



**City of
Santa Clara**
The Center of What's Possible



**City of Santa Clara
Below Market Purchase (BMP) Program
Eligibility Application Checklist**

The City of Santa Clara operates a Below Market Purchase (BMP) Program bringing new affordably priced homes to income eligible individuals and families. Housing Trust Silicon Valley, as the City of Santa Clara's BMP Program Administrator, will guide prospective homebuyers through the program eligibility process.

To determine eligibility, interested applicants are required to complete the attached Eligibility Application and provide the required documentation. An application checklist has been provided for your convenience. The eligibility application and all required documents **MUST** be delivered as a complete package to Housing Trust Silicon Valley. Incomplete applications will not be accepted or processed.

A \$50 non refundable fee must accompany the application in the form of a check or money order made payable to: Housing Trust Silicon Valley.

Submit Applications in person and by appointment (hard copy) or by mail to:

Housing Trust Silicon Valley
95 S. Market Street, Suite 610
San Jose, CA 95113
Attn: Homeownership Programs
408.436.3450

NOTE: All Household members over the age of 18 are co-applicants. All co-applicants must meet all eligibility requirements of the BMP Program.

For any questions, please contact: Homeownership Program Manager at (408) 436-3450 ext. 234 or by email: homebuyer@housingtrustsv.org.

All information provided to establish eligibility for the BMP Program can and will be used for monitoring, auditing and establishing compliance with the BMP Program requirements; otherwise, this information is confidential. Housing Trust Silicon Valley and the City of Santa Clara reserves the right to decline a BMP Program Eligibility application at any time prior to the close of escrow of the subject property if the agency obtains information contradictory to that of the application provided by the applicants.

Any misrepresentations or falsifications on this application will result in disqualification from the City of Santa Clara BMP Program for a period of one year.

To obtain BMP Home Ownership Program Guidelines go to:
www.housingtrustsv.org/programs/homebuyer-assistance/below-market-purchase-program/



City of Santa Clara Below Market Purchase Program Eligibility Application and Documentation Checklist	
Eligibility Application and Required Documents must be delivered as a package.	
<input type="checkbox"/>	Eligibility Application- signed/dated by all applicants and co-applicants over the age of 18
<input type="checkbox"/>	<i>\$50 non refundable fee(check or money order)made out to Housing Trust Silicon Valley</i>
<input type="checkbox"/>	Authorization to Release Information for all applicants and co-applicants over the age of 18
<input type="checkbox"/>	Written Verification of employment for each employed household member over the age of 18 (signed/dated by applicants/co-applicants. Housing Trust will send to employer.)
<input type="checkbox"/>	Form 4506 T for each applicant and co-applicants over the age of 18 (signed/dated)
<input type="checkbox"/>	Form W-9 for each applicant and co-applicants over the age of 18 (signed/dated)
<input type="checkbox"/>	HTSV Privacy Policy signed/dated by all applicants and co-applicants over the age of 18
Income Documentation- REQUIRED for all Adult Household Members over the age of 18	
<input type="checkbox"/>	Copies of FOUR (4) most recent and consecutive paystubs for all employed household members over the age of 18.
<input type="checkbox"/>	Copies of last THREE (3) years Federal and State Tax returns with all W-2s, 1099s and Schedules (signed/dated) for all household members over the age of 18.
<input type="checkbox"/>	If Self Employed: Year-to-date Profit and Loss statement prepared and signed by a CPA on their letterhead
<input type="checkbox"/>	If receiving Social Security/Disability/Unemployment- Provide documentation and verification
<input type="checkbox"/>	If receiving any dividends or interest: Copies of THREE (3) most recent investment statements
<input type="checkbox"/>	Recurring Contributions/Spousal/Child Support- Provide verifiable documentation
<input type="checkbox"/>	Affidavit of Zero Income Certification (must be filled out by any adult that does not receive income)
ASSETS- REQUIRED for all Adult Household Members over the age of 18	
<input type="checkbox"/>	Checking/Savings-Copies of THREE (3) most recent statements from all checking/savings accounts (NOTE: All non-direct payroll deposits must be identified and explained.)
<input type="checkbox"/>	Money Market Funds, Mutual Funds, or Certificates of Deposit (CD) and any other asset account- Copies of THREE (3) most recent statements
<input type="checkbox"/>	Stocks- Copies of the THREE(3) most recent account statements, copy of Certificate of Proof of Purchase, and documentation of current value
<input type="checkbox"/>	Bonds- A list of Bonds with Amount and Serial #
<input type="checkbox"/>	Retirement accounts (401 K, CalPERS, CalSTRS, 403B, TSP, IRA, or Profit Sharing Plan)- Copies of the THREE (3) most recent statements
OTHER REQUIRED DOCUMENTATION	
<input type="checkbox"/>	Prequalification letter for an approved BMP lender showing the maximum purchase price (No FHA loans allowed)
<input type="checkbox"/>	Copies of Driver's License or California Identification card from applicant and co-applicants
<input type="checkbox"/>	Copy of Current Lease OR Rental Agreement
<input type="checkbox"/>	For City of Santa Clara Residents only, Copy of most recent PG&E statement
<input type="checkbox"/>	Copy of Certificate for HUD Approved 8-Hour First-Time Homebuyer Education Class from Project Sentinel or Neighborhood Housing Services Silicon Valley for all borrowers (including non-borrowing spouse). Certificate must be less than a year old. Class Registration and Confirmation accepted if within 21 days of application submission date.
<input type="checkbox"/>	Gift Letter (If Gift is provided) –Provide letter signed and dated along with proof of funds from donor
CITIZENSHIP- Provide proof of citizenship or legal residency for each household member	
<input type="checkbox"/>	Copy of U.S. Birth Certificate
<input type="checkbox"/>	Copy of Naturalization Certificate or Valid U.S. Passport
<input type="checkbox"/>	U.S. Permanent Resident Card (Green Card) USCIS Form I-551 or I-151
Applicants are responsible for the completeness of the Eligibility Application and submission of all required documents as a complete package. Missing information on the Eligibility Application or missing documentation may render the request ineligible and may not be accepted at the discretion of HTSV.	

