

Pre-Purchase Homebuyer & Financial Literacy Packet

Welcome to Visionary Home Builders of California, Inc. (VHB) Homeownership & Rental Center.

This application will be used to enroll you in the programs offered by our agency which include:

- Homebuyer Education and Counseling:
 - HUD Approved 8 hour Homebuyers Education Class
 - One on One Counseling
- Neighborhood Stabilization Program (NSP)
- Option to Own Program (OTO)
- Financial Literacy Programs:
 - Credit Counseling
 - Debt and Savings Counseling
- Rental Counseling

Please fill out the entire packet and return it to our office. If a question does not apply to you, please mark N/A (Not Applicable).

If you have any questions please contact us at:

315 N. San Joaquin Street Stockton, CA 95202 Phone: (209) 466-6811 Fax: (209) 466-3465 www.visionaryhomebuilders.org



Please Note: We Cannot Accept Original Documents. Bring copies of the required documents listed below.

- Completed Homebuyer Application: Part 1, 2, 3, and 4 Completed Homebuyer Class Registration Sheet: (Include money order or cashier's check for \$50 per person on this application made out to Visionary Home Builders of California, Inc.). Driver's License/Identification Card (Photo ID) Social Security Card Completed Net Income and Rent Budget Last 3 months paystubs Last 3 months Checking and Savings account statements Last 3 months Retirement and Investment account statements Last 3 years Federal Tax Returns including all W2's and 1099's If applicable: • Final Bankruptcy Discharge Papers • Final Foreclosure Notice If you have seen a lender, bring your loan application (1003), Loan Cost Illustration (Good
- Faith Estimate) and pre-approval letterImage: \$19.90 per person to run a credit report. The funds must be in the form of a Cashier's Check or
 - Money Order made payable to Visionary Home Builders of California, Inc.

Personal Checks and Cash ARE NOT ACCEPTED



Applicant Information

Name:
Social Security Number:
Driver's License/ID #:
Date of Birth:/
Home Phone: ()
Cell Phone: ()
Email:
Home Address:
<i>City: State: Zip code:</i>
Is your mailing address the same? \Box Yes \Box No
Years living at current residence:
Housing Status: 🗆 Own 🗆 Rent 🗆 Other
Housing Payment:
Household Size:Dependents:
Ages:

Employment and Income Information for past two years

Current Employer:
Position/Title:
Phone: ()Hire Date://
Monthly Income: Gross:Net:
Previous Employer:
Position/Title:
Phone: ()Hire Date://
Monthly Income: Gross:Net:
Previous Employer:
Position/Title:
Phone: ()Hire Date://
Monthly Income: Gross:Net:
<u>Other Sources of Income</u>
Source of Income:
Monthly Amount: \$
Source of Income:
Monthly Amount: \$
Source of Income:
Monthly Amount: \$

<u>Co-Applicant Information</u>	
Name:	
Relationship to Applicant:	
Social Security Number:	
Driver's License/ID #:	
Date of Birth:/	
Home Phone: ()	
Cell Phone: ()	
Email:	
Home Address:	
City: State: Zip code: _	
Is your mailing address the same? \Box Yes	$\Box No$
Years living at current residence:	
Housing Status: \Box Own \Box Rent \Box Other	
Housing Payment:	
Housing Fuyment:Dependents: _	
Ages:Dependents:	
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Employment and Income Information	
Employment and Income Information	<u></u>
past two years	-
past two years Current Employer:	-
past two years Current Employer: Position/Title:	
past two years Current Employer: Position/Title: Phone: ()Hire Date:/	/
past two years Current Employer: Position/Title: Phone: () Hire Date:/ Monthly Income: Gross:Net: _	/
past two years Current Employer: Position/Title: Phone: () Hire Date:/. Monthly Income: Gross:Net:	/
past two years Current Employer: Position/Title: Phone: () Hire Date:/_ Monthly Income: Gross:Net: _ Previous Employer: Position/Title:	·/_
past two years Current Employer:	·/_
past two years Current Employer: Position/Title: Phone: Monthly Income: Gross:	·/_
past two years Current Employer:	·/_
past two years Current Employer: Position/Title: Phone: Monthly Income: Gross: Previous Employer: Position/Title:	·/_
past two years Current Employer:	·/_
past two years Current Employer: Position/Title: Phone:	·/_
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past two years Current Employer:	·/_
past two years Current Employer: Position/Title: Phone:	·/_
past two years Current Employer: Position/Title: Phone:	
past two years Current Employer: Position/Title: Phone: Monthly Income: Gross: Previous Employer: Position/Title: Phone:	
past two years Current Employer: Position/Title: Phone:	·/



