

CPMC-DALP# 12-\_\_\_\_\_

For MOH use only

**MAYOR'S OFFICE OF HOUSING  
CALIFORNIA PACIFIC MEDICAL CENTER  
DOWNPAYMENT ASSISTANCE LOAN PROGRAM (CPMC-DALP)  
TRANSMITTAL FORM**

YOU MUST BOUND THE APPLICATION IN A LEGAL SIZE MANILA FOLDER WITH TWO FASTENERS

A completed Transmittal Form Must Accompany Each Application

<b>Property Address:</b> _____ _____	<b>Name of Borrowers:</b> _____ _____
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The following documents are enclosed as indicated by [ X ], all CPMC-DALP forms must include original signatures:

**Left side of the folder:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Preliminary Report (top)  | <input type="checkbox"/> CPMC-DALP Transmittal Form (top)   | <input type="checkbox"/> Borrower(s) three most current & consecutive pay stubs or VOE   |
| <input type="checkbox"/> Ratified Purchase Agreement                                       | <input type="checkbox"/> The CPMC-DALP application fee check for \$ _____ (cashier's check)   | <input type="checkbox"/> Unemployed Affidavit (if applicable)                            |
| <input type="checkbox"/> Wire Instructions   | <input type="checkbox"/> CPMC-DALP -1 Loan Application  | <input type="checkbox"/> Self-Employed Affidavit (if applicable)                         |
| <input type="checkbox"/> Receipt for Escrow Deposit  | <input type="checkbox"/> CPMC-DALP -2 Lender's Certification  | <input type="checkbox"/> Signed and dated-Profit and Loss Statement                      |
| <input type="checkbox"/> First Loan Application-1003 Form signed and dated by the borrower | <input type="checkbox"/> CPMC-DALP -3 Income Tax Affidavit (Must be submitted when applying from Jan 1 through Feb. 28 in lieu of tax return for previous year) | <input type="checkbox"/> Complete set of past three year tax returns (signed and dated): |
| <input type="checkbox"/> Underwriting Summary-1008 Form                                    | <input type="checkbox"/> CPMC-DALP -4 First Time Homebuyer Affidavit  | <input type="radio"/> 2011 + ___ W2 Forms,   |
| <input type="checkbox"/> First Loan Approval/Commitment                                    | <input type="checkbox"/> Proof of Qualified CPMC Employee status  | <input type="radio"/> 2010 + ___ W2 Forms,   |
| <input type="checkbox"/> Copy of Good Faith Estimate (GFE) or Estimated HUD-1              | <input type="checkbox"/> HomeownershipSF Consent Form   | <input type="radio"/> 2009 + ___ W2 Forms.   |
| <input type="checkbox"/> Copy of borrower's credit report                                  | <input type="checkbox"/> Homebuyer Education Certificate  | <input type="checkbox"/> Form 4506 – Request for copy of Tax Return.                     |
| <input type="checkbox"/> Inspection or contractor report of the property                   | <input type="checkbox"/> Asian, Inc.  | <input type="checkbox"/> Last 3 months Bank Statements.                                  |
| <input type="checkbox"/> Fair Market Appraisal (bottom)                                    | <input type="checkbox"/> MEDA   | <input type="checkbox"/> Gift Letter (if applicable)                                     |
|  | <input type="checkbox"/> CCCSSF   | <input type="checkbox"/> General Release and Waiver of Liability                         |
|  | <input type="checkbox"/> SFHDC  |  |
|  | <input type="checkbox"/> SFLGBT Center  |  |

**Right side of the folder:**

<b>LENDER NAME:</b> _____	<b>EMAIL ADDRESS:</b> _____
<b>BRANCH ADDRESS:</b> _____	
<b>SUBMITTED BY -NAME:</b> _____	<b>TITLE:</b> _____
<b>SIGNATURE:</b> _____	<b>DATE:</b> _____
<b>TELEPHONE:</b> _____	<b>FAX:</b> _____

CITY AND COUNTY OF SAN FRANCISCO  
 MAYOR'S OFFICE OF HOUSING  
 CALIFORNIA PACIFIC MEDICAL CENTER  
 DOWNPAYMENT ASSISTANCE LOAN PROGRAM (CPMC-DALP)  
 One S. Van Ness Avenue, 5th Floor  
 San Francisco, CA 94103

