INSTRUCTIONS FOR PACKAGING YOUR DALP FULL APPLICATION

Please use these instructions to help you prepare a complete Down Payment Assistance Loan Program (DALP) Full Application package.

GENERAL INSTRUCTIONS

- ☐ Use the most current version of the application, available at https://sfmohcd.org/homeownership-application. Submission of an outdated version may result in rejection of your application.
- ☐ Complete this application to its entirety, leaving no blanks. If an item does not apply enter "N/A".
- \square All applicants 18 years or older must sign this application.
- \square Do not submit originals. Documents you submit will not be returned.
- ☐ If you submit any documents in a foreign language, you must include a complete English translation.
- ☐ To ensure a timely submission, you should gather all the Required Documents (as provided below) ahead of time. If you have already gathered all these documents, completing the DALP Full Application should take no more than 30 minutes.
- ☐ Submit a complete application before the established deadline.

 Applications received after the deadline or incomplete applications will be rejected.

4 Essential Tips

- 1. Follow instructions
- 2. Start preparing early
- 3. Include all required documents
- 4. Upload your documents on time

Need Help?

Contact your housing counselor or realtor on the listing if you need help to submit your application!

REQUIRED DOCUMENTS

Item	Description (check at least one box per item)
Application	☐ Completed, signed and dated DALP Full Application (one for the entire household)
Homebuyer Education	☐ Verification of Homebuyer Education from a MOHCD approved first-time homebuyer workshop for <u>all</u> titleholders/borrowers
Loan Pre-Approval	☐ Copy of mortgage loan pre-approval letter from a participating lender listed on the MOHCD website (https://sfmohcd.org/lender-list)
Photo ID	\square Copy of current photo identification for <u>all</u> adult household members
Tax Information Year 1 Year 2 Year 3	 □ Signed and dated copies of last 3 years of Federal Income Tax Returns Include ALL schedules and/or attachments required by the IRS Include ALL W-2 and/or 1099 form(s) □ OR – If applicable, complete attached Income Tax Declaration form, and submit with supporting documents as specified in the form
Proof of Income Paystub Paystub Paystub Paystub	 □ Copies of 3 most recent, consecutive paystubs and/or income statements □ 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) □ OR – If applicable, complete the attached Self-employed Declaration form. Must be submitted with most recent and current signed and dated Profit and Loss statement

Bank Statements Statement 1 Statement	☐ Copies of 3 most recent and most consecutive bank or asset statements from all bank or other liquid asset accounts. Must be official statements. All pages must be included.
Statement	☐ Copies of 1 most recent monthly or quarterly statement for all retirement accounts.
Lease Agreement & 3 Rent Payments	 □ Copy of current lease agreement with all pages with proof of 3 most recent rent payments □ If rent free, provide a signed letter from your landlord
Gift Funds - if applicable	\square N/A \square If applicable, completed gift letter and evidence of donor availability of funds
Purchase Offer - not required	□ N/A □ If applicable - copy of SF Purchase Offer signed by buyer and buyer's realtor

ASSEMBLE YOUR APPLICATION

- ☐ Make sure you are organizing your application package using the enclosed dividers for each section so that information can be easily identified and nothing left out. If the section is not applicable, still have a divider for that section and then check the box "N/A" on the divider.
- ☐ The section dividers are placed in the following order:
 - Section I: Application
 - Section II: Homebuyer Education
 - Section III: Loan Pre-Approval
 - Section IV: ID
 - Section V: Income
 - Section VI: Assets
 - Section VII: Rent
 - Section VIII: Gift Funds
 - Section IX: Purchase Offer

BE CAREFUL!

When you fill out your application for assisted housing from MOHCD make sure the information provided is complete, accurate and honest. You must include:

- All sources of income and changes in income for any member of your household, such as wages, welfare payments, benefits, retirement, all contributions or gifts you regularly received, and etc.
- All assets, such as bank accounts, savings bonds, stocks, and investments and etc. that are owned or jointly owned by you or any member of your household.
- If you don't understand something on the application, always ask questions. Better to be safe than sorry! The information you provide on your application will be verified. Providing false or misleading information is fraud, and subject to penalties and prohibition from participating in the program.

