b>PRESENT RESIDENCE ADDRESS</b> <i>We cannot accept a PO Box here.</i>				<b>MAILING ADDRESS - You may use a PO Box here.</b> (if different from residence address)			
<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>	<i>Street No.</i>	<i>Street Name</i>	<i>Street Type</i>	<i>Unit</i>
<i>City</i>	<i>State</i>	<i>Zip Code</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	

<b>PRIMARY PHONE #</b>			<b>SECONDARY PHONE #</b>			<b>EMAIL</b> (leave blank if you don't have one)		
<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell			
<i>Area Code</i>	<i>Phone Number</i>		<i>Area Code</i>	<i>Phone Number</i>				

*If residing at present address for less than two years, complete the following:*

PREVIOUS ADDRESS	CITY	ZIP	DATE OF RESIDENCY		PLEASE MARK		
			BEGINNING		OWNED	RENTED	OTHER
			END		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			BEGINNING		OWNED	RENTED	OTHER
			END		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			BEGINNING		OWNED	RENTED	OTHER
			END		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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APPLICATION FORM**

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:
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DETAIL OF PURCHASE	
A) PURCHASE PRICE	
B) EST. CLOSING COSTS	
C) EST. PREPAID ESCROW	
D) TOTAL COSTS ( ADD A- C)	
E) AMOUNT OF FIRST MORTGAGE	
F) [DALP, CSLP, FRDALP, BMR DALP] LOAN AMOUNT FROM CITY	
G) [TND] LOAN AMOUNT FROM CITY	
H) OTHER FINANCING	
I) OTHER CREDITS (EXPLAIN)	
J) OTHER CREDITS (EXPLAIN)	
K) CASH FROM BORROWER (SUBTRACT E-H FROM D)	

TITLE VESTING	
<b>Title will be held in what Name(s):</b> (PRINT EXACTLY how you wish to have your legal name shown on title, which will be exactly how your name appears on all final City documents.)	<b>Manner in which Title will be held:</b>

**THE FOLLOWING QUESTIONS APPLY TO THIS ENTIRE HOUSEHOLD:**

DECLARATIONS	BORROWER	CO-BORROWER
A) HAVE YOU HAD AN OWNERSHIP INTEREST IN A RESIDENTIAL UNIT IN THE PAST 3 YEARS? IF YES, DATE OF OWNERSHIP: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) DO YOU INTEND TO OCCUPY THE PROPERTY WITHIN 60 DAYS OF CLOSE OF ESCROW?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C) WILL YOU BE RECEIVING GIFT FUNDS FOR THE PURCHASE OF THE PROPERTY? IF YES, GIFT FUNDS AMOUNT: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D) DO YOU OWN A COMMERCIAL BUSINESS? IF YES, ENTER NAME(S): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE EXPLANATION.</b>		
E) ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST YOU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F) HAVE YOU BEEN DECALARED BANKRUPT WITHIN THE PAST 7 YEARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

APPLICATION DATE:

HEAD OF HOUSEHOLD LAST NAME:

**HOUSEHOLD EMPLOYMENT AND INCOME**

You must complete this form as a part of your application.

“HH #” = Household Member Number

<b>CURRENT EMPLOYMENT (Please write “unemployed” under “Name of Employer” for unemployed household members)</b>					
HH #	Name of Employer	Employer Address	First Day of Employment (mm/dd/yyyy)	Self- Employed? (Yes/No)	Gross Annual Income
					\$
					\$
					\$
					\$
					\$
					\$

<b>PREVIOUS EMPLOYMENT (If employed in current position for less than two years)</b>					
HH #	Name of Employer	Employer Address	DATE (FRONT – TO) (mm/dd/yyyy)	Self- Employed? (Yes/No)	Gross Annual Income
					\$
					\$
					\$

<b>GROSS ANNUAL INCOME for each household member</b>					
HH #	Wages	Social Security/Pensions Received Annually	Public Assistance Received Annually	Other Income Received Annually (i.e. Income from Retirement - if drawing funds; Income from Investments; Child Support; Alimony; etc.)	
Totals	\$	(a) \$	(b) \$	(c) \$	(d)
<b>TOTAL GROSS ANNUAL INCOME</b> Add (a) through (d)					(e) \$



**SAN FRANCISCO DOWNPAYMENT  
 ASSISTANCE LOAN PROGRAM  
 APPLICATION FORM**

APPLICATION DATE: \_\_\_\_\_ HEAD OF HOUSEHOLD LAST NAME: \_\_\_\_\_

**HOUSEHOLD ASSETS – NON RETIREMENT**

You must complete this form as a part of your application.