Asset Information

-	e you had a bankruptcy? □ Yes □ No e you had a foreclosure? □ Yes □ No		-	If "Yes" Date:	
	Name of Institution	Balance	Name of Institution	Balance	
Cash:		_ \$0	CD's:	\$	
Checking:		_ \$	Stocks/ Bonds:	\$	
Checking:		_ \$1	Retirement:	\$	
Savings:		\$G	ift Funds:	\$	
Savings:		\$0)ther:	\$	

	<u>Liability Information</u>	
Name of Lender	Monthly	Balance
	Payment	
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$



Declaration Page

- A. Are there any outstanding judgments against you? \Box Yes \Box No
- B. Have you been declared bankrupt within the past 7 years?
 Que Yes
 No
- *C.* Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? \Box Yes \Box No
- D. Are you a party to a lawsuit? \Box Yes \Box No
- *E.* Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment?
 - Please Note: This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, and manufactured (mobile) home loans.
- *F.* Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?
 Quertee Yes No
- *G.* Are you obligated to pay alimony, child support, or separate maintenance? \Box Yes \Box No
- H. Is any part of the down payment borrowed? \Box Yes \Box No
- I. Are you a co-maker or endorser on a note? \Box Yes \Box No
 - If you answered "Yes" to any questions A through I, please attach Separate Sheet with explanation. Include any details such as: date, name, and address of Lender, FHA or VA case number, and reasons for the action.
- J. Are you an immigrant to the U.S./Foreign Born?
 Ves Year of Immigration:
- K. Do you intend to occupy the property as your primary residence? \Box Yes \Box No
 - a. If "Yes," complete the following question below: "L".
- L. Have you had an ownership interest in a property in the last three years? \Box Yes \Box No
 - If "Yes": What type of property did you own?
 Principal Residence, Second Home, Investment Property
 - If "Yes": How did you hold title to the home?
 - □ Solely by yourself, □ Jointly with your Spouse, □ Jointly with another person

Applicant Signature:	Date:
Applicant Name:	
Co-Applicant Signature:	Date:
Co-Applicant Name:	
Authorized Staff-Signature and Name	 Date:



	<u>ization</u>
By signing below, I/we certify that th authorize Visionary Home Builders o	
• Pull my/our credit report to re	view my/our credit report
• Verify all information containe	ed herein
 Obtain a copy of the HUD-1 set mortgage lender or Title Comp mortgage loan. 	tlement statement from the pany that I/we utilize for my/our
I/we understand that willful conceals family size, income, assets, holdings, p or partnerships, royalties, child suppo eligibility criteria will result in imme Visionary Home Builders of Californic have submitted information and may recourse through the legal system.	personal or real property, business ort, debt repayment or other diate disqualification from any a, Inc. program(s) from which I/we
Applicant Signature:	Date:
Applicant Name:	
	Date:
Co-Applicant Signature:	
Co-Applicant Signature: Co-Applicant Name:	



- Pre-Registration Required: Please fill out completely and return completed form to Visionary Home Builders of California, Inc. (see address below) no later than 5pm on the Thursday before your class.
- Include money order or cashier's check for \$50 per person made out to Visionary Home Builders of California, Inc. (NOTE Class Registration Fee is NON-REFUNDABLE)