REPORT FRAUD

If you know of anyone who provided false information on a MOHCD assisted housing application, or if anyone tells you to provide false information, report that person to the MOHCD Confidential Hotline by:

- Call the Hotline at 415-701-5613 Monday through Friday, from 8:00am to 5:00pm, or
- Email the Hotline at housinginfo@sfgov.org, or
- Write the Hotline at: MOHCD, 1 South Van Ness Ave, 5th Floor, San Francisco, CA 94103

Mayor's Office of Housing and Community Development

City and County of San Francisco

MARKET-RATE DOWNPAYMENT ASSISTANCE LOAN PROGRAM DALP FULL APPLICATION

ALL HOUSEHOLD MEMBERS MAY APPEAR ON ONLY ONE APPLICATION

Applications containing any person who appears on more than one application will be removed

PROPERTY	ADDRESS	PLEASE ENTER ALL THAT APPLY:
		DALP (Downpayment Assistance Loan Program
Street No. St	treet Name Street Type Unit Zip Code	☐ FRDALP (First Responders DALP)
		☐ EDALP (Educators DALP)
ENTER IF AP	PLICABLE:	CSLP (City Second Loan Program)
☐ To Be De	etermined (check if no property has been identified)	☐ TND (Teacher Next Door)
		☐ Other:
Sale Price o	r Estimated Price \$	
DALBLoop	Amount \$	SOURCES (enter all that apply):
DALP LUdii	Amount 9	│
Pre-Approv	ed First Mortgage \$	
	icant (Household Member 1):	Explain:
Primary Appli	icant (Household Member 1):	Explain:DATE OF BIRTH
Primary Appli HOUSEHOLD MEMBER	cant (Household Member 1):	Explain:
Primary Appli HOUSEHOLD MEMBER #1	cant (Household Member 1): LEGAL NAME First Middle Last	DATE OF BIRTH
Primary Appli HOUSEHOLD MEMBER	cant (Household Member 1): LEGAL NAME First Middle Last OCCUPATION:	DATE OF BIRTH Month Day Year Married or Domestic Partnered
Primary Appli HOUSEHOLD MEMBER #1 Primary	icant (Household Member 1): LEGAL NAME First Middle Last OCCUPATION: DEPENDENT: Yes \(\text{No} \) \(\text{O} \)	DATE OF BIRTH Month Day Year Married or Domestic Partnered Unmarried (including single, divorced, widow
Primary Appli HOUSEHOLD MEMBER #1 Primary Applicant Household M	icant (Household Member 1): LEGAL NAME First Middle Last OCCUPATION: DEPENDENT: Yes \(\text{No} \) \(\text{O} \)	DATE OF BIRTH Month Day Year Married or Domestic Partnered Unmarried (including single, divorced, widow
Primary Appli HOUSEHOLD MEMBER #1 Primary Applicant Household M	cant (Household Member 1): LEGAL NAME First Middle Last OCCUPATION: DEPENDENT: Yes \(\text{No} \) \(\text{D} \)	DATE OF BIRTH Month Day Year Married or Domestic Partnered Unmarried (including single, divorced, widow Separated)
Primary Appli HOUSEHOLD MEMBER #1 Primary Applicant Household M	cant (Household Member 1): LEGAL NAME First Middle Last OCCUPATION: DEPENDENT: Yes \(\text{No} \) \(\text{D} \)	DATE OF BIRTH Month Day Year Married or Domestic Partnered Unmarried (including single, divorced, widow Separated
Primary Appli HOUSEHOLD MEMBER #1 Primary Applicant Household M HOUSEHOLD MEMBER	cant (Household Member 1): LEGAL NAME First Middle Last OCCUPATION: DEPENDENT: Yes No	DATE OF BIRTH Month Day Year Married or Domestic Partnered Unmarried (including single, divorced, widow Separated DATE OF BIRTH
Primary Appli HOUSEHOLD MEMBER #1 Primary Applicant Household M	cant (Household Member 1): LEGAL NAME	DATE OF BIRTH Month Day Year Married or Domestic Partnered Unmarried (including single, divorced, widow Separated DATE OF BIRTH Month Day Year