**INCOME FROM ASSETS**

Important: You must list every cash account that lists the household member as an account holder. Asset accounts can include, but are not limited to, checking accounts, savings accounts, Certificates of Deposit, Mutual Funds, stocks, bonds, trust funds, limited liability investments, gifts for down payment or other costs, retirement accounts, monthly income from retirement and any other account in which money is saved. If money is not saved in an institution (e.g. it is saved at home), applicants must list this amount, as well. Do not include material assets such as cars, boats, etc. -- only cash assets.

You must also list all joint accounts, custodial accounts for minors, and other accounts on which the household member's name appears. Failure to list all accounts will disqualify your household from applying for the Downpayment Assistance Loan Program.

All money used toward down payment and closing costs is counted as an asset and should be included.

Retirement money will not be counted toward the asset test and should not be listed below. However, applicant must include at least the most recent statement from each retirement account as an attachment in your application for verification. Attach additional sheets if necessary.

“HH #” = Household Member Number

HH #	Name of Institution (bank name, etc.)	Type of Asset (e.g.: bank account, savings account, CD, mutual fund, trust fund, gift, etc.)	Current Cash Value of Asset
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>Total Household Liquid Assets (do not include retirement)</b>			\$

**YOU MUST ATTACH THE 3 MOST RECENT AND CONSECUTIVE STATEMENTS FOR EACH ASSET LISTED ABOVE.**



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 ASSISTANCE LOAN PROGRAM  
 APPLICATION FORM**

APPLICATION DATE:	HEAD OF HOUSEHOLD LAST NAME:
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**HOUSEHOLD ASSETS FROM RETIREMENT ACCOUNTS**

You must complete this form as a part of your application.

“HH #” = Household Member Number

HH #	Name of Institution:	Type of Asset (401K, 403B, IRA, etc. Specify)	Current Value:
			\$
			\$
			\$
			\$
			\$
			\$
	<b>Total Household Retirement Accounts:</b>		\$

**YOU MUST ATTACH THE MOST RECENT STATEMENT FOR EACH RETIREMENT ACCOUNT LISTED ABOVE  
 AND SIGN ON THE NEXT PAGE. THIS IS A LEGAL DOCUMENT.**



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APPLICATION FORM**

**HOUSEHOLD CERTIFICATION AND SIGNATURES**

The undersigned specifically acknowledge (s) and agree (s) that: 1) the loan requested by this application would be secured by a junior deed of trust on the property described herein, 2) the property will be used solely as the principal residence of the undersigned, 3) all statements made in this application are true and made for the purpose of obtaining a Downpayment Assistance Loan Program loan from the City and County of San Francisco. Verification may be obtained from any source named in this application. I/we fully understand that to make any false statements, whether negligent or intentional, concerning this application will result in the City's denial of a Downpayment Assistance Loan Program loan or will be a default under the Downpayment Assistance Loan Program loan, as applicable.

The information on this form will be used to determine income eligibility. I/we have listed all persons in my/our household. I/we have provided each household member's acceptable verification of current annual income. I/we have also disclosed all assets held by each person listed on the application, and have provided documentation thereof. Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud.

Public records act: the City and County of San Francisco is subject to the requirements of the California public records act, government code section 6250, et seq. the public records act provides that virtually all documents held or used by the city in the course of conducting the public's business are public records which the city, subject to certain limited exemptions, must make available for inspection and copying by the public. Applications for loans or grants from the city are public records as are the completed loan and grant documents. Under section 67.24(e) of San Francisco administrative code, applications for financing and all other records of communication between the City and the borrower must be open to public inspection immediately after a contract has been awarded. All information provided by the borrower which is covered by that ordinance (as it may be amended) will be made available to the public upon appropriate request. MOHCD will not disclose personal sensitive information including dates of birth, social security numbers and bank account numbers.

