



**PC2 Homeownership Program**  
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*Pierce County Coalition for  
 Developmental Disabilities (PC2)*  
 3716 Pacific Ave., Suite A  
 Tacoma, WA 98418  
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## Guidelines for PC2 Homeownership Program

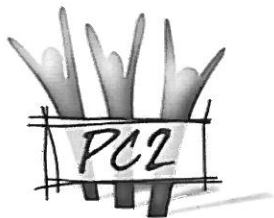
✓ Borrower must be a first-time homeowner (has not owned a home for 3 years)
✓ Borrower's gross income must at or below 80% of the Pierce County median
✓ Household must include a family member with a Developmental Disability (as defined by Developmental Disabilities Administration and provide documentation)
✓ Borrower must contribute a down payment of at least \$500 (\$1,000 for other DPA programs)
✓ Borrower must attend a WA State Housing Finance Commission sponsored Homebuyer Ed class.
✓ Maximum loan amount is \$39,600 from PC2 (0% interest, 30-yr term, with shared appreciation)
✓ Property must be located within Pierce County limits
✓ Total debt-to-income ratio not to exceed 45%

## Required Documents

Borrower	Lender
✓ Intake Form	✓ Purchase and Sale Agreement
✓ 3 months Income (Paystubs, W-2)	✓ Appraisal
✓ 3 months bank statements	✓ Title Report
✓ Proof of DD eligibility from DDA	✓ Loan Commitment Letter
✓ Credit Report (min score 620)	✓ Estimated HUD 1
✓ Last 3 year's tax returns	✓ HO Insurance w/ PC2 named as insured
✓ HomeChoice Borrower Budget Worksheet*	✓ Title Policy with PC2 named as beneficiary
✓ WSHFC Homebuyer Ed Certificate	

## Property Guidelines

- ✓ The property must be in good condition and pass Housing Quality Standards (HQS) inspection
- ✓ The property must be designed for only one family.
  - Must contain no more than one self-sufficient unit.
  - Must have no more than one service meter supporting the entire property.
  - Must have no more than one tax parcel number for the entire parcel.
  - Cannot have excess land value. Qualifying land is the lesser of that necessary for basic livability or two acres.
- ✓ Purchase of the home cannot displace a renter (must be vacant or owner occupied).



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## Homeownership Intake Form

☒ **Required Contact Information**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Check preferred method of contact: \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_ Email

Street Address \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at current address: \_\_\_\_\_ years \_\_\_\_\_ months

Residency Status: \_\_\_\_ Rent \_\_\_\_ Own \_\_\_\_ Other

☒ **Required Eligibility Information**

Please choose the statement that best fits you.

\_\_\_\_ I am a person with developmental disabilities (DD)

\_\_\_\_ I am a family member of a person with DD who lives with me.

Age(s) of person with DD: \_\_\_\_\_ Name(s): \_\_\_\_\_

\_\_\_\_ I am none of the above.

*Please attach evidence of developmental disability. Acceptable documents include letters from case workers, physicians, or government agencies attesting that the qualifying individual meets the state definition of Developmental Disability as well as ADA status.*

☒ **Home Preferences**

Do you currently own a home? \_\_\_\_ Yes \_\_\_\_ No Have you ever owned a home? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the month and year that the home was sold: \_\_\_\_\_

Where would you like to purchase a home: \_\_\_\_\_

When are you hoping to purchase a home: \_\_\_\_\_

What type of home would you consider purchasing? Please check all that apply:

\_\_\_\_ Single Family Detached House \_\_\_\_ Townhome \_\_\_\_ Condominium

\_\_\_\_ Manufactured Home on Purchased Land (*No manufactured homes on rented land are allowed.*)

☒ **Required Financial Information**

Number of Dependents: \_\_\_\_\_ Total Household size: \_\_\_\_\_

Current Rent: \_\_\_\_\_ Section 8 subsidy? \_\_\_Yes \_\_\_No

**Income** (Please list all sources of income for all members of your household as monthly amounts)

Employment(gross): \_\_\_\_\_ / mo.

Child Support: \_\_\_\_\_ / mo.

SS Disability (SSDI): \_\_\_\_\_ / mo.

SSI \_\_\_\_\_ / mo.

GA-S (Pregnancy): \_\_\_\_\_ / mo.

AFDC/ DSHS \_\_\_\_\_ / mo.

GAU/ ADATSA: \_\_\_\_\_ / mo.

Unemployment \_\_\_\_\_ / mo.

Other: \_\_\_\_\_ / mo.