	LEGAL NAME		DATE O	F BIRTH	
HOUSEHOLD MEMBER					
IVILIVIDLI	First Middle	Last	Month	Day	Year
#3	OCCUPATION:	☐ Married or D			
	DEPENDENT: Yes □ No □	☐ Unmarried (i☐ Separated	ncluding sing	gle, divorc	ed, widow
	RELATIONSHIP TO PRIMARY APP	PLICANT:			
Household Me	emher 4				
nousenoid inc	LEGAL NAME		DATE O	F BIRTH	
HOUSEHOLD					
MEMBER	First Middle	Last	Month	Day	Year
#4	OCCUPATION:	☐ Married or D	omestic Part	nered	
•••	DEPENDENT: Yes □ No □	☐ Unmarried (i	ncluding sing	gle, divorc	ed, widow
	DEFENDENT. 162 - NO -	☐ Separated			
	RELATIONSHIP TO PRIMARY APP	PLICANT:			
HOUSEHOLD MEMBER	LEGAL NAME		DATE O		
	First Middle	Last	Month	Day	Year
#5	OCCUPATION:	☐ Married or D			امانین امی
	DEPENDENT: Yes □ No □	☐ Unmarried (i☐ Separated	nciuaing sing	gie, divord	ea, widow
	RELATIONSHIP TO PRIMARY APP	PLICANT:			
Household Me	ember 6				
	LEGAL NAME		DATE O	F BIRTH	
110116511015					
HOUSEHOLD					
MEMBER	First Middle	Last	Month	Day	Year
MEMBER	First Middle OCCUPATION:	Last			Year
	OCCUPATION:		omestic Part	nered	
MEMBER		☐ Married or D	omestic Part	nered	
MEMBER	OCCUPATION:	☐ Married or D☐ ☐ Unmarried (i☐ Separated	omestic Part	nered	
MEMBER #6	OCCUPATION: DEPENDENT: Yes No	☐ Married or D☐ ☐ Unmarried (i☐ Separated	l omestic Part ncluding sing	nered gle, divorc	ed, widow



RESIDENCE ADDRESS We cannot accept a PO box he	re.	(if different from	-	-	PO box	
Street No. Street Name	Street Type Unit	Street No. Street	et Name	Si	treet Type	Un
City	State Zip Code	City		Si	tate	Zip Cod
PRIMARY PHONE # ☐ Home ☐ Work ☐ Cell		EMAIL (leave blank	k if you don't	: have one	e)	
Area Code Phone Number	Area Code Phone Number					
SOMEONE WE MAY CONT	ACT IF WE CANNOT REACH	I YOU? (optional) PHONE	NUMBE	R	
	Other:					
Family Member Friend Social Worker or Housing Cou	S PERSON?					
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency:		he following.	:		RK
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency: nce address for less than two y	vears, complete t	he following.	:		
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency: nce address for less than two y	vears, complete t	he following.	PLE	ASE MAR	оті
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency: nce address for less than two y	DATE OF RIBEGINNING	he following.	PLE OWNED OWNED	RENTED RENTED	от <u>і</u>
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency: nce address for less than two y	DATE OF RIBEGINNING	he following.	PLE OWNED	RENTED	от <u>і</u>
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency: nce address for less than two y	DATE OF RI BEGINNING END BEGINNING END BEGINNING	he following.	OWNED OWNED	RENTED CONTRACT	0TI
Family Member Friend Social Worker or Housing Cou	S PERSON? Other: Unselor Name of Agency: nce address for less than two y	DATE OF RIBEGINNING BEGINNING BEGINNING END BEGINNING	he following.	OWNED OWNED	RENTED	оті С



THE FOLLOWING QUESTIONS APPLY TO THE ENTIRE HOUSEHOLD:

A) What is the household's total current rent amount?	\$
If nothing, write "0" and explain:	per month
B) Do you currently live in a Below Market Rate rental unit?	Yes
If yes, provide the address:	□No
C) Does any household member own a manufactured home, agricultural or commercial property, or vacant land?	Yes No
If yes, provide address of property/land:	
D) Does any household member have an ownership interest in a business entity?	Yes
If yes, provide name of business:	□No
E) Has any household member appeared on title for a residential unit in the past 3 years from the date of this application?	Yes No
If yes, enter name(s):	
F) Does your household have enough in savings for the down payment, closing costs and reserves? Down payment: 1% of the sale price. Closing costs: various, but generally about 2% of the sale price. Reserves: 2 months of the proposed housing expenses	☐ Yes ☐ No
G) Will your household be receiving gift funds for the purchase of the property?	Yes
If yes, indicate gift funds amount: \$	☐ No
H) Does any household member hold a Section 8 Housing Choice Voucher or Certificate, or any other form of housing assistance?	☐ Yes ☐ No
If yes, enter recipient's name(s): and attach a copy of Eligibility Certification or other documentation to your application.	
I) Will you and all your household members occupy the property as primary residence within 60 days after you purchase the property?	☐ Yes ☐ No
If no, explain:	
J) Will any person or persons occupy the property who are not your dependent(s) and will not appear on title of the property?	☐ Yes ☐ No
If yes, enter name(s):	
	If nothing, write "0" and explain: B) Do you currently live in a Below Market Rate rental unit? If yes, provide the address: C) Does any household member own a manufactured home, agricultural or commercial property, or vacant land? If yes, provide address of property/land: D) Does any household member have an ownership interest in a business entity? If yes, provide name of business: E) Has any household member appeared on title for a residential unit in the past 3 years from the date of this application? If yes, enter name(s): F) Does your household have enough in savings for the down payment, closing costs and reserves? Down payment: 1% of the sale price. Closing costs: various, but generally about 2% of the sale price. Reserves: 2 months of the proposed housing expenses G) Will your household be receiving gift funds for the purchase of the property? If yes, indicate gift funds amount: \$



HOUSEHOLD EMPLOYMENT AND INCOME

MARKET-RATE DOWNPAYMENT ASSISTANCE LOAN PROGRAM DALP FULL APPLICATION

You must complete this form as a part of your application. See application instructions for more information and examples. **PLEASE PROVIDE A TWO-YEAR WORK HISTORY**

"HH#" = Household Member Number

		K HISTORY IS REQUIRED			
(Please	e write "unemployed"	under "Employer Name"	for unemployed hous	ehold members	
HH#	Employer Name	Employer Address	Begin Date & End Date		Gross Annual
			(mm/dd/yyyy)	(Yes/No)	Income
					\$
					\$
					\$
					\$
					\$
					\$

"HH#" = Household Member Number

GROSS	ANNUAL INCOME for each hou	sehold member	
НН#	Wages/Salary	Self-Employment	Non-Employment Received Annually (i.e. Income from Pension; Social Security; Retirement; Unemployment; Child Support; Alimony; Income from Investments; etc.)
1			
2			
3			
4			
5			
6			
TOTALS	\$ (a)	\$ (b)	\$ (c)
	TOTAL GROSS ANNUAL	INCOME Add (a) through (c):	\$ (d)

You must complete this form as a part of your application. See application instructions for more information and examples.



INCOME FROM LIQUID ASSETS

Important: You must list every cash account that shows the household member as an account holder. Liquid 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 property. 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

НН	Name of Institution	Last 4 Digits of	Type of Asset	Current Cash Value
#	(bank name, etc.)	Account	(e.g: bank account, savings account, CD,	of Asset
		Number	mutual fund, trust fund, gift, etc.)	
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
	To	tal Household Liq	uid Assets (do not include retirement):	\$

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

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



"HH #" = Household Member Number

HH #	Name of Institution	Last 4 Digits of Account Number	Specify Type of Asset (e.g: 401K, 403B, IRA, etc.)	Current Value
#		Account Number	(e.g. 401k, 403b, IKA, etc.)	\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total Household Retirement Accounts:	\$

YOU MUST ATTACH THE MOST RECENT STATEMENT FOR EACH RETIREMENT ACCOUNT LISTED ABOVE AND SIGN ON THE NEXT PAGE.

TITLE REQUIREMENTS

All Household members aged 18 and older must appear on the title for the property and be co-borrowers on the mortgage for the property except 1) Legal dependents of titleholders as claimed on the two most recent federal income tax returns (a spouses or domestic partner of any titleholder is not considered a dependent); 2) A Household member younger than age 24 who is the child of a titleholder and will reside in the property as their Primary Residence, regardless of being named as a dependent on the federal tax form; 3) Household members that do not count toward the household size and bedroom count of the property and whose income does not change the applicant's Household income eligibility. Household members falling into this category are usually those who do not intend to live in the property as their permanent Primary Residence for the DALP loan is outstanding.

TITLE WILL BE HELD IN WHAT NAME(S):

(PRINT EXACTLY how you wish to have your legal name(s) shown on title, which will be exactly how your name appears on the final City documents.)