## CPMC-DALP LOAN APPLICATION

**PROPERTY ADDRESS** \_\_\_\_\_ **No. of Bedrooms:** \_\_\_\_\_  
 (Property to be purchased)

<b>1. NAME OF BORROWER</b> _____  <b>OCCUPATION</b> _____  <b>S.S. #</b> _____  <b>HOME TEL. #</b> _____  <b>WORK TEL. #</b> _____  <b>Email:</b> _____	<b>2. NAME OF CO-BORROWER</b> _____  <b>OCCUPATION</b> _____  <b>S.S. #</b> _____  <b>HOME TEL. #</b> _____  <b>WORK TEL. #</b> _____  <b>Email:</b> _____
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- 3. Borrower Ethnicity:** American Indian or Alaskan Native African American Asian or Pacific Islander White Hispanic Other \_\_\_\_\_  
 (Optional, for Statistical purposes)
- 4. Co-Borrower Ethnicity:** American Indian or Alaskan Native African American Asian or Pacific Islander White Hispanic Other \_\_\_\_\_  
 (Optional, for Statistical purposes)
- 5. Household Size** \_\_\_\_ **6. Head of Household: Female** \_\_\_\_ **Male** \_\_\_\_ **7. Age of Head of Household** \_\_\_\_
- 8. Name, Age and Relationship of all persons or dependents other than named borrowers who will occupy the residence:**

Name	Age	Relationship to Borrower	Dependent for Tax Purpose? (Y/N)

**9. CURRENT ADDRESS:** \_\_\_\_\_  
City State Zip Code

**10. PREVIOUS ADDRESSES** (If residing at the current address for less than 3 yrs., complete the following):

Address	Date of Residency		Indicate whether was owned, rented or "other"*
	Beginning	Ending	

\* All answers of "owned" OR "other" must be fully explained; use additional paper if necessary.

**11. INCOME** (Gross Annual Income)

Income Sources	Borrower	Co-Borrower	Other HH Members over 18	Total
Base Employment Income				\$
Overtime				
Commissions/Bonuses				
Interest/Dividends				
S. S. Payment/Pension				
Child Support/Alimony				
Other Income				
<b>Total Household Income</b>	\$		\$	\$

**12. DETAIL OF PURCHASE**

**13. ASSETS**

A. Purchase Price	\$	Description (List Checking & Savings accounts below)	Cash or Market Value
B. Est. Closing Costs		Checking or Savings Account #	\$
C. Est. Prepaid Escrow		Name of Bank, S & L, or Credit Union	
Total (A+B+C)	\$	Address	
D. Amount of First Mortgage	( )	Checking or Savings Account #	
E. Amount Requested From City <small>Not to exceed \$200,000 or 45% of purchase price whichever is less</small>	( )	Name of Bank, S & L, or Credit Union	
F. Other Financing	( )	Address	
G. Other Credits (explain)	( )	Stocks & Bonds (Acct. No./Description)	
H. Amount of Cash Deposit	( )	SUBTOTAL LIQUID ASSETS	
I. Cash from Borrower	\$	Other Assets	

**14. DECLARATIONS**

(please circle the answers below)

**Borrower**                      **Co-Borrower**

- Are you Qualified CPMC Employee?                      Yes    No                      Yes    No
- Have you ever owned any property as a principal residence?                      Yes    No                      Yes    No
- Do you intend to occupy the property within 60 days of close of escrow?                      Yes    No                      Yes    No

If you answer "yes" to any of the following questions, please provide explanation. (if necessary, attach additional paper)

- Are there any outstanding judgments against you?                      Yes    No                      Yes    No
- Have you been declared bankrupt within the past 7 years?                      Yes    No                      Yes    No

**15. ACKNOWLEDGMENT AND AGREEMENT**

THE UNDERSIGNED SPECIFICALLY ACKNOWLEDGE (S) AND AGREE (S) THAT: 1) THE LOAN REQUESTED BY THIS APPLICATION WOULD BE SECURED BY A SECOND DEED OF TRUST ON THE PROPERTY DESCRIBED HEREIN, 2) THE PROPERTY WILL BE USED SOLELY AS THE PRINCIPAL RESIDENCE OF THE UNDERSIGNED, 3) ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND MADE FOR THE PURPOSE OF OBTAINING A CALIFORNIA PACIFIC MEDICAL CENTER DOWNPAYMENT ASSISTANCE LOAN PROGRAM (CPMC-DALP) LOAN FROM THE CITY AND COUNTY OF SAN FRANCISCO. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED IN THIS APPLICATION. I/WE FULLY UNDERSTAND THAT TO KNOWINGLY MAKE ANY FALSE STATEMENTS CONCERNING THIS APPLICATION WILL RESULT IN THE CITY'S DENIAL OF A CPMC-DALP LOAN OR WILL BE A DEFAULT UNDER A CPMC-DALP LOAN, AS APPLICABLE.