If no please explain: Applicant First Name:	MI: Last Name:
	Age: Birthdate:/
Address:	City: State: Zip Code:
Email Address:	
	Work Phone: ()
, ,	• Other Phone: ()
-	'isionary Home Builders Homebuyer's Education Course?
	Government 🗆 Walk-in 🗆 VHB Staff Member
	riend/Relative 🗆 Realtor 🗆 Flyer 🗆 Billboard Signs 🗆 TV
Radio Internet/Webs	site 🛛 Other:
-	
	itoring and Reporting Demographic Information
<u>Government Mon</u>	
Government Mon Household Annual In 	ncome: \$
Government Mon Household Annual In Household Size:	ncome: \$
Government Mon • Household Annual In • Household Size: • Education: □ Colleg	ncome: \$ ge
Government Mon Household Annual In Household Size: Education: Colleg Current Residence: 	ncome: \$ ge
Government Mon Household Annual In Household Size: Household Size: Education: Colleg Current Residence: Please check here if you do 	ncome: \$ ge
Government Mon Household Annual In Household Size: Education: Colleg Current Residence: Please check here if you do Marital Status: 	ncome: \$ ge
Government Mon Household Annual In Household Size: Education: Colleg Current Residence: Please check here if you do Marital Status: Mac Are you disabled?	ncome: \$ ge High School GED Primary/Vocational None Own Rent Other Onot wish to furnish the information requested below; if not, continue: arried Single Other Yes No • Are you a Veteran? Yes No
Government Mon Household Annual In Household Size: Education: Colleg Current Residence: Please check here if you do Marital Status: Are you disabled? Are you an immigrant	ncome: \$ ge
Government Mon Household Annual In Household Size: Education: Colleg Current Residence: Please check here if you do Marital Status: Mo Are you disabled? Are you an immigran What language is spo	ncome: \$ ge High School GED Primary/Vocational None Own Rent Other Onot wish to furnish the information requested below; if not, continue: arried Single Other Yes No Yes No Mo Mo Yes (Year of immigration) No
Government Mon	ncome: \$ ge High School GED Primary/ Vocational None Own Rent Other O not wish to furnish the information requested below; if not, continue: arried Single Other Yes No •Are you a Veteran? Yes No Mo to the U.S./Foreign Born? Yes (Year of immigration) No No No •Other:
Government Mon Household Annual In Household Size: Education: Colleg Current Residence: Please check here if you do Marital Status: Mo Are you disabled? Are you an immigran What language is sp Race: American Ind Native Hawai	ncome: \$ ge High School GED Primary/ Vocational None Own Rent Other Onot wish to furnish the information requested below; if not, continue: arried Single Other Yes No Yes No Are you a Veteran? Yes No Mo Mo No Spanish Other: dian-Alaskan Native Asian Black-African American Hispanic



Housing Payment	
1 st Mortgage (Principle and Interest)	
Monthly Property Taxes	
Homeowners Insurance	
2 nd Mortgage (If Applicable)	
Debt	
Car Loan	
Student Loan	
Credit Card 1 minimum payment	
Credit Card 2 minimum payment	
Credit Card 3 minimum payment	
Credit Card 4 minimum payment	
Education	
School Fees / Books / Supplies	
School Lunches	
Tuition	
Tuition	
Housing Expenses	
Electricity	
Heating	
Telephone (including cell)	
Water/ Sewer	
Food Expenses	
Food & Groceries	
Food at Work	
Insurance	•
Health Insurance	
Life Insurance	
Medical	·
Dentist	
Doctor Visit	
Medication	
Home Maintenance	•
Cleaning Supplies	
Lawn Care	
Monthly Maintenance Allotment	
Other Home Maintenance	
Pest Control	
Auto Expenses	
Auto Insurance	
Car Inspection	
Car Repairs	
Gasoline	
License / Tags / Taxes	
0	

Entertainment	
Athletic Events / Hobbies	
Cable TV	
Internet	
Dining Out	
Movie Rentals	
Newspaper / Magazines	
Vacations	
Gift / Donation	
Christmas	
Church Donation	
Other Gift / Donation	
Other	
Misc. / Spending Money	
Birthday Gifts	
Checking Account Fee	
Pet Supplies	
Veterinary Visits for Pets	
Personal	
Allowances	
Barber / Beauty Shop	
Child Care	
Child Support	
Alimony	
Personal Items	
Other	
Other	
Savings	
Monthly Family Plan	
Other Savings	
Clothing	
Clothing	
Laundry / Cleaning	
Other Items	

Applicant - Signature and Name: _____

Co - Applicant – Signature and Name:





Conflict of Interest Programs Disclosure Statement

I, _____, have been advised that Visionary Home Builders of California, Inc. (VHB) provides the following services:

- <u>Homeownership Counseling and Education</u>: 1st time home buyer education classes that cover individual pre-purchase counseling, credit and budget analysis, money management, loan prequalification, and loan packaging.
- **Option to Own:** A "rent- to-own" program which gives tenants an opportunity to purchase a home after a period 42 months giving them time to repair their credit, save for a down payment, and complete a budget and financial education course.
- Foreclosure Mitigation/Loan Modification: Provides participants guidance in the foreclosure process, education on current options for loan modification programs and the foreclosure process, and empowerment for participants receiving a loan modification or other mortgage solution.
- <u>Multi-FamilyAffordable Housing:</u> Provides affordable rental communities for low- to moderate-income families.
- **<u>Real Estate Agency:</u>** Real estate agents assist clients in the purchase and sale of real property.
- **<u>Property Management:</u>** Oversee and manage VHB's "for rent" properties.