TITLEHOLDER	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
1				
2				
3				
4				
5				
6				



HOUSEHOLD CERTIFICATION AND SIGNATURES

All statements made in this application are true and made for the purpose of applying for Downpayment Assistance Loan Program, through the City and County of San Francisco ("City"). Verification may be obtained from any source named in this application. I/we fully understand the City may terminate my/our participation in the Program at any time if it finds that I/we have knowingly provided false, misleading or inaccurate information or withheld information. In such case, I/we understand that I/we may be prohibited from participating in the Program for a minimum of one (1) year, or a longer period of time in the City's sole discretion. For purposes of this Certification, "knowingly" means that an applicant, with respect to any information provided to MOHCD, does any of the following: (1) Has actual knowledge of the information; (2) Acts in deliberate ignorance of the truth or falsity of the information; (3) Acts in reckless disregard of the truth or falsity of the information. Proof of specific intent is not required and reliance on my/our information by MOHCD is also not required.

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



FIRST TIME HOMEBUYER DECLARATION

I (We) understand that I (we) am (are) eligible for the Downpayment Assistance Loan Program from the City and County of San Francisco only if I (we) individually as Borrower(s) and any member of the household as defined in the Downpayment Assistance Loan Program Manual (DALP Manual) are "First Time Homebuyers".

An ownership interest is defined as a fee simple ownership interest, including but not limited to an interest held individually; or a joint ownership interest by joint tenancy, tenancy in common, community property or a life estate interest.

I (We) certify that I (we) are "First I definitions. Applicant's Signature Applicant's Signature Applicant's Signature	Applicant's Printed Name Applicant's Printed Name Applicant's Printed Name Applicant's Printed Name	Date Date Date
Applicant's Signature	Applicant's Printed Name	Date
definitions.		
	ime Homebuyers" consistent with the above	orogram guidelines and
Responders Downpayment Assista	ors Downpayment Assistance Loan Program nce Loan Program (FRDALP), or Teacher Next our) household members have not owned any n the past three (3) years.	Door (TND):
property in the past three		
Second Loan Program (CSLP):	l Downpayment Assistance Loan Program (Ge	neral DALP), or City



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 a 2-hour program orientation and 6-hour first-time homebuyer education workshop(s). Please visit 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 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.

Applicant Name(s)	Signature(s)	Date



INCOME TAX DECLARATION

Complete this form only if you do not have copies of Federal Income Tax Returns for any year during the preceding three years. Please complete the option(s) below that apply.

I (We) the undersigned, hereby declare the following:	
I (We) (name here)not required by law to file a Federal Incomfor the reason(s) below (attach documenta	hereby declare that I (we) was (were) e Tax Return for the following year(s) ition to support reason):
	supporting the above explanation such as income earning did not te of entry to US, school transcripts or diploma, etc. for that period
	umented proof that the applicant was a renter during the specified the landlord or rental management company, canceled checks or
with which I (we) am (are) applying for the S between January 1 and April 15 , and that I tax year. The income I (we) have for 20	vere) not required hereby certify that the application in connection francisco Downpayment Assistance Loan Program is occurring (we) have not yet filed our Federal Income Tax Return for the prior is \$ is \$ The San Francisco Downpayment Assistance Loan Program.
By signing below, I (we) certify, under pend is true and accurate to the best of my (or Declaration will be relied upon for purpor Francisco Downpayment Assistance Loan fraudulently or negligently made in this dec	alty of perjury, that the information presented in this Declaration our) knowledge and belief. I (We) further understand that this uses of determining my (our) household's eligibility for the San Program. I (We) acknowledge that a material misstatement claration or in any other statement made by me (us) in connection Downpayment Assistance Loan Program may constitute a federal
Dated:	Signature of Applicant
Dated:	Signature of Applicant