APPLICANT (Head of Household)		
NAME: Last, Middle Initial, First Name 	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, Name of Spouse: _____	
CONTACT PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____-_____	EMAIL: _____	
DATE OF BIRTH (mm/dd/yyyy) _____/_____/_____	SOCIAL SECURITY NUMBER: _____-_____-____	CALIFORNIA DL/ID # _____
PRESENT ADDRESS: _____ City, Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Years/Months at Present Address: _____		
List Previous Addresses if Residing at Present Address for LESS than THREE (3) Years:		
FORMER ADDRESS	RESIDENCY	OWN/RENT
BEGIN	END	
	----	<input type="checkbox"/> Own <input type="checkbox"/> Rent
	----	<input type="checkbox"/> Own <input type="checkbox"/> Rent
	----	<input type="checkbox"/> Own <input type="checkbox"/> Rent
APPLICANT EMPLOYMENT INFORMATION: Provide ALL Sources of Income		
Name and Address of Employer: <input type="checkbox"/> Self Employed _____ _____ _____ Employer Phone : (_____) _____-_____ _____ Position Held	Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly Date of Employed: _____ (MM/DD/YYYY) Gross Annual Income: \$ _____ Income from this employer is received (Select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____	
Name and Address of Employer: <input type="checkbox"/> Self Employed _____ _____ _____ Employer Phone : (_____) _____-_____ _____ Position Held	Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly Date Employed: _____ (MM/DD/YYYY) Gross Annual Income: \$ _____ Income from this employer is received (Select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____	
Provide additional employment or sources of income you have: <i>(Documentation Required)</i> 		
If not employed, provide source of income: 		

II. HOUSEHOLD COMPOSITION (NUMBER OF MEMBERS IN HOUSEHOLD): _____Full name, gender, date of birth, and relationship to Applicant of **ALL** other members in the household:

Name	Gender	Date of Birth	Relationship to Applicant

**YOU MUST PROVIDE THE FOLLOWING INFORMATION
FOR EACH HOUSEHOLD MEMBER OVER THE AGE OF 18.**

CO-APPLICANT #1 INFORMATION			
NAME: Last, Middle Initial, First Name		MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, Name of Spouse: _____	
CONTACT PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____ - _____		EMAIL: _____	
DATE OF BIRTH (mm/dd/yyyy) ____ / ____ / ____	SOCIAL SECURITY NUMBER: ____ - ____ - ____	CALIFORNIA DL/ID # _____	
PRESENT ADDRESS: _____ City, Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Years/Months at Present Address: _____			
CO-APPLICANT #1 EMPLOYMENT INFORMATION: Provide ALL Sources of Income			
Name and Address of Employer: <input type="checkbox"/> Self Employed _____ _____ _____ Employer Phone : (_____) _____ - _____ Position Held : _____		Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly Date of Employed: _____ (MM/DD/YYYY) Gross Annual Income: \$ _____ Income from this employer is received (Select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____	

Name and Address of Employer: <input type="checkbox"/> Self Employed _____ _____ _____ Employer Phone : (_____) _____-_____ Position Held : _____	Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly Date Employed: _____(MM/DD/YYYY) Gross Annual Income: \$ _____ Income from this employer is received (Select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____
--	--

Provide additional employment or sources of income you have: *(Documentation Required)*

If not employed, provide source of income:

CO-APPLICANT #2 INFORMATION

NAME: Last, Middle Initial, First Name _____ _____ _____	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced If Married, Name of Spouse: _____ _____
CONTACT PHONE NUMBER <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (_____) _____-_____ _____	EMAIL: _____ _____
DATE OF BIRTH (mm/dd/yyyy) ____/____/____	SOCIAL SECURITY NUMBER: _____
CALIFORNIA DL/ID # _____	
PRESENT ADDRESS: _____ City, Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent Years/Months at Present Address: _____	

CO-APPLICANT#2 EMPLOYMENT INFORMATION: Provide ALL Sources of Income

Name and Address of Employer: <input type="checkbox"/> Self Employed _____ _____ _____ Employer Phone : (_____) _____-_____ Position Held : _____	Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly Date of Employed: _____(MM/DD/YYYY) Gross Annual Income: \$ _____ Income from this employer is received (Select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____
Name and Address of Employer: <input type="checkbox"/> Self Employed _____ _____ _____ Employer Phone : (_____) _____-_____ Position Held : _____	Type of Employment (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly Date Employed: _____(MM/DD/YYYY) Gross Annual Income: \$ _____ Income from this employer is received (Select one): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other: _____
Provide additional employment or sources of income you have: <i>(Documentation Required)</i>	

If not employed, provide source of income:

CO-APPLICANT #3 INFORMATION

NAME: Last, Middle Initial, First Name

MARITAL STATUS ☐ Married ☐ Single ☐ Divorced

If Married, Name of Spouse: _____

CONTACT PHONE NUMBER ☐ Home ☐ Cell ☐ Work

EMAIL:

DATE OF BIRTH (mm/dd/yyyy)

SOCIAL SECURITY NUMBER:

CALIFORNIA DL/ID #

PRESENT ADDRESS: _____ City, Zip: _____

☐ Own ☐ Rent Years/Months at Present Address: _____

CO-APPLICANT#3 EMPLOYMENT INFORMATION: Provide ALL Sources of Income

Name and Address of Employer: ☐ Self Employed

Type of Employment (Check all that apply): ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Salaried ☐ Hourly

Date of Employed: _____ (MM/DD/YYYY)

Gross Annual Income: \$ _____

Income from this employer is received (Select one):

☐ Weekly ☐ Every Other Week ☐ Twice a Month

☐ Other: _____

Name and Address of Employer: ☐ Self Employed

Type of Employment (Check all that apply): ☐ Full Time ☐ Part Time ☐ Seasonal ☐ Salaried ☐ Hourly

Date Employed: _____ (MM/DD/YYYY)

Gross Annual Income: \$ _____

Income from this employer is received (Select one):

☐ Weekly ☐ Every Other Week ☐ Twice a Month

☐ Other: _____

Provide additional employment or sources of income you have: (Documentation Required)

If not employed, provide source of income:

**IF ADDITIONAL CO-APPLICANTS, PLEASE REQUEST ADDITIONAL PAGES
FROM HOUSING TRUST SILCION VALLEY**

III. INCOME-List the GROSS ANNUAL INCOME for ALL household members over the age of 18					
INCOME SOURCE	APPLICANT	CO-APPLICANT #1	CO-APPLICANT #2	CO-APPLICANT #3	TOTAL
Wages, Salaries, Tips, etc.	\$	\$	\$	\$	\$
Business Income	\$	\$	\$	\$	\$
Unemployment & Disability	\$	\$	\$	\$	\$
Interest & Dividend Income	\$	\$	\$	\$	\$
Retirement & Insurance	\$	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$	\$
Gift Income	\$	\$	\$	\$	\$
Welfare Assistance	\$	\$	\$	\$	\$
Armed Forces Income	\$	\$	\$	\$	\$
Other Income (such as regular monthly support from non-household member)	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

IV. ASSETS-List the CASH VALUE OF ALL LIQUID ASSETS for ALL household members over the age of 18				
Applicant/Co- applicant Name	Name of Financial Institution	Describe Type of Account: <i>Checking, Savings, Money Market, Stocks, Stock Options, Bonds, Mutual Funds, Certificate of Deposits</i>	Account #: (Last FOUR digits only)	Balance
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL CASH VALUE OF ALL LIQUID ASSETS				\$

V. ASSETS-List the VALUE OF ALL NON-LIQUID ASSETS for ALL household members over the age of 18

Applicant/Co- applicant Name	Name of Financial Institution	Describe Type of Account: 401K, CalSTRS, CalPERS, 403b, Pension, IRA, Roth IRA, TSP, Profit Sharing Plan, etc.	Account #: (Last FOUR digits only)	Balance
				\$
				\$
				\$
				\$
				\$
				\$
TOTAL VALUE OF ALL NON-LIQUID ASSETS				\$

VI. DOWN PAYMENT & PURCHASE PRICE

HOW MUCH OF YOUR ASSETS WILL BE FOR THE DOWN PAYMENT: \$ _____

WHAT PURCHASE PRICE HAS THE APPROVED BMP LENDER QUALIFIED YOU FOR (per the prequalification letter):

\$ _____

VII. LIABILITIES – Attach additional pages as needed

Applicant/Co-applicant Name	CREDITOR NAME & ADDRESS	TYPE OF ACCOUNT (Revolving or Installment)	MONTHLY PAYMENT	BALANCE DUE
			\$	\$
			# Payments _____	
			\$	\$
			# Payments _____	
			\$	\$
			# Payments _____	
			\$	\$
			# Payments _____	
			\$	\$
			# Payments _____	
			\$	\$
			# Payments _____	
			\$	\$
			# Payments _____	

VIII. Additional Expenses –List any additional liabilities and other regular expenses including but not limited to alimony, child support, judgments, child care, union dues, student loans, car loans, rent, personal loans or medical expenses on behalf of dependents.

Applicant/Co-applicant Name	TYPE OF EXPENSE	MONTHLY PAYMENT	BALANCE DUE
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you or any member of the household ever filed for bankruptcy (Chapter 7 or Chapter 13)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please state the date of discharge: _____	
Are there any outstanding judgments against you or any member of the household	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been foreclosed on in the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household owned real property at any time within the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No

You are not required to furnish the following information, but are encouraged to do so. For race, you may check more than one designation

1. Ethnicity	2. Race
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> American Indian & Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White

IX. Statement of Non-Discrimination

The Housing Trust Silicon Valley is an equal opportunity lender. In accordance with applicable law, HTSV prohibits discrimination based on race, color, religion, creed, gender, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition, veteran status, sexual orientation, or the presence of children or any other consideration protected by federal, state or local laws. All such discrimination is unlawful. HTSV's commitment to equal opportunity applies to all persons involved in our operations and prohibits unlawful discrimination by any of HTSV's employees, including supervisors and coworkers.



X. CERTIFICATION- Initials are required for all household members over the age of 18

I/WE UNDERSTAND THAT:

____ / ____ Any and all information provided will be used to determine eligibility for the City of Santa Clara BMP Program and all information contained in the records kept by the city can and will be used for monitoring, auditing and establishing **my/our** eligibility for the City of Santa Clara's affordable housing program; otherwise this information is confidential.

