

CITY OF SUSANVILLE

FTHB DOWN PAYMENT ASSISTANCE

NOTICE TO APPLICANTS

PLEASE READ CAREFULLY

Attached is an application for a loan under the City of Susanville First Time Home Buyer Program. This loan is intended to provide the necessary down payment assistance to enable a first time homebuyer to purchase a home.

This notice is intended to provide basic information regarding the Loan Program. It is not a commitment for a loan to you.

- A. General Information: In applying for a down payment assistance housing loan, as with any loan, you will be asked to sign loan documents. When you have signed the loan documents, and loan is made, you will be bound by the terms of those documents; particularly the Promissory Note and the Deed of Trust. You should be familiar with, and understand, the provisions of the loan terms.
- B. Interest Rate: This loan, offered by the City of Susanville, is a fixed-rate mortgage. Interest is calculated at 3% per year.
- C. Loan Term: The term for loans made by the City of Susanville under this program is thirty (30) years.
- D. Deferred Loans: This loan is due and payable to the City:
 - 1. Upon on sale and transfer of title; or
 - 2. If the owner-occupant vacates his/her unit for the purpose of renting the unit; or
 - 3. At the end of the 30-year term, whichever occurs first.
- E. No Prepayment Penalty: You may prepay this loan without penalty at any time during the term of the loan.
- F. Repayment at End of Term: For those lower-income owner-occupants who cannot refinance to pay off their loan at the end of the 30-year term, the City can establish a repayment schedule at affordable rates and terms.
- G. Collateral for Loan: The loan advanced to you will be secured by a lien recorded against your home. The lien against your home will be in the form of a Deed of Trust and will remain until such time as all sums due are paid in full.

This notice is intended for informational purposes only. It is not a commitment or loan approval. Important information relating specifically to your loan will be contained in the loan documents.

I acknowledge that I have read the above information concerning the housing rehabilitation loan available through the City of Susanville.

Applicant-Print Name

Applicant-Print Name

Signature Date

Signature Date

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FTHB DOWN PAYMENT ASSISTANCE PROGRAM

PROPERTY/INCOME/HOUSEHOLD INFORMATION

Name of Applicant:	Name of Co-Applicant:
Mailing address:	Mailing address:
City, State, Zip:	City, State, Zip:
Home Phone No. ()	Home Phone No. ()
Work Phone No. ()	Work Phone No. ()

Name(s) of:

Head of Household:	2nd Head of Household:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip:
Date of Birth:	Date of Birth:
Social Security No:	Social Security No:
Home Phone No. ()	Home Phone No. ()
Work Phone No. ()	Work Phone No. ()
Employer: Years on the job?	Employer: Years on the job?
Address:	Address:
Phone No. ()	Phone No. ()
Name and address of nearest relative not living with you?	Name and address of nearest relative not living with you?
Phone No.()	Phone No.()

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Total Persons that will live at this residence:

Name	Relationship	Age	Sex	Source of Income	Annual Amount

Are any residents employed by the City of Susanville? YES___ NO___

Does more than one family live in the residence? YES___ NO___

Is someone in the household handicapped? YES___ NO___

If yes, do you need rehabilitation to make the household wheelchair accessible? YES___ NO___

Is this a female head of household? YES___ NO___

Is someone in the household 60 years or older? YES___ NO___

Is the property owner over 60 years of age? YES___ NO___

Race (please circle): Caucasian; Hispanic; African-American; Asian; Pacific Islander; Alaskan;
 Other (please specify)

REQUEST FOR VERIFICATION OF EMPLOYMENT

Applicant: Please complete items number three (3) through five (5) only.

Part I - Request

1. To: (name and phone number of employer)	2. Return by Fax To: City of Susanville 66 N. Lassen Street Susanville, CA 96130 Attn: Administration, (530) 252-1020
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I have applied for a loan/grant and stated that I am employed by your agency.

My signature below authorizes verification of this information. The firm named in item six (6) below is assisting me in completing my loan/grant application.

3. Name of applicant	4. Social Security Number	5. Signature of Applicant
6. Name and address of firm making request: City of Susanville 66 N. Lassen St Susanville, CA 96130	7. Signature official making request _____ Housing Coordinator (530) 257-1000, ext. 5100	8. Date of Request

PART II - VERIFICATION

Employment Period: From _____ To _____

Hourly Wage: \$ _____

Expected Future Employment: _____

I certify that the above information is true and correct.

11. Signature	12. Title	13. Phone No.	14. Date
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REQUEST FOR VERIFICATION OF BENEFITS

Applicant: Please complete items number three (3) through five (5) only.

PART I - REQUEST

1. To: name and phone number of Assisting Agency	2. Return by Fax to: City of Susanville 66 N. Lassen Susanville, CA 96130 Attn: Administration, (530) 252-1020
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I have applied for a loan/grant and stated that I am assisted by your agency.

My signature below authorizes verification of this information. The firm named in item six (6) below is assisting me in completing my loan/grant application.

3. Name of applicant	4. Social Security Number	5. Signature of Applicant
6. Name and address of firm making request: City of Susanville 66 N. Lassen St Susanville, CA 96130	7. Signature and title of official making request Sherry Lindsey (530) 257-1000, ext 5100	8. Date of Request

PART II - VERIFICATION

9. Type of assistance

Monthly Benefits

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Monthly Assistance: \$ _____

Please list any other member of my immediate family receiving assistance from your agency, and whether you need a signed release from them:

10. Remarks

I certify that the above information is true and correct.

11. Signature	12. Title	13. Phone No.	14. Date
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PROPERTY INFORMATION

To be filled out ONLY if rehabilitation is performed in conjunction with purchase

A. Name of present owner	Phone No.
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B. Lenders Name: Lenders Phone No. Balance: \$ Monthly Payments: \$	Lenders Name: Lenders Phone No. Balance: \$ Monthly Payments: \$
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Are there any other liens on the property? Yes _____ No _____

Number of Bedrooms: Type of Heating System: Approximate year home was built: Has home been weatherized? Yes _____ No _____	Number of Bathrooms: Central Air Conditioning? Yes _____ No _____ If yes, when?
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Other structures on the property:
List the type of repair or rehabilitation work that you believe is needed:

**City of Susanville
FTHB Down Payment
Assistance Program**

Information Authorization

To whom it may concern:

I/We authorize the City of Susanville, its Program Administrator, Community Development Director/Housing Rehabilitation Coordinator, and any credit reporting agency utilized by City of Susanville to verify any information necessary in connection with a housing rehabilitation loan application, including, but not limited to, the following:

- 1) Credit History
- 2) Bank Accounts
- 3) Mortgage History

Authorization is further granted to use a photostatic copy of my/our signature(s) below to obtain information regarding any of the aforementioned items.

Applicant

Date

Social Security Number

Applicant

Date

Social Security Number