**Must be signed by all applicants 18 years or older.**

_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date





**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**REQUIRED APPLICANT DOCUMENTS CHECKLIST**

<p><b>You must include copies of the following documents for <u>each</u> household member 18 years old or older. If any form is missing, your application may be disqualified. * MORTGAGE LOAN OFFICER (MLO)</b></p> <p><b><u>Must</u> complete one form per household – Please initial columns</b></p> <p><b>HEAD OF HOUSEHOLD LAST NAME:</b></p>	<p>H H #1</p>	<p>H H #2</p>	<p>H H #3</p>	<p>H H #4</p>	<p>H H #5</p>	<p>H H #6</p>	<p>MLO *</p>
<p>Completed, signed and dated DALP application form (Pages 1-8 of this document).</p>							
<p>Homebuyer Education Certificate from a MOHCD approved first-time homebuyer workshop <i>for all titleholders/borrowers</i>. <b>Name of Agency:</b> <span style="float:right"><b>Date:</b></span></p>							
<p>Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website (<a href="http://www.sfmohcd.org">www.sfmohcd.org</a>). <b>Name of Lender:</b> <span style="float:right"><b>Date:</b></span></p>							
<p><b>Signed</b> and dated copies of last three years of Federal Income Tax Returns (IRS Form 1040 or 1040EZ or 1040A form ONLY)</p> <ul style="list-style-type: none"> <li>▪ Include all SCHEDULES and/or attachments required by the IRS</li> <li>▪ Include all W-2 and/or 1099 form(s)</li> <li>▪ Include Past 3 years Income Tax Transcripts</li> </ul> <p>OR – If applicable, complete attached Income Tax Declaration form, and submit with documents as specified in the form.</p>							
<p>Copies of 3 most recent and consecutive paystubs and/or income statements.</p> <p>OR – If applicable, complete the attached Unemployed Declaration form. (Form is not necessary if receiving any form of income that should be noted in the application, such as unemployment income or government assistance.)</p> <p>OR – If applicable, complete the attached Self-employed Declaration form. Must be submitted with Profit and Loss statement to date from last tax filing.</p> <p>OR – Employment offer letter if less than 3 weeks from date of hire.</p>							
<p>Verification of Employment (VOE)</p>							
<p>Copies of 3 most recent and consecutive bank or asset statements from all bank or other cash asset accounts. Must be official statements. All pages must be included. Include one statement for each retirement account.</p>							
<p>Gift Letter and evidence of donor availability of funds (if applicable)</p>							
<p>Copy of Borrower's Identification Card</p>							
<p>Complete First Time Homebuyer Declaration <i>for all titleholders/borrowers</i></p>							
<p>Complete attached HomeownershipSF Counseling Consent Form <i>for all titleholders/borrowers</i></p>							
<p>Complete attached General Release and of Liability <i>for all titleholders/borrowers (required for all downpayment assistance loan programs except if only applying for TND)</i></p>							
<p>FRDALP only- Letter of Verification as an active member in good standing from SFPD, SFFD, SFSD</p>							
<p>TND only- Certification of a California teaching credential and Letter of Employment or 3 most recent paystubs from the San Francisco Unified School District</p>							



**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

Help us ensure we are meeting our goal to serve all people

These optional questions will **not** affect your eligibility for housing in any way.  
Your individual answers are kept completely confidential and used only for statistical purposes.  
Please find more information on the demographic information requested at [www.sfmohcd.org](http://www.sfmohcd.org)

<b>Which best describes your gender? (Check one that best describes your current gender identity)</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Genderqueer/Gender Non-binary <input type="checkbox"/> Trans Female <input type="checkbox"/> Trans Male <input type="checkbox"/> Not listed. Please specify:	<b>Which best describes your sexual orientation or sexual identity? (Check one)</b> <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/Lesbian/Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Not listed. Please specify:
<b>Which best describes your ethnicity? (select one)</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
<b>Which best describes your race? (select one)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <i>and</i> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White <input type="checkbox"/> Asian <i>and</i> White <input type="checkbox"/> Black/African American <i>and</i> White <input type="checkbox"/> Other/Multiracial



**How did you hear about this program?**     Newspaper     MOHCD Website     Flyer     Friend     Email Alert  
 Housing Counselor     Radio Ad     Bus Ad     Other