____ / ____ If **my/ our** application contains false statements, false or falsified documentation, or misrepresentations, **I/we** understand we will be ineligible for the City of Santa Clara's affordable housing program.

____ / ____ If **I/we** obtain assistance for the City of Santa Clara's affordable housing programs, **I/we** will be required to certify at least annually that **I/we** comply with program requirements and that the City of Santa Clara will be continuously auditing and monitoring **my/our** compliance with the program.

I/WE CERTIFY THE FOLLOWING:

____ / ____ That **I/we** have provided true, accurate and verifiable documentation to support the statements made herein prior to receive assistance from the City of Santa Clara for the purchase of a home and that the information provided in this eligibility application is true and correct.

____ / ____ That **my/our** combined household income and assets are below the maximum household income for the program.

____ / ____ That **I/we** have funds needed for the down payment and closing costs.

____ / ____ That **I/we** will continuously occupy our home as primary residence for the duration of the Program term.

____ / ____ That **I/we** understand the program requirements and restrictions.

____ / ____ That **I/we** understand that there are consequences for failure to comply with program requirements before, during, and after purchasing a unit with assistance from the City of Santa Clara and **I/we** have been informed about those consequences.

____ / ____ That **I/we** understand that there is a non-refundable fifty dollar (\$50.00) eligibility application fee payable to the Housing Trust Silicon Valley.

PLEASE READ BEFORE SIGNING

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal, state or local funds. I understand that the information on this form is subject to verification. Penalties for falsifying information may include denial to participate in the City of Santa Clara's affordable housing program, or if made evident after loan funding, immediate repayment of all funds received, sale of below market rate home and/or prosecution under the law.

I/We declare under penalty of perjury of the laws of the State of California that the foregoing is true and correct and was executed in _____(City), California.

APPLICANT

DATE

CO-APPLICANT #1

DATE

CO-APPLICANT #2

DATE

CO-APPLICANT #3

DATE



ACKNOWLEDGEMENT AND AUTHORIZATION TO RELEASE INFORMATION

I/We are hereby applying to purchase a Below Market Purchase (BMP) Program home through the City of Santa Clara's BMP Program. By submitting **my/our** application, **I/we** agree that the City of Santa Clara and Housing Trust Silicon Valley may verify information contained in **my/our** application and in any other documents required in connection with the purchase, either before or after the transaction has closed, in order to verify **my/our** eligibility for the program, whether to determine **my/our** eligibility, or to complete the processing, approval and underwriting of **my/our** purchase of a BMP home.

I/We authorize you to provide to the City of Santa Clara and Housing Trust Silicon Valley any and all information and documentation that the City or Housing Trust requests and further authorize the City of Santa Clara and Housing Trust Silicon Valley to provide any such information and documentation to its designated employees. Such information includes, but is not limited to the following types of information for all members of **my/our** household:

- current place of employment and employment history;
- verification of all sources of income and compensation, including self-employment or business income, gifts, pensions, alimony, child support, regular gifts or support, or public benefits; and
- verification of assets and the value of such assets including real property, checking, savings, investment, and brokerage accounts; and
- mortgage or consumer loan status and payment history, credit history, credit card records;
- Driver's License and automobile registration records or other records of the Department of Motor Vehicles; and
- copies of federal and state income taxes, and other tax filings and records of the IRS, Franchise Tax Board, or any other state or local taxing entity; and
- Social Security statements or benefits; and
- unemployment or disability benefits statements.

Therefore, **I/we** authorize the release of any of the information described below and any other information related to determining **my/our** household income, assets, places of employment and primary residency, upon request of the Housing & Community Services Division of the City of Santa Clara and Housing Trust Silicon Valley.

Additionally, **I/we** give **my/our** consent to have the City of Santa Clara and Housing Trust Silicon Valley verify the full-time student status and disability status, and the primary residence address of each of the undersigned members of **my/our** household, and all state, federal and local tax records filed by any of the undersigned adults and/or any business entities they may own.

I/We understand that this information will be kept confidential and is being requested for the purpose of determining **my/our** eligibility for housing assistance from the City of Santa Clara and Housing Trust Silicon Valley, and that ALL household members 18 years or older must sign this consent form.