\_\_\_\_\_  
Borrower's Signature                      Date

\_\_\_\_\_  
Co-Borrower's Signature                      Date

## LENDER'S CERTIFICATION OF BORROWER ELIGIBILITY

1. \_\_\_\_\_ ("Lender") states the following:

The Lender has accepted and reviewed the California Pacific Medical Center Downpayment Assistance Loan Program ("CPMC-DALP") application for:

\_\_\_\_\_  
Who shall be referred to as "Borrower(s)" (Borrower's Name)

\_\_\_\_\_  
Who shall be referred to as "Co-Borrower(s)" (Co-Borrower's Name)

\_\_\_\_\_  
(Current Address)

\_\_\_\_\_  
(City, Zip Code)

2. The application was made in connection with Borrower(s) for a first mortgage loan for the purchase of a Principle Residence home (the "Residence") located at:

***San Francisco, CA***  
\_\_\_\_\_  
(Street Address of Residence to be purchased)

3. The Lender is considering a mortgage loan to the Borrower(s) in the amount of \$\_\_\_\_\_.

4. The Lender has obtained the Borrower's Application Affidavit, true, complete and signed copies of Borrower's federal tax returns for the three-year period prior to \_\_\_\_\_ (date of application) or an Income Tax Affidavit, whichever is appropriate. After reasonable investigation, the Lender hereby certifies that the Residence is \_\_\_\_\_ bedroom single-family home, townhouse/condominium (please circle one) located in the City and County of San Francisco and is reasonably expected to become the Borrower's principal residence within sixty (60) days after the escrow is closed.

5. The purchase price for the residence is \$\_\_\_\_\_ and said amount is within CPMC-DALP limits.

6. The Borrower(s) is/are first time homebuyer, the Borrower(s) has not owned interest in a dwelling unit, commercial real estate or land for the last three years prior to the CPMC DALP loan application submittal date.

7. The mortgage loan which the Borrower(s) will receive will not be used for acquisition or replacement of an existing mortgage on the residence.

8. No person who is a related person to the Borrower has an interest as a creditor in the mortgage loan to be made for acquisition of the Residence.

9. The Borrower's gross annual household income as defined below is \$\_\_\_\_\_, which amount is within CPMC-DALP income limits. (Gross income listed should match income noted on Application Affidavit). Verification of income is attached.

10. The Lender has not directly or indirectly attempted to prohibit the Borrower(s) from seeking a mortgage loan from any potential lender, nor attempted to require the Borrower to seek a mortgage loan from a specific lender.

11. The Lender has charged the Borrower(s) only those reasonable fees as would be charged to a potential borrower applying for a mortgage loan not provided in connection with a CPMC-DALP loan.
12. Based upon reasonable investigation, the Lender has no reason to believe that the Borrower(s) has made any negligent, fraudulent or material misstatements in connection with the Borrower's application for a CPMC-DALP loan.
13. The Borrower has a good credit history. The lender had read and verified the Borrower's credit report, and has included a copy of the borrower's credit report with the CPMC-DALP application.

By: \_\_\_\_\_  
(Signature of Lender Representative)

Title: \_\_\_\_\_

\_\_\_\_\_  
Print Name

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

Attached: \_\_\_\_\_ Current Paystubs or Income Verification

\_\_\_\_\_ Proof of Qualified CPMC Employee status

\_\_\_\_\_ Profit and Loss Statement (self-employed)

\_\_\_\_\_ Completed set of Past 3 year Tax Returns and W-2 Forms

Other \_\_\_\_\_

**INCOME DETERMINATION**

The gross income of a Borrower (or Borrowers) (as defined by Revenue Ruling 86-124) promulgated by the Internal Revenue Service is the Borrower's annualized gross income. Annualized gross income is gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay: any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc: and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Information with respect to gross monthly income may be obtained from available loan documents executed during the 4-month period ending on the date of the closing of the mortgage, provided that any gross monthly income not included on the loan documents must be included in determining gross monthly income. The income to be taken into account in determining gross income is income of the Borrower (or Borrowers) and any other person over 18 years of age who is expected to live in the residence being financed. Income includes the income of both spouses.

### INCOME TAX AFFIDAVIT

1. I (We) the undersigned, being first duly sworn, state the following:

(Complete Paragraph 2 only if you were not required by law to file Federal Income Tax returns for any year during the preceding three years. Disregard if inapplicable.)

2. \_\_\_\_\_ I (We) hereby certify that I (we) was (were) not required by law to file a Federal Income Tax Return for the following year(s) \_\_\_\_\_ for the reason(s) below:

**Please supply documentation supporting the above explanation.**

3. \_\_\_\_\_ I (We) hereby certify that the application in connection with which I (we) am (are) applying for a loan is occurring between **January 1 and February 28**, and that I (we) have not yet filed our Federal Income Tax Return for the prior tax year. The income I (we) have for 20\_\_\_\_ was \$ \_\_\_\_\_ and do not exceed the income limits for the CPMC-DALP, attached is copy of the last paystub or W-2 form for prior tax year.