## LENDER'S CERTIFICATION OF BORROWER ELIGIBILITY

1. \_\_\_\_\_ ("LENDER") STATES THE FOLLOWING:

THE LENDER HAS ACCEPTED AND REVIEWED THE DOWNPAYMENT ASSISTANCE LOAN PROGRAM APPLICATION FOR:

\_\_\_\_\_  
(BORROWER'S NAME)

\_\_\_\_\_  
WHO SHALL BE REFERRED TO AS "BORROWER(S)"

\_\_\_\_\_  
(CO-BORROWER'S NAME)

\_\_\_\_\_  
WHO SHALL BE REFERRED TO AS "CO-BORROWER(S)"

\_\_\_\_\_  
(CURRENT ADDRESS)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(ZIP CODE)

2. THE APPLICATION WAS MADE IN CONNECTION WITH BORROWER(S) FOR A FIRST MORTGAGE LOAN FOR THE PURCHASE OF A PRINCIPLE RESIDENCE HOME (THE "RESIDENCE") LOCATED AT:

\_\_\_\_\_  
(STREET ADDRESS OF RESIDENCE TO BE PURCHASED) SAN FRANCISCO, CA \_\_\_\_\_  
CITY ZIP CODE

3. THE LENDER IS CONSIDERING A MORTGAGE LOAN TO THE BORROWER(S) IN THE AMOUNT OF \$ \_\_\_\_\_.

4. THE LENDER HAS OBTAINED THE BORROWER'S APPLICATION AFFIDAVIT, TRUE, COMPLETE AND SIGNED COPIES OF BORROWER'S FEDERAL TAX RETURNS FOR THE THREE-YEAR PERIOD PRIOR TO \_\_\_\_\_ (DATE OF APPLICATION) OR AN INCOME TAX AFFIDAVIT WHICHEVER, IS APPROPRIATE. AFTER REASONABLE INVESTIGATION, THE LENDER HEREBY CERTIFIES THAT THE RESIDENCE IS \_\_\_\_\_ (NO. OF BEDROOMS) BEDROOM SINGLE-FAMILY HOME  / TOWNHOUSE  / CONDOMINIUM  (PLEASE CHECK ONE) LOCATED IN THE CITY AND COUNTY OF SAN FRANCISCO AND IS REASONABLY EXPECTED TO BECOME THE BORROWER'S PRINCIPAL RESIDENCE WITHIN SIXTY (60) DAYS AFTER THE ESCROW IS CLOSED.

5. THE PURCHASE PRICE FOR THE RESIDENCE IS \$ \_\_\_\_\_ AND SAID AMOUNT IS WITHIN DALP LIMITS.

6. THE BORROWER(S) IS/ARE FIRST TIME HOMEBUYER, THE BORROWER(S) HAS NO PRESENT OR PREVIOUS OWNERSHIP INTEREST IN A PRINCIPAL RESIDENCE OR ANY REAL ESTATE WITHIN THE PAST THREE YEARS FROM DATE OF APPLICATIONS, BASED ON BORROWER(S) REPRESENTATION AND LENDERS REVIEW OF BORROWER(S) 3 YEARS FEDERAL TAX RETURNS, CREDIT REPORT AND/OR ANY LAND TITLE INFORMATION TO WHICH THE LENDER MAY HAVE ACCESS.

7. THE MORTGAGE LOAN WHICH THE BORROWER(S) WILL RECEIVE WILL NOT BE USED FOR ACQUISITION OR REPLACEMENT OF AN EXISTING MORTGAGE ON THE RESIDENCE.

8. NO PERSON WHO IS A RELATED PERSON TO THE BORROWER HAS AN INTEREST AS A CREDITOR IN

THE MORTGAGE LOAN TO BE MADE FOR ACQUISITION OF THE RESIDENCE.

9. THE BORROWER'S GROSS ANNUAL HOUSEHOLD INCOME AS DEFINED BELOW IS \$ \_\_\_\_\_ WHICH AMOUNT IS WITHIN DALP LIMITS. (GROSS INCOME LISTED SHOULD MATCH INCOME NOTED ON APPLICATION AFFIDAVIT). VERIFICATION OF INCOME AND VERIFICATION OF EMPLOYMENT ARE ATTACHED.
  
