

**Community Housing Development Corporation
Homebuyer Program Intake Form**

Participant

Please Print

Last Name	First Name	Middle
Mr. Mrs. Miss Ms. Dr.		
Address	City, Zip	Rent Amount Paid
Home Phone	Work Phone	Cell Phone
Email Address	Previous Address, City, Zip	How long at this address?

Preferred method of contact? Home Work Cell E-mail

Co-Participant

Last Name	First Name	Middle
Mr. Mrs. Miss Ms. Dr.		
Address	City, Zip	Rent Amount Paid
Home Phone	Work Phone	Cell Phone
Email Address	Previous Address, City	How long at this address?

Preferred method of contact? Home Work Cell E-mail

Household Members: Include information about **yourself** and all who will be moving in with you:

Name	Marital Status	Social Security # (if over 18 yrs)	Date of Birth	Relation to participant
1.				SELF
2.				
3.				
4.				
5.				
6.				
7.				

There are 4 pages to this intake form. Please fill out as completely as possible. If a question does not apply to you, write N/A in the space provided. Please print.

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Employment Income: List past two year's employment for every employed household member.

Household Member	Company	Address	Phone	Position	Start & End Dates	Gross Annual Income

More employment? Check here ___ and list on a separate page.

Other Income: Include SSI, AFDC, child support, interest income, etc. received by any household member.

Household Member	Source of Income	Gross Annual Income

More income? Check here ___ and list on a separate page.

Total Household Gross Annual Income From All Sources:

2010 (year to date)	
2009	
2008	

Assets:

Cash Assets:	Amount/Value	Bank Name/Description of Asset:
Checking Account		
Savings Account		
Monetary Gifts		
Stocks/Retirement Accounts		
Other		
Amount Available for Down Payment?		Source of Down Payment?

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Please answer the following questions as they apply to the Participant and/or Co-Participant.

Are you interested in any particular property? If so, which one? _____

How did you hear about this program? _____

Are you currently a homeowner or have you owned any real estate within the last three years?

Demographic Information:

1. Head of Household: Are you a single parent household? Yes No
 2. Gender? Male Female
 3. Foreign Born? Yes No
 4. What is your primary language: _____
 5. Are you permanently disabled? Yes No
 6. Are you a Veteran? Yes No
 7. Race (check only one):
 - American Indian/Native Alaskan American Indian/Black Asian
 - Native Hawaiian/Pacific Islander White Asian/White
 - American Indian/White Black Black/White
 - Other (specify): _____ Decline to state
 8. Are you of Hispanic/Latino Ethnicity? Yes No Decline to state
 9. Do you receive income from any of the following sources?
 - CalWORKs General Assistance Social Security
 - Food Stamps Medi-Cal Other: _____ NONE
 - Section 8 Voucher
-

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HOUSING COUNSELING AGENCY DISCLOSURE STATEMENT

Community Housing Development Corporation (CHDC) rents, manages, and sells properties. We offer down payment assistance loans to first time homebuyers through the State of California's CalHome program. CHDC currently works in financial partnership with the following agencies:

City of Antioch Redevelopment Agency, Bank of America, Citibank, Contra Costa County Redevelopment Agency, City of Emeryville Redevelopment Agency, First American Title Company, Housing and Economic Rights Advocates, Kaufman and Broad Home Builders, Mechanics Bank, City of Richmond Redevelopment Agency, City of Walnut Creek Redevelopment Agency, and Wells Fargo Bank.

By signing below, I certify that the information I provide in this intake form is true and correct. I authorize Community Housing Development Corporation of North Richmond (CHDC) to verify this information for the purpose of helping me attain my goal of homeownership.

I authorize CHDC to obtain my credit report, and share this and other information I provide in my intake form with potential mortgage lenders, government agencies, and first-time homebuyer assistance programs for statistical purposes.

By accepting CHDC's homeownership counseling services, I acknowledge that I am in no way obligated to purchase or rent CHDC's services and/or properties or services and/or properties owned by agencies partnering with CHDC.

Participant's Signature _____ **Date** _____

Co-Participant's Signature _____ **Date** _____

⇒ You must submit COPIES of your documentation with this intake form. We will not accept original documents. Your intake form to the Homebuyer Program cannot be accepted without the following:

- A non-refundable \$20.00 credit check fee per participant.
(There is a \$25 returned check fee)
- Three recent consecutive paycheck stubs for each household member over 18 years old;
- Three most recent months bank statements for all bank accounts
- Three most recent years Federal Tax Return with schedules and W2's for each household member over 18 years old.

⇒ Return the completed forms, credit check fee, and all documentation to:

**CHDC Homebuyer Program
1535-A Third Street, Richmond, CA 94801**



Rev. 3/11/2010

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