(Check Paragraph 3 only if the closing for the financing in connection with your application for California Pacific Medical Center Downpayment Assistance Loan Program (CPMC-DALP) loan will occur between January 1 and February 28 and you have not filed your Federal Income Tax return for the immediately preceding year. Disregard if inapplicable)

4. I (We) acknowledge and understand that this Affidavit will be relied upon for purposes of determining my (our) eligibility for a CPMC-DALP loan. I (We) acknowledge that a material misstatement fraudulently or negligently made in this affidavit or in any other statement made by me (us) in connection with an application for a CPMC-DALP loan may constitute a federal violation punishable by a fine and/or denial of my (our) application for a CPMC-DALP loan, or, if a loan has been funded prior to discovery of the false statement will constitute a default under the CPMC-DALP loan and my (our) loan is immediately due and payable, which may be in addition to any criminal penalty imposed by law.

\_\_\_\_\_  
Date of Application                      Signature of Applicant                      Signature of Applicant

\*\*\*\*\*  
State of California  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Here insert name and title of the officer)

Personally appeared \_\_\_\_\_

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public                      (Notary Seal)

## **FIRST TIME HOMEBUYER AFFIDAVIT**

I (we) understand that I (we) am (are) eligible for the California Pacific Medical Center Downpayment Assistance Loan Program ("CPMC-DALP") from the City and County of San Francisco only if I (we) individually as Borrower(s) and any resident member of the household as defined by the CPMC-DALP Guidelines are "First Time Homebuyers". In order to qualify as a First Time Homebuyer, I (we) or any resident members of my household have not owned interest in a dwelling unit, commercial real estate or land for the last three years prior to the CPMC DALP loan application submittal date.

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 Time Home Buyers" consistent with the above guidelines and definitions as of \_\_\_\_\_ (date of application)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*  
State of California

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Here insert name and title of the officer)

Personally appeared \_\_\_\_\_,

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public

(Notary Seal)

**MAYOR'S OFFICE OF HOUSING  
CITY AND COUNTY OF SAN FRANCISCO**



**EDWIN M. LEE**  
MAYOR

**OLSON LEE**  
DIRECTOR

**HOMEOWNERSHIP COUNSELING CONSENT FORM**

The Mayor's Office of Housing 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 Pre-Purchase Homeownership workshop(s) for a cumulative minimum of 6 hours.
2. Meet with a counselor, from one of the City's participating, non-profit housing counseling agencies, to receive a one-on-one counseling session (see [www.homeownershipsf.org](http://www.homeownershipsf.org) for current list of approved housing counseling agencies.)
3. Receive a Certificate of Completion once requirements 1 and 2 noted above are completed.

I/We understand the Certificate of Completion 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, its participating non-profit 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.

Name as it will appear on Title:	Signature(s):	Date:

**Property to be purchased: (Enter N/A if not yet identified)**

Street No.	Street Name:	Unit No.:	San Francisco, CA	Zip code:
			San Francisco, CA	



# GENERAL RELEASE AND WAIVER OF LIABILITY

I hereby acknowledge that I am applying for California Pacific Medical Center-Downpayment Assistance Loan Program ("CPMC-DALP") from the City and County of San Francisco (the "City"), acting by and through the Mayor's Office of Housing.

By participating in this program, I hereby waive any right to recover from, and forever release and discharge City, its officers, employees, agents, contractors and representatives, and their respective heirs, successors, legal representatives and assigns, from any and all demands, claims, legal or administrative proceedings, losses, liabilities, damages, penalties, fines, liens, judgments, costs or expenses whatsoever (including, without limitation, attorneys' fees and costs), whether direct or indirect, known or unknown, foreseen or unforeseen, that may arise on account of or in any way be connected with, any injury, loss or damage to any person or property in or about the property located at \_\_\_\_\_, San Francisco, CA 94\_\_\_\_, that I am about to purchase (the "Property") by or from any cause whatsoever including, without limitation, (i) any act or omission of persons performing work on the Property; (ii) any act or omission of persons occupying adjoining premises or any part of the building adjacent to or connected with the Property, (iii) theft, (iv) explosion, fire, steam, oil, electricity, water, gas or rain, pollution or contamination, (v) Property defects, and (vi) any other acts, omissions or causes.

In connection with the foregoing release, I expressly waive the benefits of Section 1542 of the California Civil Code, which provides as follows:

**A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN TO HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR.**

I hereby assume full responsibility for all liability and all risk of injury or loss, in connection with the Property.

I affirm that the information I have provided is true; that I have reviewed the rules and regulations of the CPMC-DALP. I further understand that the City and County of San Francisco reserve the right to take appropriate civil and/or criminal action against me for any proven fraudulent use of this CPMC-DALP.

I agree that I have read and understand this General Release and Waiver of Liability.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

State of California  
County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Here insert name and title of the officer)

personally appeared \_\_\_\_\_,  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
(Notary Seal)  
Signature of Notary Public