Please mail or deliver application to: **Tri-Valley Housing Opportunity Center 141 North Livermore Avenue Livermore, CA 94550**

Please Print



Tri-Valley Down Payment Assistance Program APPLICATION

Applicant Name			Co-Applicant Name			
Present Address			Present Address			
City State Zip Code			City State Zip Code			
Contact phone ()			Contact phone ()			
Email			Email			
Employer Work Phone ()			Employer Work Phone ()			
Employer Address			Employer Address			
City State Zip Code			City State Zip Code			
Position/Title/Type of Business			Position/Title/Type of Business	Position/Title/Type of Business		
Length of time with this employer: Years Months			Length of time with this employer: Years Months			
Number of adults (18 yrs. and older) in household			Number of children (0-17 yrs.) in the household			
To be completed by all applicants (F	Please ATTA	CH the required	documentation)			
Gross Income (before taxes)	Applicant	Co-Applicant		Amount	Source/Type	
Base Employment Income* Annual Monthly Weekly Bi-weekly Bi-monthly	\$	¢	Example: car, credit card, and/or loan payments			
		\$	Monthly payment	\$		
Overtime	\$	\$	Monthly payment	\$		
Other – Please describe	\$	\$	Monthly payment	\$		
Alimony / Child Support (Monthly)	\$	\$	☐ I/we do not have any monthly debt			
* Self Employed Applicants(s) may be required to provide additional documentation such as tax returns and financial statements			Down Payment /Closing Costs	Amount	Source	
			Amount available for Down Payment (Applicant's own funds)	\$		
			Additional amount available for			
			down payment (gifted or other	\$		
			outside sources) Amount available for closing			
			costs (may be gifted)	\$		
For a complete application you must attach the REQUIRED DOCUMENTATION						
Y/N I/We have attached copies of my/our 2 most recent paystubs. (Applicant and Co-Applicant)						
Y/N I/We have attached copies	of my/our 3 m	ost recent federa	al income tax returns			
Y/N I/We have attached copies of	of my/our 3m	ost recent financ	ial statement(s) showing the funds ava	ilable for dow	n payment.	
Y/N I/We have attached a Gift Letter (include amount, name, address, relationship & signature of the person 'Gifting' the funds)						
("Program") and authorize the release complete the processing of the loan required valid as the original. I / We have read a information provided in this application is and/or the City of Livermore or its reprunderstand that if any of the information I / We understand that if I/we receive a residence. Any misinformation provided been closed prior to discovery of the falsimmediately due and payable.	of any informa quest regarding and understand strue and corre- resentatives to on this form ch loan to purcha by me/us in co se statement, a	ation required by the program Guild the Program Guild the Program Guild to the best of more verify the information anges during the lase a home through principal and interpretable the program of the pr	a real estate Loan with the Tri-Valley Do he Tri-Valley Housing Opportunity Cente tount balances, and/or credit. A photocopylidelines, this Application, and Application y/our knowledge. I / We authorize the Tri-Valion provided to determine my/our eligibreview process, it could affect my/our eligiben the Program that I / we will certify to occapplication may result in the denial of my/oterest of the mortgage assistance held by	or and/or the City of this consent Process. I / Wo Valley Housing Cility for the Processity to participal cupy this home a Vour Application,	ry of Livermore to t is considered as e declare that the Opportunity Center gram. I / We also te in this program. as my/our primary or, if the sale has rmore will become	
Primary Applicant's Signature	Da	ıe	Co-applicant's Signature		Date	