



**Chicanos Por La Causa, Inc.**  
A PROMISE OF OPPORTUNITY

## Home Purchase Program

Congratulations on taking a first step to explore home ownership and learn about the process.

CPLC is a HUD approved housing counseling agency focused on help for first time homebuyers. The Home Purchase Program services include down payment assistance, Homebuyer Education Workshops, and Comprehensive One-on-One Housing Counseling.

Our Counselors are trained to assist you with budget preparation, analysis of credit strengths, weaknesses, financing options and determination of eligibility for down payment assistance.

The required Application Packet is attached. Please complete and sign all attached forms and provide all applicable documents from the list of required documents. A counselor will review your case and you will be contacted to begin the process.

**Note: If your package is not completed, if you are missing required documents or if you are more than 15 minutes late for your appointment you will have to be rescheduled for another day.**

If you have any questions or concerns, please contact us. We look forward to assisting you in this milestone.

Sincerely,

### CREDIT REPORT

One requirement to participate in housing counseling is a Tri-Merge credit report.

- CPLC can pull your credit report. Fees are: **\$14.25** for one borrower and **\$28.50** for two borrowers payable in a money order



# Chicanos Por La Causa, Inc.

A PROMISE OF OPPORTUNITY

## HOME PURCHASING APPLICATION

Last Name (Jr., Sr.)      First Name      Middle Name Apellido (Jr., Sr.) Nombre Completo			Last Name (Jr., Sr.)      First Name      Middle Initial Apellido (Jr., Sr., I, II) Nombre Completo		
Social Security # No. Seguro Social	Home Phone # No. Teléfono Hogar	Date of Birth Fecha de Nacimiento	Social Security # Numero Segur Social	Home Phone #. No. Teléfono de Hogar	Date of Birth Fecha de Nacimiento
<input type="checkbox"/> Married/Casado <input type="checkbox"/> Single, Divorced or Widowed <input type="checkbox"/> Separated/Separado <input type="checkbox"/> Soltero, Divorciado o viudo <input type="checkbox"/> Female Head of Household Mujer, cabeza de familia			<input type="checkbox"/> Married/Casado <input type="checkbox"/> Single, Divorced or Widowed <input type="checkbox"/> Separated/Separado <input type="checkbox"/> Soltero, Divorciado o viudo <input type="checkbox"/> Female Head of Household Mujer, cabeza de familia		
Total Members in Household _____ Número total de familia			Total Members in Household _____ Número total de familia		
Ethnicity/Etnicidad <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino Please choose a race/ Por favor escoge una de las razas <b>RACE/RAZA</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Blanco    Negro/Afro America    Asiático <input type="checkbox"/> American Indian or Alaskan Native Indígena de America/Nativo de Alaska <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Nativo de Hawaii/Otras Islas Pacifica <input type="checkbox"/> Other/Otra			Ethnicity/Etnicidad <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non Hispanic or Latino Please choose a race/ Por favor escoge una de las razas <b>RACE/RAZA</b> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian Blanco    Negro/Afro America    Asiático <input type="checkbox"/> American Indian or Alaskan Native Indígena de America/Nativo de Alaska <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Nativo de Hawaii/Otras Islas Pacifica <input type="checkbox"/> Other/Otra		
Present Address/Dirección Actual  Street Name/Number /Calle y Dirección  _____, AZ City/Ciudad      Zip Code/Código postal  \$ _____ Monthly Rent      From (month/year)      To: (month/year) Pago Mensual      De: (Mes y año)      A (mes y año)			Present Address/Dirección Actual  Street Name/Number /Calle y Dirección  _____, AZ City/Ciudad      Zip Code/Código postal  \$ _____ Monthly Rent      From (month/year)      To: (month/year) Pago Mensual      De: (Mes y año)      A (mes y año)		
Landlord's Name      Landlord's Telephone No. Nombre del Propietario      Número de Teléfono del Propietario			Landlord's Name      Landlord's Telephone No. Nombre del Propietario      Número de Teléfono del Propietario		
If residing at present address for less than 2 years, complete below Si ha vivido en su residencia actual menos de 2 años, complete lo siguiente <b>Former Address/Dirección Anterior</b>  Street Name/Number /Calle y Dirección  _____, AZ City/Ciudad      Zip Code/Código postal  \$ _____ Monthly Rent      From: (month/year)      To: (month/year) Pago Mensual      De: (mes y año)      A: (mes y año)			If residing at present address for less than 2 years, complete below Si ha vivido en su residencia actual menos de 2 años, complete lo siguiente <b>Former Address/Dirección Anterior</b>  Street Name/Number /Calle y Dirección  _____, AZ City/Ciudad      Zip Code/Código postal  \$ _____ Monthly Rent      From: (month/year)      To: (month/year) Pago Mensual      De: (mes y año)      A: (mes y año)		
Landlord's Name      Landlord's Telephone No. Nombre del Propietario      # de Teléfono del Propietario			Landlord's Name      Landlord's Telephone No. Nombre del Propietario      # de Teléfono del Propietario		