SELF-EMPLOYED DECLARATION

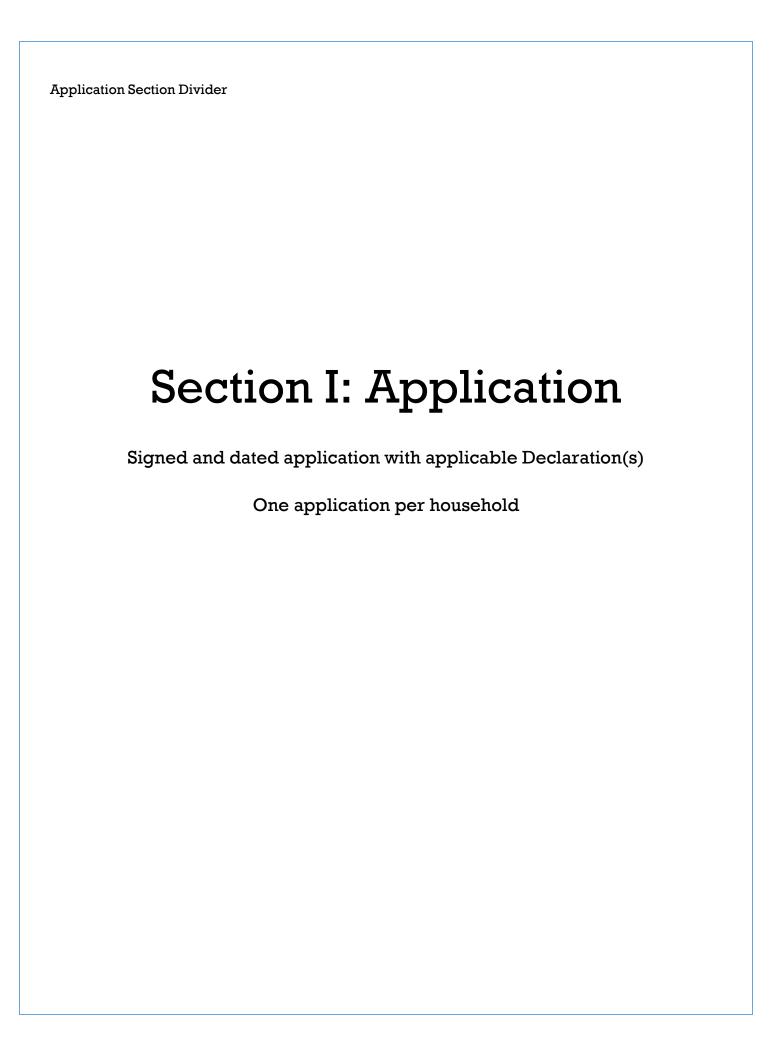
(name here)	hereby declare the following:
for the immediate prece filed (or, if not filed, wer returns is true and cor eligibility for the San Fra business or profession, i	of my federal tax returns (both individual returns and business returns if applicable) eding three calendar years for which self-employment tax returns could have been been required to be filed) and certify that the information shown in such income tax emplete to the best of my knowledge. Business income counted towards income notisco Downpayment Assistance Loan Program is net income from the operation of a including cash withdrawals from the business.
	ed from the following month and year forward: /
• •	tax return income: \$ (Year of)tax return income: \$ (Year of)tax return income: \$ (Year of) Federal Income Tax Returns (both individual returns and business returns if ing three calendar years; and b) signed and dated Profit/Loss Statement to date
_	OR
	s, or if you do not file income taxes, you will need to provide a) a signed and dated and b) copies of all invoices and payments made to the borrower as a part of self-
and accurate to the best	y, under penalty of perjury, that the information presented in this Declaration is true of my knowledge and belief. I further understand that providing false representation t of fraud, and results in the denial of my application.
Dated:	
	Signature of Applicant