10. THE LENDER HAS PROVIDED BORROWER WITH A GOOD FAITH ESTIMATE WITH AN EXPLANATION OF ALL COSTS OR CHARGES RELATED TO THE BORROWER FROM SHOPPING FOR A MORTGAGE LOAN FROM ANOTHER LENDER.
  
11. THE LENDER HAS CHARGED THE BORROWER(S) ONLY THOSE REASONABLE NORMAL AND CUSTOMARY FEES AS WOULD BE CHARGED TO A POTENTIAL BORROWER APPLYING FOR A MORTGAGE LOAN NOT PROVIDED IN CONNECTION WITH A DALP LOAN.
  
12. BASED UPON REASONABLE INVESTIGATION, THE LENDER HAS NO REASON TO BELIEVE THAT THE BORROWER(S) HAS MADE ANY NEGLIGENT, FRAUDULENT OR MATERIAL MISSTATEMENTS IN CONNECTION WITH THE BORROWER'S APPLICATION FOR A DALP LOAN.
  
13. THE LENDER HAS REVIEWED BORROWER'S CREDIT REPORT AND BASED ON THE LENDERS VERIFICATION HAS DETERMINED THE BORROWER HAS AN ACCEPTABLE CREDIT HISTORY FOR A FIRST MORTGAGE LOAN.

BY: \_\_\_\_\_  
(SIGNATURE OF LENDER REPRESENTATIVE)

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTACHED:

<input type="checkbox"/> LOAN 1 (PG 8) Loan Application checklist	<input type="checkbox"/> Ratified Purchase Agreement (including all counter offers and addendums)	<input type="checkbox"/> Preliminary Title Report
<input type="checkbox"/> Verification of Employment (VOE)	<input type="checkbox"/> Fair Market Appraisal	<input type="checkbox"/> Signed IRS Form 4506-T
<input type="checkbox"/> Credit Report	<input type="checkbox"/> First Loan Approval Commitment	<input type="checkbox"/> Wire Instructions
<input type="checkbox"/> Past 3 Years Income	<input type="checkbox"/> General Home Inspection Report	<input type="checkbox"/> Receipt for Escrow Deposit
<input type="checkbox"/> Tax Transcripts	<input type="checkbox"/> Pest Control Inspection Report	<input type="checkbox"/> First Residential Mortgage Loan Application Form 1003 (signed and dated)
	<input type="checkbox"/> Loan Estimate/Est. Settlement Statement	<input type="checkbox"/> U/W Transmittal Summary –Form 1008

**INCOME DETERMINATION**

The gross income of a Borrower (or Borrowers) (as defined by Revenue Ruling 86-124) promulgated by the Internal Revenue Service is the Borrower's annualized gross income. Annualized gross income is gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay: any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc.: and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Information with respect to gross monthly income may be obtained from available loan documents executed during the 4-month period ending on the date of the closing of the mortgage, provided that any gross monthly income not included on the loan documents must be included in determining gross monthly income. The income to be taken into account in determining gross income is income of the Borrower (or Borrowers) and any other person over 18 years of age who is expected to live in the residence being financed. Income includes the income of both spouses.



Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**HOMEOWNERSHIP COUNSELING CONSENT FORM**

The Mayor's Office of Housing and Community Development requires every adult household member applying for a City-administered homeownership assistance program, in connection with the purchase of a residential unit, to:

1. Attend Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours. Please visit [www.homeownershipsf.org](http://www.homeownershipsf.org) for current list of approved housing counseling agencies.
2. Meet with a counselor and complete a 2-hour one-on-one counseling session at the same agency.
3. Receive a Verification of Homebuyer Education or a Certificate of Homebuyer Education once requirements 1 and 2 noted above are completed.

I (We) understand the homebuyer education requirement is in place to ensure first-time homebuyers are educated about the eligibility criteria and policies of the various City-administered homeownership assistance programs AND:

- Assessing readiness to buy a home
- Financing a home
- Maintaining a home and finances
- Budgeting and credit
- Selecting a home
- Home-buying process

I (We) understand and authorize the Mayor's Office of Housing and Community Development, its participating nonprofit housing counseling agencies and HomeownershipSF to exchange information about my application, including information about my/our final settlement statement, which shall be used for statistical information or funder reports only.

