

Ventura County Community Development Corporation

***CITY OF SAN BUENAVENTURA
AFFORDABLE HOUSING PROGRAM
STANDARD APPLICATION***

Important!
**Please complete, sign and hand deliver this
application with all necessary documentation to
VCCDC:
2231 Sturgis Road, Suite A
Oxnard, CA 93030**

*VCCDC's Mission:
"To strengthen and sustain vibrant communities by empowering individuals
and families to build wealth through education and homeownership with a
primary focus on serving low- to moderate-income clients"*

*COMPLETED APPLICATIONS WILL BE ACCEPTED
BEGINNING ON **FRIDAY, JANUARY 27TH** AT THE
FOLLOWING LOCATION:*

2231 Sturgis Road, Suite A
Oxnard, CA 93030

Office Hours:
8:30AM TO 5:30PM.

***APPLICATIONS WILL NOT BE ACCEPTED AT
THE CITY OF VENTURA OR AT THE ENCLAVE SALES
OFFICE.***



**CITY OF SAN BUENAVENTURA
AFFORDABLE HOUSING PROGRAM
STANDARD APPLICATION AND INSTRUCTIONS**

1. **Important! Please complete, sign and return this application with all necessary documentation to:**
VCCDC – 2231 Sturgis Rd, Suite A, Oxnard CA 93030

If the requested Information does not apply, write “None” or “N/A”.

2. The applicant and all other adult household members (18 years of age or older) must sign the final page of this application including the General Release form certifying truth and accuracy of disclosed information and authorizing release of information.
3. All information on this application must be true, complete, and accurate. Incomplete applications will not be accepted. **Applications deemed to contain incomplete, misleading, or false information will be rejected.**
4. Submission of this application does not guarantee that you will be approved for the purchase of an income-restricted, affordable home. The City of San Buenaventura (Ventura) will verify the household income and assets to determine if program guidelines are being met.

*****IMPORTANT*****

DOCUMENTS REQUESTED BELOW ARE REQUIRED FOR SUBMISSION OF THIS APPLICATION AND MUST BE PROVIDED FOR ALL ADULT HOUSEHOLD MEMBERS (18 YEARS OR OLDER).

INCOMPLETE OR FALSE INFORMATION WILL CAUSE YOUR APPLICATION TO BE DENIED.

REQUIRED:

- ✓ Personal Tax Returns including all schedules; **2015, 2014, 2013**; last three (3) years
- ✓ W-2 statements from all employers; 2015, 2014, 2013; last three (3) years
- ✓ Pay stubs; three (3) most recent/consecutive
- ✓ Bank statements ALL pages, ALL bank accounts; three (3) most recent/consecutive
- ✓ Land Lord Information (name, address, contact information)
- ✓ Valid Driver’s License or Identification Card
- ✓ Social Security Cards for all applicants

IF APPLICABLE:

- Three (3) recent consecutive IRA/401K statements / mutual fund / stock broker statements
- Current business or corporate P&L and Balance Sheet
- Three (3) years 1099 forms and copy of Business License for the past 2yrs.
- Three (3) years corporate tax returns including all schedules
- Most recent Social Security Benefit Letter and copy of original award letter
- Copy of Divorce Decree (Marital settlement & final recorded copy)
- Bankruptcy FILING AND DISCHARGE documents explaining bankruptcy reason
- Original VA Certificate of Eligibility and copy of DD214 or Statement of Service, if Active
- Gift letter, copy of cancelled check, copy of deposit slips showing proof of deposit. If gift paid by cashier’s check\money order, statement showing funds available in donor account

APPLICANT INFORMATION

Applicant Name: _____				Co-Applicant Name: _____			
Address: _____							
Street			City		State		Zip
Applicant Phone No.: _____				Cell Phone No.: _____			
Email address: _____							

HOUSEHOLD COMPOSITION

HH Member #	Last Name	First Name / Middle Initial	Relationship to Primary Applicant	Date of Birth (MM/DD/YYYY)	Full-Time Student (Y or N)	Social Security Number
1			Primary			
2						
3						
4						
5						
6						
7						

2016 Income Limits for Low Income Households in Ventura County*

Low-Income Households

Number of Persons in Household							
1	2	3	4	5	6	7	8
\$52,300	\$59,800	\$67,250	\$74,700	\$80,700	\$86,700	\$92,650	\$98,650

* Adjusted for Household Size

EMPLOYMENT INFORMATION

Complete this section with income information for each household member over 18 years of age. Monthly gross income includes wages, salaries, overtime pay, commissions, tips, bonuses, and other compensation.

1. Head of Household

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: () Full-Time () Part Time () Seasonal/Temporary () Self-Employed () Retired

HR Representative: _____ Fax: _____

2. Co-Applicant

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: () Full-Time () Part Time () Seasonal/Temporary () Self-Employed () Retired

HR Representative: _____ Fax: _____

3. Additional Adult Household Member

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: () Full-Time () Part Time () Seasonal/Temporary () Self-Employed () Retired

HR Representative: _____ Fax: _____

4. Additional Adult Household Member

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: () Full-Time () Part Time () Seasonal/Temporary () Self-Employed () Retired

HR Representative: _____ Fax: _____



Declaration of Intent to Reside and Certification of Continued Occupancy

We/I hereby declare that we/I understand the real property being purchased is subject to the City of San Buenaventura Affordable Home Program restrictions outlined in Declaration of Covenants, Conditions and Restrictions. Upon the purchase of the property we/ I will occupy the home as our/my principal place of residence and at no time will lease or rent the property in whole or in part without the prior written approval of the City of San Buenaventura.

We/I acknowledge that lease or rental of a City of San Buenaventura Income-Restricted Affordable Housing Program home is a violation of the San Buenaventura Municipal Code, the Affordable Housing Program, and Declaration of Covenants, Conditions and Restrictions and may result in enforcement of the Municipal Code Sec 24.580.080.