**Debts** (Please list both balance and payments on the following):

Type	Total Amount Owed	Monthly Payment Amount
1. <u>Auto Loan</u>	_____	_____
2. <u>Student Loan</u>	_____	_____
3. <u>Credit Cards</u>	_____	_____
4. _____	_____	_____
5. _____	_____	_____

☒ **Optional Demographic Information**

*As a part of our efforts toward insuring equal housing opportunity, your help is needed in providing us with information about your personal background. This information will be considered confidential and used for statistical purposes only.*

**Race/ Ethnicity (check all that apply):**

\_\_\_ American Indian/Alaskan Native

\_\_\_ Asian

\_\_\_ Black/African American

\_\_\_ Hawaiian/Pacific Islander

\_\_\_ Hispanic/ Latino

\_\_\_ White/ Caucasian

\_\_\_ Other \_\_\_\_\_

**Marital Status:**

\_\_\_ Married \_\_\_ Separated \_\_\_ Unmarried

\_\_\_ Widowed \_\_\_ Divorced \_\_\_ Other

**Gender:**

\_\_\_ Female \_\_\_ Male \_\_\_ Other

☒ **Demographic information, cont.****Citizenship and Languages:**

Citizenship: \_\_\_ U.S. Citizen \_\_\_ Permanent Resident \_\_\_ Non-Resident

Country of Origin \_\_\_\_\_ Preferred Language \_\_\_\_\_

**Education:**

\_\_\_ No Diploma \_\_\_ H.S. Diploma \_\_\_ GED \_\_\_ Some college (not completed) \_\_\_ Vocational Certificate

\_\_\_ Associate's Degree \_\_\_ Bachelor's Degree \_\_\_ Master's Degree \_\_\_ Doctoral Degree

☒ **Optional Releases**

Please initial to give consent.

**Advocates***Initials:* \_\_\_\_\_ I authorize PC2 to share my homeownership information with the people listed below.*Initials:* \_\_\_\_\_ Please send copies of all materials to the people listed below.

Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Advocate 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Advocate 2: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photography Release***Initials:* \_\_\_\_\_ I give permission for PC2 to use, without limitation or obligation, photographs, film footage, or tape recordings that may include an image or voice for purposes of promoting or interpreting PC2.

By signing below you certify and declare that the statements and representations made herein are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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*Please remember to attach evidence of developmental disability. Acceptable documents include letters from case workers, physicians, or government agencies attesting that the qualifying individual meets the state definition of Developmental Disability as well as ADA status.*





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## Client Authorization Form

Client Name: \_\_\_\_\_

PC2 Housing Program Staff: Shawna Franklin, BethAnn Garteiz

### *PC2 Housing Client Authorization for Housing Counseling:*

I would like to participate in your counseling sessions to help me improve my housing situation. I understand that my housing counselor may discuss information about my credit history, financial situation, employment and other information with me and other representatives of financial institutions, housing authorities or agencies, as necessary, to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in our efforts to improve my housing situation.

I hereby authorize my housing counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my housing situation, and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information is essential to the improvement of my housing situation.

It is expressly understood that it is my option to work with the real estate agent and/lender and/or other representatives of my choosing and the housing counseling agency will work with such representatives in assisting me to improve my housing situation.

It is further understood that in consideration of the housing counseling agency's assistance with my housing situation, I agree to hold harmless the housing counseling agency and its agents and/or employees from any and all claims or causes of actions arising, or which may arise, from mistakes, errors or omissions in regard to said counseling.

I/we hereby authorize PC2 to verify my/our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application, default counseling or other housing counseling as the case may be. I/we further authorize PC2 to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy or faxed copy of this form will also serve as authorization.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Applicant 2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
City, State, Zip



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## **DD Eligibility**

Developmental Disability (DD) eligibility for purposes of the PC2 Homeownership Program shall be determined by the applicant's status as a client of the Developmental Disabilities Administration (DDA) or by show of a Washington State recognized DD on other government documents (i.e. IEP).

Proof of client status shall be determined by copy of a letter from DDA that shows clearly the individual's name and client number stating that the client is eligible for DDA services. If you need to call DDA their number in Tacoma is (253) 404-5500.

### **What is a developmental disability as defined by law?**

Under RCW71A.10.020(4) the definition in law of a developmental disability is:

"Developmental disability" means a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual. By January 1, 1989, the department shall promulgate rules which define neurological or other conditions in a way that is not limited to intelligence quotient scores as the sole determinant of these conditions, and notify the legislature of this action.