I (We) agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for additional services including post purchase counseling which includes budgeting, home maintenance and foreclosure prevention topics. I (We) agree to be contacted by HomeownershipSF and/or its member, non-profit housing counseling agencies for referral/counseling services in case of any financial hardship or loan default.

**Property to be purchased**

Street No.	Street Name:	Unit No.:	City, State	Zip code:
			San Francisco, CA	

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**



Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**INCOME TAX DECLARATION**

**Complete this form only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.**

1. I (We) the undersigned, being first duly sworn, state the following:
2.  I/(We) (name here) \_\_\_\_\_ hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) \_\_\_\_\_ for the reason(s) below (attach documentation to support reason):  
\_\_\_\_\_.

**Declaration must be accompanied with documented proof that the applicant was a renter during the specified period, e.g. copy of the lease, letter from the landlord or rental management company, canceled checks or rent receipts.**

**If the applicant was a student, Declaration must be accompanied by a copy of the transcripts or diploma to support the status of the applicant for that period of time.**

3.  I/(We) hereby certify that the application in connection with which I (we) am (are) applying for the loan is occurring between **January 1 and April 15**, and that I (we) have not yet filed our Federal Income Tax Return for the prior tax year. The income I (we) have for 20\_\_\_\_ is \$\_\_\_\_\_ and does not exceed the income limits for the Downpayment Assistance Loan Program.
4. I (We) acknowledge and understand that this Declaration will be relied upon for purposes of determining my (our) eligibility for a Down Payment Assistance Loan. I (we) acknowledge that a material misstatement fraudulently or negligently made in this Declaration or in any other statement made by me (us) in connection with an application for a Down Payment Assistance Loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a Down Payment Assistance Loan, or, if Down Payment Assistance Loan funds have been released prior to discovery of the false statement, immediate recalling of the Down Payment Assistance Loan, which may be in addition to any criminal penalty imposed by law.

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**



Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**OCCUPANCY DECLARATION**

Signing below constitutes representation as to your occupancy intentions regarding the below referenced property. Please read this form carefully before signing.

The Residence which is being financed is located within the City and County of San Francisco at the

\_\_\_\_\_ following address: (Street No.)(Street Name)

I (We) \_\_\_\_\_ (borrower's Name) will occupy the Property as my principal residence within sixty (60) days after close of escrow. I (We) will not use the property as an investment property, vacation home, or recreational home. Rental of any portion of the Property is not allowed as long as the City loan or lien is outstanding.

Upon City's request, evidence satisfaction to City of my (our) continuing occupancy of the Property as my (our) permanent full time residence. In the event that I (we) shall fail to occupy the Property within the sixty (60) day period above specified or fail to continue occupying the Property as my (our) Primary Residence without City's prior written consent, such shall constitute a default under the City Loan and the whole sum of principal and share of appreciation shall become immediately due and payable without further demand and City may invoke the power of sale and any other remedies permitted by applicable law.

I (We) acknowledge and understand that this Declaration will be relied upon for purposes of determining my (our) eligibility for a Down Payment Assistance Loan. I (we) acknowledge that a material misstatement fraudulently or negligently made in this Declaration or in any other statement made by me (us) in connection with an application for a Down Payment Assistance Loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a Down Payment Assistance Loan, or, if Down Payment Assistance Loan funds have been released prior to discovery of the false statement, immediate recalling of the Down Payment Assistance Loan, which may be in addition to any criminal penalty imposed by law.

_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date
_____ Applicant's Signature	_____ Applicant's Printed Name	_____ Date





Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**SELF-EMPLOYED DECLARATION**

I (name here) \_\_\_\_\_, hereby declare the following:

I hereby attach copies of my federal tax returns (both individual returns and business returns if applicable) for the immediate preceding three calendar years for which self-employment tax returns could have been filed (or, if not filed, were not required to be filed) and certify that the information shown in such income tax returns is true and complete to the best of my knowledge. Business income counted towards income eligibility for the Downpayment Assistance Loan Program is net income from the operation of a business or profession, including cash withdrawals from the business.

