

Dear Applicant;

Thank you for your interest in Community Frameworks' HomeStarts program. The HomeStarts program is designed to assist you in the purchase of a program home in the Spokane area. This packet contains information that will help you understand the program, as well as a registration form and other program forms for you to fill out and return. These documents will allow us to determine your eligibility for the program. Returning the forms and supplementary documentation puts you at no obligation to participate in the program.

Contents to RETURN TO US:

- ✓ Community Frameworks Self-Help Housing Homeownership Program Registration Form
- ✓ Compliance Monitoring Questions
- ✓ Program Applicant Authorization, Certification & Waiver – This allows us to pull your credit report and share information with our funders/auditors as needed
- ✓ Signed Program Homebuyer Education & Counseling Requirements Document
- ✓ Approved Lender's Preapproval (if available)
- ✓ Most recent pay stubs for all income earners in household covering a 3-month period
- ✓ Proof of any other income you receive – 3 months' statements from your Social Security, Disability, DSHS, etc.
- ✓ Most recent 6 months' bank statements for all accounts (checking & savings)

Community Frameworks offers a portion of a program-home's purchase price as down payment assistance* to qualified buyers to help you qualify for the purchase, thereby providing you with more buyer power, and keeping your mortgage payments affordable. Down payment assistance is intended to bridge the gap between what you qualify for in a first mortgage loan and the renovated home's sale price, while ensuring your first mortgage loan payment is affordable. No payments are required to be paid to Community Frameworks on the subordinate financing we provide until you sell, cash-out refinance, move out of the house, or after 30 years (whichever comes first). And no interest will accrue on our financing for the first five years! Repayment is required at sale, refinance, transfer or at loan maturity. You must occupy the home as your primary residence.

Once program eligibility is determined, the next step is to select a home, enter into a Purchase & Sale Agreement, determine sweat equity/volunteer labor tasks, and begin the lending process with your first mortgage lender and Community Frameworks. Between the time the Purchase & Sale Agreement is signed and closing occurs, you will need to fulfill the Homebuyer Education requirements, sweat equity and volunteer labor tasks will need to be completed, and additional items provided to the first mortgage lender and Community Frameworks for the loan underwriting process. Our staff will work with you during this time period to answer questions, and provide guidance and support regarding the process as needed.

Guidance for returning completed application packet

If returning by mail or in person:

Attention Mark Wilson, Housing Developer
Community Frameworks
907 W Riverside Avenue
Spokane, WA 99201

Or may be returned by fax to: Attention Mark Wilson, (509) 483-0345

Or may be returned by email to: markw@communityframeworks.org

Please contact Mark Wilson at (509) 484-6733 ext. 108 with any questions. Once this Application Packet has been received, we will be in contact with you to discuss next steps.

We look forward to hearing from you! Heather Wegan, Program Manager (MLO 1312041)

*Down Payment Assistance offered by Community Frameworks is lending at 0% for 1st 5 years, 3% simple interest for the remainder of the 30 year term, with no payment due until sale, transfer or cash-out refinance as long as the home is occupied by the buyer as their primary residence. APR will vary depending upon loan amount and closing costs; Sample APR for \$36,000 loan on a \$180,000 purchase is 3.245%. Additional Down Payment Assistance may be available through programs accessed by our approved community lenders. Contact us for details.





COMMUNITY FRAMEWORKS

Self-Help Housing Homeownership Program Registration Form

Community Frameworks is an equal opportunity provider, employer and lender.



It is very important that you answer all of the questions asked to the best of your ability. An incomplete or incorrect form will result in a lengthier process.