<p>Employment History (last 2 years) Self Employed? _____          Historia de Empleo (últimos 2 años) Trabaja por su cuenta? _____</p> <p>Name of Employer/Nombre del Empleador _____</p> <p>Address/Dirección _____ City/Ciudad _____ ZIP/Código Postal _____</p> <p>Position/Title &amp; Type of Business _____ Telephone Number w/ area code _____          Posición/Título Y Clase de Negocio _____ # de Teléfono incluye código de área _____</p> <p>Estimated Date of Employment: _____          Fecha de Empleo: _____ From (month/year) _____ To: (month/year) _____          De (Mes/Año) _____ A: (Mes/Año) _____</p> <p>\$ _____          \$ Hourly Wage _____ Hours Worked Weekly Or Monthly Income _____          \$ Sueldo Por Hora _____ Horas trabajadas/Semana O Ingreso Mensual _____</p> <p>Supervisors Name _____ Supervisors Telephone No. _____          Nombre de Supervisor _____ Número de Teléfono del Supervisor _____</p> <p>If employed at this job for less than 2 years, complete below:          Si ha estado en esta posesión menos de 2 años, complete lo siguiente:</p> <p>Name of Employer/Nombre del Empleador _____</p> <p>Address/Dirección _____ City/Ciudad _____ ZIP/Código Postal _____</p> <p>Position/Title &amp; Type of Business _____ Telephone Number w/ area code _____          Posición/Título Y Clase de Negocio _____ Numero de Teléfono incluye código de área _____</p> <p>Date of Employment: _____          Fecha de Empleo: _____ From (month/year) _____ To: (month/year) _____          De (Mes/Año) _____ A: (Mes/Año) _____</p>	<p>Employment History (last 2 years) Self Employed? _____          Historia de Empleo (últimos 2 años) Trabaja por su cuenta? _____</p> <p>Name of Employer/Nombre del Empleador _____</p> <p>Address/Dirección _____ City/Ciudad _____ ZIP/Código Postal _____</p> <p>Position/Title &amp; Type of Business _____ Telephone Number w/ area code _____          Posición/Título Y Clase de Negocio _____ # de Teléfono incluye código de área _____</p> <p>Estimated Date of Employment: _____          Fecha de Empleo: _____ From (month/year) _____ To: (month/year) _____          De (Mes/Año) _____ A: (Mes/Año) _____</p> <p>\$ _____          \$ Hourly Wage _____ Hours Worked Weekly Or Monthly Income _____          \$ Sueldo Por Hora _____ Horas trabajadas/Semana O Ingreso Mensual _____</p> <p>Supervisors Name _____ Supervisors Telephone No. _____          Nombre de Supervisor _____ Número de Teléfono del Supervisor _____</p> <p>If employed at this job for less than 2 years, complete below:          Si ha estado en esta posesión menos de 2 años, complete lo siguiente:</p> <p>Name of Employer/Nombre del Empleador _____</p> <p>Address/Dirección _____ City/Ciudad _____ ZIP/Código Postal _____</p> <p>Position/Title &amp; Type of Business _____ Telephone Number w/ area code _____          Posición/Título Y Clase de Negocio _____ Numero de Teléfono incluye código de área _____</p> <p>Date of Employment: _____          Fecha de Empleo: _____ From (month/Year) _____ To: (month/year) _____          De (Mes/Año) _____ A: (Mes/Año) _____</p>
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ASSETS/BIENES			LIABILITES/DEUDAS		
Name of Bank Nombre de Banco	Account Number Numero de Cuenta	Balance	Name of Creditor/Nombre del Crédito	Monthly Payment Pago Mensual	Balance
Name of Bank Nombre de Banco	Account Number Numero de Cuenta	Balance	Name of Creditor/Nombre del Crédito	Mo. Payment Pago Mensual	Balance
Name of Bank Nombre de Banco	Account Number Numero de Cuenta	Balance	Name of Creditor/Nombre del Crédito	Mo. Payment Pago Mensual	Balance

Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_ Signature (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_

**1402 South Central Avenue**  
**Phoenix, AZ 85003**  
**602 253-0838**



**HOUSEHOLD COMPOSITION FORM**

	First Name	Last Name	Relationship	Race/Sex/Age	Income	Own Other Property (Yes / No)
1						
2						
3						
4						
5						
6						
7						
8						

- I (we) certify that the above named and only the above named, intend to occupy the property purchased under the City Of Phoenix Neighborhood Stabilization Homeowner Assistance Program as my (our) principal residence.
  - I (we) acknowledge and understand that income eligibility for the above-mention program is based upon the total household income for all persons who will occupy the property and, I (we) certify that we have disclosed all household members and income.
  - I (we) certify that I (we) have disclosed any and all ownership of other residential property by any household member.
- I (we) certify that the information above is true, complete and accurate. I (we) understand that a material misstatement made by me (us) constitutes fraud and may result in a denial of my (our) application.

Applicant Signature (Head) \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



# Chicanos Por La Causa, Inc.

A PROMISE OF OPPORTUNITY

## DISCLOSURE STATEMENT

I/We \_\_\_\_\_, state that I/we do not have a familial relationship with an Officer, Employee, Board Member or an Affiliate of Chicanos Por La Causa, Inc.

I/We \_\_\_\_\_, state that I/We do have a relationship with an Officer, Employee, Board Member or an Affiliate of Chicanos Por La Causa, Inc.

Officer: \_\_\_\_\_

Employee: \_\_\_\_\_

Board Member: \_\_\_\_\_

Affiliate: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**1402 South Central Avenue**

**Phoenix, AZ 85003**

**602 253-0838**



**Chicanos Por La Causa, Inc.**

**Clients Certification & Authorization  
Certification**

Each of the undersigned does hereby certify the following:

1. I/We agree to participate and receive housing counseling services with the purchase of a home from CPLC.
2. I/We understand and agree that CPLC may verify the information provided on the application with my/our employer, financial institution, and landlord or management properties.
3. I/We agree that CPLC may share information relating to my/our application, including financial, credit real estate & closing to third party agencies directly associated with this transaction. I/We also understand that the information about my/our personal circumstances will be treated in a confidential manner.
4. I/We also understand that these procedures are necessary in order to assist me/us in obtaining a mortgage loan.
5. I/We certify that the information given is true to the best of my/our knowledge.