I have been self-employed from the following month and year forward: \_\_\_\_\_ / \_\_\_\_\_

Number of Self-Employment Federal Tax Returns filed in the last three years: \_\_\_\_\_

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_

(Year of)

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_

(Year of)

\_\_\_\_\_ tax return income: \$ \_\_\_\_\_

(Year of)

Attach a) copies of Federal Income Tax Returns (both individual returns and business returns if applicable) for preceding three calendar years; b) signed and dated Profit/Loss Statement to date from last tax filing; and c) copies of all invoices and payments made to the borrower as a part of self-employment in the current calendar year (if applicable)

**OR**

If this is a new business, or if you do not file income taxes, you will need to provide a) a signed and dated Profit/Loss Statement and b) copies of all invoices and payments made to the borrower as a part of self-employment in the current calendar year (if applicable)

By signing below, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I further understands that providing false representation herein constitutes an act of fraud, and result in the denial of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date



Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**UNEMPLOYED DECLARATION**

This Declaration is to be signed by each household member 18 years of age and older when no employment income for them is indicated on the Downpayment Assistance Loan Application.

I (name here) \_\_\_\_\_ am not presently employed, not currently receiving any income and am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history.

Please read carefully and complete all statements that apply:

- I am not presently employed and do not anticipate becoming employed within the next twelve (12) months.
- I am not presently employed, but anticipate becoming employed within the next twelve (12) months. Based on my past work experience, skills and income history, I expect to earn \$\_\_\_\_\_/year when I become employed.
- I am not presently employed, but am aware of an employment start date of at \$\_\_\_per\_\_\_. (If amount is hourly, please provide number of hours per week: \_\_\_. Please attach supporting documents, such as borrower's offer or contract for future employment and anticipated income if available.

I acknowledge and understand that this Declaration will be relied upon for purposes of determining my eligibility for a Downpayment Assistance Loan Program loan. I acknowledge that a material misstatement fraudulently or negligently made in this Declaration or in any other statement made by me in connection with a loan application may constitute a federal violation punishable by a fine and/or denial of my application for a Downpayment Assistance Loan Program loan.

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**



Mayor's Office of Housing and Community Development  
City and County of San Francisco

**SAN FRANCISCO DOWNPAYMENT  
ASSISTANCE LOAN PROGRAM  
APPLICATION FORM**

**GENERAL RELEASE AND WAIVER OF LIABILITY**

I (We) hereby acknowledge that I (We) am (are) applying for Downpayment Assistance Loan Program from the City and County of San Francisco (the "City"), acting by and through the Mayor's Office of Housing and Community Development.

By participating in this program, I (we) hereby waive any right to recover from, and forever release and discharge City, its officers, employees, agents, contractors and representatives, and their respective heirs, successors, legal representatives and assigns, from any and all demands, claims, legal or administrative proceedings, losses, liabilities, damages, penalties, fines, liens, judgments, costs or expenses whatsoever (including, without limitation, attorneys' fees and costs), whether direct or indirect, known or unknown, foreseen or unforeseen, that may arise on account of or in any way be connected with, any injury, loss or damage to any person or property in or about the property located at \_\_\_\_\_, San Francisco, CA 94 \_\_, that I (we) am (are) about to purchase (the "Property") by or from any cause whatsoever including, without limitation, (i) any act or omission of persons performing work on the Property; (ii) any act or omission of persons occupying adjoining premises or any part of the building adjacent to or connected with the Property, (iii) theft, (iv) explosion, fire, steam, oil, electricity, water, gas or rain, pollution or contamination, (v) Property defects, and (vi) any other acts, omissions or causes.

In connection with the foregoing release, I (we) expressly waive the benefits of Section 1542 of the California Civil Code, which provides as follows:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN TO HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

I (We) hereby assume full responsibility for all liability and all risk of injury or loss, in connection with the Property.

I (We) affirm that the information I (We) have provided is true; that I (We) have reviewed the rules and regulations of the Down Payment Assistance Loan. I further understand that the City and County of San Francisco reserve the right to take appropriate civil and/or criminal action against me for any proven fraudulent use of this Down Payment Assistance Loan.

I (We) agree that I (We) have read and understand this General Release and Waiver of Liability.

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

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**Applicant's Signature**

**Applicant's Printed Name**

**Date**