Participant Name _____		Contact Email _____	
Address _____ City _____ State _____ Zip _____		Phone: H) _____ W) _____ Cell) _____	
How long at this address? ____ Years ____ Months		Landlord Name _____ Landlord Phone _____	
Landlord Mailing Address _____ City _____ State _____ Zip _____		Employer _____ Position _____ Start Date _____	
Employer Address _____ City _____ State _____ Zip _____		Wage \$ _____ per hour/year (circle one) Hours per Week _____ How often Paid? _____	
Co-Participant Name _____		Contact Email _____	
Address _____ City _____ State _____ Zip _____		Phone: H) _____ W) _____ Cell) _____	
How long at this address? ____ Years ____ Months		Landlord Name _____ Landlord Phone _____	
Landlord Mailing Address _____ City _____ State _____ Zip _____		Employer _____ Position _____ Start Date _____	
Employer Address _____ City _____ State _____ Zip _____		Wage \$ _____ per hour/year (circle one) Hours per Week _____ How often Paid? _____	
# of Children: _____ Ages: _____		# of other family living with you: _____	
Additional Sources of Monthly Income:			
\$ _____ Child Support	\$ _____ DSHS	\$ _____ Alimony	\$ _____ Unemployment
\$ _____ Social Security	\$ _____ L&I	\$ _____ Retirement	\$ _____ Interest/Dividends
\$ _____ Other (Specify: _____)	\$ _____ Other (Specify: _____)		
Current Monthly Rent: _____			
Debts owed (car loans, student loans, credit cards, etc). Please include any outstanding collections	Balance due	Minimum monthly payment due	Please make any note pertaining to your credit in the rows below.
Estimated Value of Assets	Checking Acct \$ _____	Savings Acct \$ _____	Retirement Acct \$ _____
			Other \$ _____
Have you ever had a bankruptcy? If so, when? _____			
Households may be required to contribute up to 100 hours of homebuyer sweat equity labor and recruit up to 5 hours of non-homebuyer volunteer labor, depending upon the program of participation. Households who are unable to meet applicable homebuyer labor contribution requirements due to a disability may recruit Volunteer Substitutes to fulfill those requirements.			
Is your household willing/able to fulfill these hours (both applicable homebuyer and recruited volunteer hours), if required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your household be able to meet homebuyer labor requirements directly? (If no, Volunteer Substitutes must be recruited.)			<input type="checkbox"/> Yes <input type="checkbox"/> No

SHOULD YOU BE PLACED ON THE WAITING LIST, IT IS YOUR RESPONSIBILITY TO KEEP US UPDATED OF ANY ADDRESS OR TELEPHONE NUMBER CHANGES.

I certify that the above information is true and correct to the best of my knowledge.

Participant's Signature _____ Date _____ Co-Participant's Signature _____ Date _____

The following information is requested by the Federal Government in order to monitor our compliance with Federal Laws to help ensure that we do not discriminate against you based on your ethnicity, race, or gender. You are not required to provide this information, but if you choose not to, we are required by law to make our best guess, based on our visual observation or your surname.

PARTICIPANT I do not wish to furnish this information **CO-PARTICIPANT** I do not wish to furnish this information

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African America <input type="checkbox"/> Native Hawaiian or pacific Islander	<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian	Race
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:
Internal Only:	<input type="checkbox"/> Mail <input type="checkbox"/> Internet <input type="checkbox"/> Face-to-face interview	Interviewer's Name (print) _____ Interviewer's Signature _____ Interviewer's Phone Number _____	
How Did You Hear About Us?			

COMPLIANCE MONITORING QUESTIONS

Family Size

Number of Adult Males _____

Number of Adult Females _____

Number of Male Children _____ Ages _____

Number of Female Children _____ Ages _____

Number of total household members over 18 who are currently employed: _____

Referred to Community Frameworks HomeStarts Program by: _____

Any considerations Community Frameworks should be aware of:

Has any applicant owned a home before?

- No
- Yes If Yes, When? From _____ to _____, and which applicant(s)?

I /we would like to be considered for assistance in purchasing a home through HomeStarts, a homeownership program sponsored by Community Frameworks. I/we understand that if accepted, my/our household may be required to contribute up to 100 hours sweat equity labor throughout the course of construction, performing assigned tasks in a timely manner according to Program standards, and to recruit an additional 5 hours of volunteer labor from outside sources. If selected, I/we intend to occupy the home as my/our primary residence and abide by all the terms and conditions set forth in the loan documents.

Applicant Signature

Date

Co-Applicant Signature

Date



SPOKANE OFFICE
907 WEST RIVERSIDE AVE.
SPOKANE, WA 99201
(509) 484-6733

BREMERTON OFFICE
500 PACIFIC AVE. SUITE 360
BREMERTON, WA 98337
(360) 377-7738

PROGRAM APPLICANT CERTIFICATION & AUTHORIZATION & WAIVER

CERTIFICATION

I/We have applied for participation in Community Frameworks' HomeStarts program. In applying for the program, I/We completed a Program Intake Form containing various information to determine program eligibility, including employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the Program Intake Form or other documents, nor did I/we omit any pertinent information. I/We understand and agree that Community Frameworks reserves the right to require additional documentation which may include verifying the information provided on the application with the employer and/or the financial institution. I/We understand that all information given to Community Frameworks as part of the application for the HomeStarts Program will be thoroughly reviewed by staff. If program eligible, I/we understand that various funding organizations may also review my Program Intake Form and any financial information necessary to determine program eligibility. A copy of this authorization may be accepted as the original.

AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for participation in Community Frameworks' HomeStarts program. As part of the application process, Community Frameworks may verify information contained in my/our Program Intake Form and in other documents required in connection with the program application, either before program eligibility is determined or as part of its quality control program. I/We authorize you to provide to Community Frameworks or HomeStarts program funders/auditors, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of tax returns. A copy of this authorization may be accepted as the original.

WAIVER OF CONFIDENTIALITY

I hereby waive my right of confidentiality to personal, financial, and other information so that my application may be evaluated by Community Frameworks and other interested parties including program funders and auditors. Information for eligibility may be obtained from various sources such as all income sources, past and present landlords, social service agencies, and public records. I authorize the sharing of my application and financial information with program funders and auditors. A copy of this authorization may be accepted as the original.

PROGRAM APPLICANT

PROGRAM CO-APPLICANT

Print Name

Print Name

Social Security Number

Social Security Number

Birth Date

Birth Date

Date

Date





HomeStarts: Homebuyer Education & Counseling Requirements

Community Frameworks’ HomeStarts program is focused on creating safe and affordable housing for first-time homebuyers. Homebuyer Education and Counseling are vital elements in helping our potential homebuyers prepare for and have long-term stability in homeownership.

Applicants for our HomeStarts homeownership program and Down Payment Assistance are required to complete an approved homebuyer education course and receive a counseling session.

Option A – In-person First Time Homebuyer Education Course and telephone counseling option that meets the standards of the Washington State Housing Finance Commission, and provide us a Certificate of Completion. This course may also be required by your First Mortgage Lender. A list of locally available classes can be found at <http://www.wshfc.org/buyers/education.htm>. These are typically 5–8 hour classes held on Saturdays or split between two-three weeknights, and are available at no cost. **AND Pre-Purchase Housing Counseling Session** with our Housing Counselor. There is no cost for the counseling session. We recommend that Applicants attend the class prior to their individual counseling session.

OR

Option B -- On-line First Time Homebuyer Education Course and telephone counseling option that meets the standards of the Washington State Housing Finance Commission, and provide us with a : Certificate of Completion. Tthis course may also be required by your First Mortgage Lender. This course is available at at <http://www.ehomeamerica.org/wshfc> and can be completed at your convenience for a cost of \$50. **AND Pre-Purchase Housing Counseling Session** with our Housing Counselor. There is no cost for the counseling session. We recommend that Applicants attend the class prior to their individual counseling session.

By signing below, you understand that this Certificate must be submitted for **each** Applicant to be eligible to purchase a home and receive Down Payment Assistance through Community Frameworks’ HomeStarts Program.

Applicant

Date

Co-Applicant (if applicable)

Date

APPROVED LENDERS LIST

CORNERSTONE HOME LENDING

600 University St., Suite 2828
Seattle, WA 98101
<http://www.houseloan.com>

Loan Officers:

Ryan Niles, NMLS ID # 357455
(206) 949-4326 Cell
(866) 833-1034 Fax
rniles@houseloan.com
<http://www.houseloan.com/ryanniles/>

EVERGREEN HOME LOANS

2021 NW Myhre Rd, Suite 112
Silverdale, WA 98383
<http://www.EvergreenHomeLoans.com/Silverdale>

Loan Officers:

Amber Page, NMLS 229184
(360) 698-6495 Direct
(360) 731-1163 Cell
(855) 553-8358 Fax
apage@evergreenhomeloans.com

Tim Stockton, NMLS 1036104

(360) 698-6497 Direct
(360) 830-7440 Cell
(855) 583-3463 Fax
tstockton@evergreenhomeloans.com

Val Hawryluk, NMLS 42365

(360) 698-6483 Direct
(360) 509-0316 Cell
(855) 580-0532 Fax
vhawryluk@evergreenhomeloans.com

WASHINGTON TRUST BANK

1906 West Francis
Spokane, Washington 99205
<https://homeloans.watrust.com/CharlesRobeson>

Loan Officer:

Charles Robeson, NMLS ID # 776237
(509) 353-3882 Direct
(509) 994-0204 Cell
(509) 353-3917 Fax
CRobeson@watrust.com

HOMESIGHT

5117 Rainier Avenue S.
Seattle, WA 98118
www.homesightwa.org

Loan Officer:

Ali Sheibani, NMLS ID#-1435927
(206) 760-4228 Direct
(206) 760-4210 Fax
Ali@homesightwa.org

HOMESTREET BANK

9226 Bayshore Drive NW, Suite 170
Silverdale, WA 98383
<https://www.homestreet.com/person/melanie-rowe>

Loan Officer:

Melanie Rowe, NMLS 227894
(360) 649-5184 Direct
(360) 252-9636 Fax
Melanie.Rowe@homestreet.com