We/I also acknowledge that the City of San Buenaventura will require a response to a certification of continuing occupancy mailed annually to the Affordable Home.

Signature, Head of Household

Date

Signature, Spouse/Co-Applicant

Date

Signature, Additional Household Member

Date

**CERTIFICATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION
BY ALL ADULT HOUSEHOLD MEMBERS**

For myself/ourselves, the undersigned, and for the minor children in my/our care, I/We certify the following:

I/We have read and understand the Instructions for Head of Household in the application for the City of San Buenaventura’s Affordable Housing Program. All information we have given in this application is true, complete and accurate.

I/We understand that if the information provided on this application is deemed incomplete, City of San Buenaventura may not accept it.

I/We CERTIFY that the information provided on this application is true and accurate to the best of my/our knowledge. I/we further understand that providing false or incomplete representations on this application constitutes an act of fraud. False, misleading or incomplete information will result in the denial of this application for Affordable Housing Program.

I/We authorize, direct and give consent to the City of San Buenaventura to make any and all inquiries to verify the information in this application. We understand that pursuant to this Statement the City of San Buenaventura may request information which includes but is not limited to my sources of personal and business income and Social Security numbers. Further, I/we understand that such information regarding other household members included on this application may be requested. I/We understand that this Statement and Authorization cannot be used to obtain information not relevant to this application.

I/We authorize, direct and consent to the release of any information known by any federal, state or local agency, organization, business, or individual to the City of San Buenaventura which is necessary to complete and verify this application for the Affordable Housing Program. I/We understand that information obtained pursuant to this authorization may be used by the City of San Buenaventura in administering and enforcing the rules and policies of the Affordable Housing Program.

The sources that may be asked to release information may include but are not limited to your present employers, sources of credit information which produce “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S. Code & 1681 a(d), state and federal offices which administer programs such as welfare, unemployment, Social Security, and assistance to veterans and schools.

I/We agree that a photocopy of this authorization may be used for the purposes stated herein. The original of this Statement and Authorization will be included in my file at the City of San Buenaventura and will have full effect for a year and one month from the date below. I/We understand I/we have the right to review our file and correct any information which we can show as incorrect.

I/We agree to notify the City of San Buenaventura in writing regarding any changes in our current household information, which would make incorrect any of the information given in this application including, but not limited to our address, telephone numbers, income sources and amounts, and household composition.

“The City of San Buenaventura is committed to providing equal housing opportunity for all people regardless of race, color, gender, religion, national origin, familial status or disability. If you believe you have been a victim of discrimination, contact the U.S. Department of Housing and Urban Development’s Fair Housing Hotline at 1 (800) 669-9777.”

Names and Signatures of all Adult Household Members 18 years of age or older.



- 1. Printed Name: _____ Signature: _____ Date: _____
- 2. Printed Name: _____ Signature: _____ Date: _____
- 3. Printed Name: _____ Signature: _____ Date: _____
- 4. Printed Name: _____ Signature: _____ Date: _____



Declaration of U.S. Citizenship or Non-Citizen with Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD) every Applicant must provide the following Citizenship/ Immigration status information for each household member.

- A. United States Citizen(s)
- B. Non-Citizen with Eligible Immigration Status
- C. Non-Citizen without Eligible Immigration Status

Please list below every person living in the household (PLEASE PRINT).
Designate citizenship status as indicated above.

.....

Applicant Information (PLEASE PRINT).

Household Member/ Name	Sex	Age	Relationship to Head of HH	Circle One Status Code (see above)	Signature
Head of Household				A B C	
Spouse				A B C	
Child				A B C	
Child				A B C	
Child				A B C	
Child				A B C	
Child				A B C	
Additional Household Member				A B C	
Additional Household Member				A B C	

I declare under penalty or perjury that I am (we are) giving true and accurate information on each member of our household concerning whether he or she is a U.S. citizen, non-citizen with eligible immigration status or non-citizen without eligible immigration status.

Signature, head of household

Date

Signature, spouse/co-applicant

Date

Signature, additional household member

Date

**CITY OF VENTURA
DECLARATION OF NO INCOME**

Please supply us with the information requested below. This information will be held in strict confidence and used only for the purpose of establishing eligibility.

I, _____, do hereby certify that I do NOT receive income from ANY Source. I understand sources of income include, but are not limited to the following:

- | | | |
|-------------------------------|--------------------|--------------------|
| Employment by Other | Self Employment | Pensions |
| Unemployment Compensation | AFDC | General Assistance |
| Social Security | SSI | Disability |
| Worker's Compensation | Retirement Funds | Union Benefits |
| Child Support | Alimony | Family Support |
| Educational Grants/Work Study | Income from Assets | Annuities |

I certify that the foregoing information is true, complete, and correct. Inquiries may be made to verify the statements herein. I also understand that the false statements or omissions are grounds for disqualification and/or prosecution under the full extent of California law.

Signature: _____

Date: _____

Signature: _____

Date: _____

**CITY OF VENTURA
TAX RETURN AFFIDAVIT**

I/we, _____
_____ as applicants for a home mortgage loan
originated by: _____ pursuant to the City of
Ventura For-Sale Affordable Home Program do hereby represent and warrant that (I/we) were not required to file
a federal income tax return for the calendar year(s) _____ in accordance
with section 6012 of the Internal Revenue Code. (I/We) declare under penalty of perjury that the foregoing
information is true, complete, and correct. Inquiries may be made to verify the statements herein. I also understand
that the false statements or omissions are grounds for disqualification and/or prosecution under the full extent of
California law. Executed on the date or dates shown below.

Signature: _____

Date: _____

Signature: _____

Date: _____