I/We acknowledge that this form expires 12 months after signed and a copy of this Authorization may be photocopied and accepted as an original.

I/We the undersigned and hereby authorize the City of Santa Clara and Housing Trust Silicon Valley to request copies of any and all information about **my/our** income, assets, employment, credit report, etc. for the purpose of verification of information provided on **my/our** application to purchase a BMP home through the City of Santa Clara's BMP Program.

Applicant Signature

Date

Print Full Name

Contact Phone

Social Security #

CA Driver License #

Expiration Date

Date of Birth

Current Address, City & Zip

Co-Applicant#1 Signature

Date

Print Full Name

Contact Phone

Social Security #

CA Driver License #

Expiration Date

Date of Birth

Current Address, City & Zip

Co-Applicant#2 Signature

Date

Print Full Name

Contact Phone

Social Security #

CA Driver License #

Expiration Date

Date of Birth

Current Address, City & Zip

Co-Applicant#3 Signature

Date

Print Full Name

Contact Phone

Social Security #

CA Driver License #

Expiration Date

Date of Birth

Current Address, City & Zip



HOUSING TRUST SILICON VALLEY PRIVACY POLICY AND DISCLOSURE

Housing Trust Silicon Valley (HTSV) is concerned about and respects the privacy of our customers' personal financial information. We understand that our customers furnish sensitive information to us in the course of daily business, and we are committed to treating such information responsibly. We know that our customers expect privacy and security for their personal and financial affairs.

We will take all the necessary steps to safeguard sensitive information that has been entrusted to us by our customers. The following privacy policy and disclosure outlines our practice regarding personally identifiable financial information for consumers and those consumers who become our customers.

TYPES OF INFORMATION HTSV COLLECTS:

Housing Trust Silicon Valley collects nonpublic personal information from many sources. We collect nonpublic personal information directly from consumers on various applications and forms, for example, loan applications, and requests for information about products and services.

We collect information as a result of transactions between us and our customers and as a result of providing a product or service to our customers. This includes transaction information from other loans our customers may be applying for.

We receive information directly from the first lender that they have collected from credit reporting agencies.

Nonpublic personal information does not include that which we obtain from government records, widely distributed media, or government-mandated disclosures.

TYPES OF INFORMATION HTSV DISCLOSES:

Housing Trust Silicon Valley does not disclose any nonpublic personal financial information about our current or former customers to nonaffiliated third parties except as permitted by law. We may disclose certain personally identifiable information without allowing consumers the right to opt out of our sharing agreements in the following circumstances;

To certain nonaffiliated third parties (under limited circumstances) to the extent permissible under law to service the account, report to credit bureaus, manage risk, and perform other financial services related activities.

- To disclose information that we receive on a customer's loan application such as the customer's assets, liabilities, income, and employment history in order to determine whether a loan made to the customer is salable in the secondary market, for example.
- To disclose information necessary to enforce our legal or contractual rights or the right of any other person who is engaged in the financial transaction.
- To disclose information required in the ordinary course of business, such as in the settlement of claims or benefits or the confirmation of information to the consumer or the consumer's agent.
- To provide information to agencies, persons that are assessing our compliance with industry standards, and our attorneys, accountants, and auditors.

- To the extent permissible under the Right to Financial Privacy Act.
- To a consumer reporting agency under the Fair Credit Reporting Act.
- To comply with federal, state, or local laws, rules, and other applicable legal requirements.

SAFEGUARDING CUSTOMER INFORMATION:

Housing Trust Silicon Valley protects consumer privacy by ensuring that only employees who have a business reason for knowing information have access to it. We have appointed our Chief Lending Officer as the financial privacy coordinator, who is responsible for maintaining internal procedures to ensure that our customers' information is protected. For example, information in BMP files can only be accessed by employees who work in the Homeownership Program or Asset Management departments.

All employees have a copy of this policy and are trained at least annually regarding the importance of safeguarding customer information. Any employee who violates our privacy policy is subject to disciplinary action.

If we change our policy or practice by, for example, adding a category of information that will be disclosed to a third party, we will notify existing customers and give them an appropriate time period to opt out of the disclosure.