**Authorization to Release information**

To Whom It May Concern:

1. I/We authorize you to provide to CPLC with all information and documentation that they request, but not limited to, employment history, income verification, bank, money market, similar account & balances; credit history; copies of income tax returns, rent history, utility payment's, phone payment's and cable payment's.
2. CPLC may address this authorization to any party named in the loan application, and a copy of this authorization may be accepted as an original.
3. I/We authorize CPLC to pull my (our) credit report for the purposes of my (our) application for their Home Purchasing Down Payment Assistance Program.
4. Your prompt reply to CPLC is appreciated.

\_\_\_\_\_  
(Borrower's Signature)

\_\_\_\_\_  
(Social Security Number) (Date)

\_\_\_\_\_  
(Borrower's Signature)

\_\_\_\_\_  
(Social Security Number) (Date)

**1402 South Central Avenue**

**Phoenix, AZ 85003**

**602 253-0838**



**Chicanos Por La Causa, Inc.**

**AUTHORIZATION TO REQUEST CREDIT REPORT**

**Borrower**

**Co-Borrower**

Last Name	First Name	Last Name:	First Name:
Date of Birth	SS#	Date of Birth:	SS#:
Address:		Address:	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Phone	Other Phone	Work Phone	Other Phone
Current rate of pay: \$		Current rate of pay: \$	
Total monthly debt payments \$		Total monthly debt payments \$	

I hereby authorize CPLC PHX Housing to order and in-file consumer credit report at my request. The information That CPLC PHX Housing obtains is to be used only in the processing of this request unless otherwise indicated by me in writing. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

Signature & Date

Signature & Date

**Equal Credit Opportunity Act**

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this company is the Comptroller of the Currency Customer Assistance Group, 1301 McKinney St., Suite 3450, Houston, Texas 7701-9050.

We are required to disclose to you that you need not disclose income from alimony, child support or separate maintenance payment if you choose not to do so.

Having made this disclosure to you, we are permitted to inquire if any of the income shown on your application is derived from such a source and to consider the likelihood of consistent payment as we do with any income on which you are relying to qualify for the loan for which you are applying.

Signature

Date

Signature

Date

**1402 South Central Avenue, Phoenix, AZ 85003**

o 602.253.0838 [phoenix.housing@cplc.org](mailto:phoenix.housing@cplc.org) [www.cplc.org](http://www.cplc.org)





**Chicanos Por La Causa, Inc.**

IF YOU AR WORKING WITH A LENDER OR AGENT PLEASE PROVIDE THE FOLLOWING INFORMATION

LENDER \_\_\_\_\_

LOAN OFFICER \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Was the loan approved? \_\_\_\_ If it was approved please send the approval letter, 1003, GFE, and TIL.

REAL ESTATE AGENT

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

Is there a sales contract? \_\_\_\_ if there is please sent a copy of the contract and the multiple service list.

I AM NOT WORKING WITH A LENDER

I AM NOT WORKING WITH AN REAL ESTATE AGENT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CLIENTS TELEPHONE #



**Chicanos Por La Causa, Inc.**

A PROMISE OF OPPORTUNITY

**ACKNOWLEDGEMENT OF RIGHT TO  
CHOOSE YOUR OWN SERVICE PROVIDER**

Please sign and return this to the Phoenix Housing Department

I, \_\_\_\_\_, hereby acknowledge that I have  
(Print Name)

the right to choose my own service provider (lender, insurance, real estate agent, bank, etc) and I am not obligated to use Chicano's Por La Causa's affiliates, business partners, or referrals. I understand I am still eligible for all of the services Chicano's Por La Causa provides should I elect a service provider of my own choosing. I further understand that should I choose to have Chicano's Por La Causa provide me with referrals for service providers that I will receive a minimum of three per service needed.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phoenix Housing Counselor's Name)

\_\_\_\_\_  
(Phoenix Housing Counselor's Signature)

\_\_\_\_\_  
(Date)



City of Phoenix Neighborhood Services Department  
**Conflict of Interest Disclosure Questionnaire**

PRINT NAME:

NAME of other individuals taking title (if applicable):