I also acknowledge that VHB has financial relationships with industry partners including: Bank of Agriculture and Commerce, Bank of America, Bank of Stockton, Chase Bank, Citi Bank, F&M Bank, Oak Valley Community Bank, Ocwen Bank, Union Bank, US Bank, Raza Development Fund and Wells Fargo Bank. I further acknowledge that VHB has program participation, funding, management, and development agreements with various governmental agencies including cities and counties.

Finally, I acknowledge and agree that the services I receive from VHB **do not obligate me in any way to receive, purchase, or utilize any other services offered by VHB, to purchase or rent a home from VHB, to utilize products or services of any of VHB's industry partners or any other vendor, or receive any servcies or participate in any program of any governmental agencies.**

Co-Applicant Signature	
Co-Applicant Name	
Date:	
Date:	
	Co-Applicant Name Date:



Housing Counseling Program Disclosure

Purpose of Housing Counseling: I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers repair problems that may prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to repair the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing. I/We understand that even if we follow the plan and remove the barriers we may still not obtain mortgage financing.

Mortgage Financing Assistance: Upon completion of the housing counseling program, I/we understand that the counselor will help to identify those loan programs that best my/our needs and choose a lender that is right for me/us. Upon completion of the program, and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

Eligible Criteria: I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I will be referred to a long-term housing counseling program.

Homeownership Education Classes: I/We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes.

Hold Harmless Agreement: In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/We agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of services which I/We receive from the Indemnified Parties.

<u>Customer's Responsibility:</u> I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

Applicant Signature	Co-Applicant Signature
Applicant Name	Co-Applicant Name
Date:	Date:
Authorized Staff- Signature and Name	Date:



Client Authorization for Release of Information

I/We agree to participate in counseling sessions to help me/us with my/our present housing situation. I/we understand that counselors and sales staff may obtain and discuss information on my/our credit history, banking financial situations, employment, or other related subjects which may improve my/our ability to purchase a home. I/we understand that this is necessary and helpful in assisting me/us in order to improve our chances of acquiring a home. I/we understand that all information will be held in confidence and that no information will be divulged to any person who is not directly involved in the counseling or homeownership process.

I/we understand that I/we am/are free to choose any loan product or house, regardless of the loan products shown to me/us or homes built by Visionary Home Builders of California, Inc.

I/we authorize Visionary Home Builders of California, Inc. to share credit, financial, employment and other information with other non-profits, governmental agencies, or lending institutions as may be necessary to help facilitate homeownership or other housing alternative(s).

As the undersigned, I/we have applied for mortgage counseling. As such I/we give permission to Visionary Homebuilders of California, Inc. to obtain our credit history.

Hold Harmless Agreement: In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/We agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of the disclosure of my/our information so long as the Indemnified Parties have used reasonable efforts to keep it confidential.

Applicant Signature	Co-Applicant Signature
Applicant Name	Co-Applicant Name
Social Security Number	Social Security Number
Date:	Date:
Authorized Staff-Signature and Name	Date:





Information Disclosure Authorization

I/we hereby authorize you to release to Visionary Home Builders of California, Inc., or whom it assigns, the following information for the purpose of verification:

- Employment history, dates, titles, hours, income etc.
- Banking and savings accounts of record
- Mortgage loans(s), landlord rating and payoff information
- Any other information deemed necessary in connection with a consumer credit report for transactions which involve real estate.

This information is for the confidential use in compiling a mortgage loan credit file for a VA, FHA or conventional home loan.

A photographic or carbon or faxed copy of this authorization being a valid copy of the signature(s) of the undersigned, may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help expedite my real estate transaction. Thank you for your cooperation.

Re: Loan #:(If Applicable)	_ Property Address:
Applicant Signature	Co-Applicant Signature
Applicant Name	Co-Applicant Name
Social Security Number	Social Security Number
Date:	Date:
NOTICE TO BORROWERS: This is notice to you a	as required by the Right to Financial Privacy Act of 1978 that FHA has a right of access to

NOTICE TO BORROWERS: This is notice to you as required by the Right to Financial Privacy Act of 1978 that FHA has a right of access to financial records held by financial institutions in connection with the consideration or administration of assistance to you. Financial records involving your transaction will available to FHA without further notice or authorization but will not be disclosed or released by this institution to another Government Agency or Department without your consent except as required or permitted by law.