_____ APPLICANT	_____ DATE
_____ CO-APPLICANT #1	_____ DATE
_____ CO-APPLICANT #2	_____ DATE
_____ CO-APPLICANT #3	_____ DATE

EMPLOYMENT VERIFICATION

Please return this form to **Housing Trust Silicon Valley** within **five business days**. Fax to 408-436-3454 or mail to Housing Trust Silicon Valley, 95 S. Market St., Suite 610, San Jose, CA 95113 (408-436-3450)

THIS SECTION TO BE COMPLETED AND EXECUTED BY APPLICANT

TO: _____
NAME OF EMPLOYER _____ NAME OF DEPT. AND PERSON TO CONTACT _____

RE: _____
NAME OF APPLICANT _____ CONTACT NUMBER OF DEPT. OR PERSON TO CONTACT _____

I hereby authorize release of my employment information. _____
FAX NUMBER OF DEPT. OR PERSON TO CONTACT _____

Signature of Applicant _____

Date _____

The individual named directly above is an applicant for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Agent for Housing Trust Silicon Valley

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Present Position: _____

Currently Employed: Yes ☐ Date First Employed _____ No ☐ Last Day of Employment _____

Current Wages/Salary: \$ _____ per (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly
☐ yearly ☐ other _____

If paid Hourly, Average hours per week: _____

If Overtime or Bonus is Applicable, is it Continuance Likely? **Overtime** ☐ Yes ☐ No **Bonuses** ☐ Yes ☐ No

☐ Commissions ☐ Bonuses ☐ Tips ☐ Other: \$ _____ per (check) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-weekly
☐ monthly ☐ yearly ☐ other _____

Gross Earnings

Type	Year to Date	Past Year _____	Past Year _____
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

List any changes in the employee's rate of pay: Date of last pay increase: _____ Amount of last pay increase: _____

Date of next pay increase: _____ Amount of next pay increase: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer's Name and Address:

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

EMPLOYMENT VERIFICATION

Please return this form to **Housing Trust Silicon Valley** within **five business days**. Fax to 408-436-3454 or mail to Housing Trust Silicon Valley, 95 S. Market St., Suite 610, San Jose, CA 95113 (408-436-3450)

THIS SECTION TO BE COMPLETED AND EXECUTED BY APPLICANT

TO: _____
NAME OF EMPLOYER _____ NAME OF DEPT. AND PERSON TO CONTACT _____

RE: _____
NAME OF APPLICANT _____ CONTACT NUMBER OF DEPT. OR PERSON TO CONTACT _____

I hereby authorize release of my employment information. _____
FAX NUMBER OF DEPT. OR PERSON TO CONTACT _____

Signature of Applicant _____

Date _____

The individual named directly above is an applicant for a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Agent for Housing Trust Silicon Valley

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Present Position: _____

Currently Employed: Yes ☐ Date First Employed _____ No ☐ Last Day of Employment _____

Current Wages/Salary: \$ _____ per (check one) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly
☐ yearly ☐ other _____

If paid Hourly, Average hours per week: _____

If Overtime or Bonus is Applicable, is it Continuance Likely? **Overtime** ☐ Yes ☐ No **Bonuses** ☐ Yes ☐ No

☐ Commissions ☐ Bonuses ☐ Tips ☐ Other: \$ _____ per (check) ☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-weekly
☐ monthly ☐ yearly ☐ other _____

Gross Earnings

Type	Year to Date	Past Year _____	Past Year _____
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

List any changes in the employee's rate of pay: Date of last pay increase: _____ Amount of last pay increase: _____

Date of next pay increase: _____ Amount of next pay increase: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer's Name and Address:

Phone #

Fax #

E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.



HOUSING TRUST SILICON VALLEY CERTIFICATION OF ZERO INCOME

(To be completed by adult household members only, if appropriate.)

Household Name: _____

Address: _____

1. **I hereby certify that I do not individually receive income from any of the following sources:**
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
 - f. Unemployment or disability payments;
 - g. Public assistance payments;
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
 - i. Sales from self-employed resources
 - j. Any other source not named above.
2. **I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.**
3. **I will be using the following sources of funds to pay for housing and other necessities: (*Please respond on the line below*)**

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Co-Applicant

Date

Printed Name