CONTACT Info: Address, Phone and Email:

PROGRAM to which you are applying:  NSP  CDBG Housing Rehab  Weatherization  HOME  Lead  
 Other \_\_\_\_\_

**APPLICABLE INDIVIDUALS 'COVERED PERSONS'**

1. Are you a City of Phoenix employee?  Yes  No
  - a. What Department do you work in? \_\_\_\_\_
  - b. What is your position? \_\_\_\_\_
  
2. Do you have immediate family members (defined below) that work for the City of Phoenix?  Yes  No
  - a. What Department do they work in? \_\_\_\_\_
  - b. What is their position? \_\_\_\_\_
  
3. Are you a sub recipient, contractor, agent, consultant, contractor or subcontractor of the City of Phoenix Neighborhood Services Department or Housing Department?  Yes  No
  - a. Name the Firm: \_\_\_\_\_
  - b. List the City Department and explain your relationship with the City \_\_\_\_\_

(NSP Sub Recipients and Contractors include but may not be limited to: Chicanos Por La Causa, Community Housing Resources of Arizona, Desert Mission Neighborhood Renewal, Greater Phoenix Urban League, Housing Our Communities, Inc, Labor's Community Service Agency, Neighborhood Housing Services of Phoenix, Newtown Community Development Corporation, NSPAZ, LLC or its members, Foundation for Senior Living, National Farm Workers Service Center, ROI Properties, U.S. Department of Housing and Urban Development, and many general contractors and subcontractors working on various NSP projects)

4. Are you an employee, agent, consultant, officer, elected official, or appointed official of the City of Phoenix Neighborhood Services Department or Housing Department Sub Recipient or Contractor?  Yes  No
  - a. Who is your employer? \_\_\_\_\_
  - b. What is your position? \_\_\_\_\_
  - c. Explain your relationship with the Sub Recipient or Contractor or City \_\_\_\_\_
  
5. Do you, your employer, or your immediate family members have any duties or responsibilities in associated with the Community Development Block Grant (CDBG), Neighborhood Stabilization Program (NSP), HOME, or other federal funded programs that the City Of Phoenix Neighborhood Services Department or Housing Department administers?   
 Yes  No
  - a. Name of person with potential conflict of interest: \_\_\_\_\_
  - b. Relationship to you: \_\_\_\_\_
  - c. Explain the duties and responsibilities: \_\_\_\_\_
  
6. Do you, your employer, or your family members involved in making decisions in association with any of the City of Phoenix Neighborhood Services or Housing Department's federally funded programs?  Yes  No
  - a. Name of person with potential conflict of interest: \_\_\_\_\_
  - b. Relationship to you: \_\_\_\_\_
  - c. Explain their association with the federally funded program: \_\_\_\_\_

7. Have you, your employer, or your family members gained or are you in a position to obtain **inside information** (information which was not obtain in the public domain) with regard to any of the City of Phoenix Neighborhood Services or Housing Department's federally funded programs?  Yes  No

a. Name of person with potential conflict of interest: \_\_\_\_\_

b. Relationship to you: \_\_\_\_\_

c. Explain the insider information you have obtained: \_\_\_\_\_

8. Will you, your employer, or your family members obtain a financial benefit (see special note) in any City of Phoenix Neighborhood Services or Housing Department federally funded activity?  Yes  No

a. Name of person with potential conflict of interest: \_\_\_\_\_

b. Relationship to you: \_\_\_\_\_

c. Explain the Financial Benefit (see below): \_\_\_\_\_

**Special Note:** Having a 'FINANCIAL BENEFIT' includes but is not limited to: being paid by a HUD-funded program as a staff person, contractor, or consultant, contractor.