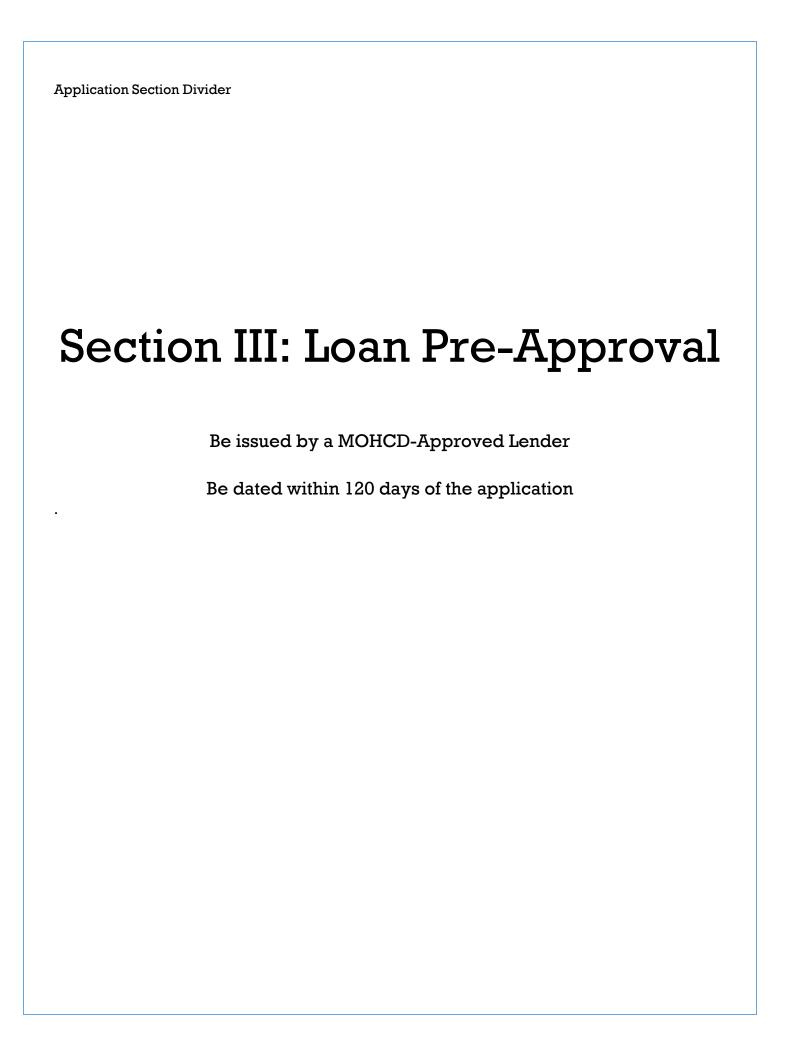
UNEMPLOYED DECLARATION

	eclaration is to be signed by each household member 18 years of age and older when no employment e for them is indicated on the San Francisco Downpayment Assistance Loan Program Application.
incomapply 1	am not presently employed, not currently receiving any e and will not file for unemployment benefits in 20 (current calendar year). I am NOT eligible to for or have exhausted my unemployment benefits and/or any other type of compensation based on yment 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 ofat \$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.
and ac upon Progra in any	ning below, I certify, under penalty of perjury, that the information presented in this Declaration is true curate to the best of my knowledge and belief. I further understand that this Declaration will be relied for purposes of determining my eligibility for the San Francisco Downpayment Assistance Loan m. I acknowledge that a material misstatement fraudulently or negligently made in this declaration or other statement made by me in connection with a loan application may constitute a federal violation able by a fine and/or denial of my application for the San Francisco Downpayment Assistance Loan m.
Dated	Signature of Applicant





Application Section Divider
Section II: Homebuyer Education
Verification of Homebuyer Education for <u>ALL</u> titleholders/borrowers Be dated within 12 months of the application



Application Section Divider

Section IV: ID

Copy of current government-issued photo ID for <u>ALL</u> adult household members

Section V: Income

Income documents for ALL adult household members

Income documents:

Copies of last 3 years of federal income tax returns including ALL W-2 and 1099s Copies of 3 most recent, consecutive paystubs and/or income statements For self-employment income, a year-to-date Profit and Loss Statement

Application Section Divider	
α 377 π	
Section VI: Assets	
π (1 (- Γ π T T 1 1 - 1 - 1 1 1 - 1 1	
Assets documents for ALL household members	
Assets documents:	
Liquid Assets: copies of 3 most recent and most consecutive bank or asset statements from all bank or other liquid asset accounts. Must be official statements. All pages must be included.	
Non-Liquid Assets: copies of 1 most recent monthly or quarterly statement	

Application Section Divider	
Section VII: Proof of Rent	
Rent documents: Copy of current lease agreement with all pages with proof of 3 most recent rent payments	
If rent free, provide a signed letter from the landlord to support	

Application Section Divider
Section VIII: Gift Funds
\square N/A (check the box if not applicable)
Gift documents:
Completed gift letter (gift letter form is attached) Evidence of donor availability of funds (such as donor's bank statement)

Application Section Divider
Section IX: Purchase Offer
Documents:
If applicable - copy of SF Purchase Offer signed by buyer and buyer's realtor