9. Do you, your employer, or your family members have a **contract, subcontract, or agreement** with the City of Phoenix Neighborhood Services or Housing Department?  Yes  No

a. Contractor's Name: \_\_\_\_\_

b. Which department is the contract with? \_\_\_\_\_

c. Contractor's relationship to you: \_\_\_\_\_

Please provide a description if you answered 'Yes' to any of the questions 1-7 above:

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*This information will be used to ensure compliance with U.S. Department of Housing and Urban Development eligibility requirements. With your signature, you are certifying that the above information is true and correct to the best of your knowledge; falsifying information on this form is a federal offense. The penalty for making false statements is prescribed in the US Criminal Code 18 U.S.C. 1001.*

Print Your Name(s): \_\_\_\_\_

Signature(s): \_\_\_\_\_

### PROCEDURE FOR CONFLICT OF INTEREST DETERMINATION

- 1) All parties seeking to participate in or benefit from a CDBG, NSP, Weatherization, Lead, HOME, or other federally funded program administered through the City Of Phoenix Neighborhood Services or Housing Departments will complete the Conflict of Interest Determination Questionnaire Form in full.
- 2) The NSD Grants Manager, Grants Compliance Supervisor, and NSD Director or designee will review all conflicts of interest determination requests, the facts of each case and make a determination. The process may include obtaining further review and approval from the City Law Department and/or HUD.
- 3) The determinations choices resulting from the review are as follows:
  - a. **Conflict of Interest Identified** – application for federal assistance through the City of Phoenix is denied.
  - b. **No Conflict Identified**– 'Covered person' is far removed from the administration of the federal program, Grants Administration will approve application and seek legal concurrence from the city's Law Department.
  - c. **Conflict of Interest Identified, Exception Sought** – 'Covered person' is not far removed from the administration of the federal program, a conflict of interest was identified however it was not serious and should not preclude the covered person from participating in the program. Grants Administration will seek legal concurrence from the city's Law Department and will seek an exception to the regulation from the US Department of Housing and Urban Development.



**Chicanos Por La Causa, Inc.**

A COMMITMENT TO OPPORTUNITY

## HOME PURCHASING

### **THE FOLLOWING DOCUMENTS ARE REQUIRED IN ORDER TO PROCESS YOUR APPLICATION IN A TIMELY MANNER**

- \_\_\_\_\_ 2-months of most recent pay stubs  
(For everyone in the household 18 years & older)
  
- \_\_\_\_\_ 2-months of recent bank statements for all asset/cash accounts (all pages)
  
- \_\_\_\_\_ Proof of Income: Child support order, divorce decree, SSI or SSD  
award letters, retirement benefits award letter (if not available  
3-months of bank statements showing deposits)
  
- \_\_\_\_\_ Income Tax Federal returns & W-2 (most recent three years)  
Self-employed clients will need 3-years starting with the most recent  
year. If not available call the IRS for Transcripts at 1-800-829-1040 it can take up to 4  
weeks or you can request them to fax them to you. Let the IRS know that you are in the  
process of purchasing a home and need them ASAP.
  
- \_\_\_\_\_ Picture ID for applicants
  
- \_\_\_\_\_ Social Security Card for applicants  
(Those with work only must bring residence card)
  
- \_\_\_\_\_ Documentation of divorce decree all pages (If it applies to you)
  
- \_\_\_\_\_ Bankruptcy papers including discharge letter and list of creditors
  
- \_\_\_\_\_ Tri-Merge Credit Report with FICO Scores  
Money order Payable to CPLC
  - \$14.25 for one borrower
  - \$28.50 for two borrowers

### ***IF YOU ARE WORKING WITH A LENDER, BANK OR MORTGAGE COMPANY THE FOLLOWING IS REQUIRED FOR DOWN PAYMENT ASSISTANCE:***

- \_\_\_\_\_ Copy of 1003, Loan Approval, Good Faith Estimate and Truth in Lending
- \_\_\_\_\_ Copy of a Purchase Contract along with a listing of the subject property
- \_\_\_\_\_ Copy of property evaluation report

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