



Lake County Down Payment Assistance Program
Loan Transmittal Checklist

Buyer(s): _____

Property Purchase Address: _____

First Mortgage Lender: _____

Submit a complete application package at least 15 business days prior to closing. No exceptions.
Processing cannot begin until ALL of the below items are received:

SUBMISSION DATE: _____ **Anticipated Date of Closing:** _____

BUYER: Primary contact for this application

Name: _____ Phone & Email: _____

BUYER CHECKLIST

- _____ CPAH's Buyer's Authorizations & Certifications Form (**Google Form available**)
- _____ Wintrust Down Payment Program Application (**only if applying for Wintrust DPP \$2,000**)
- _____ Wintrust Certificate of Income (**only if applying for Wintrust DPP \$2,000**)
- _____ CPAH Verification of Employment form for **ALL** non-borrowing household members
- _____ CPAH Credit Report Authorization form (for non-borrowing spouse if applicable)
- _____ CPAH Borrower Release of Authorization (for non-borrowing spouse if applicable)
- _____ Proof of Buyer's Personal Investment (earnest money payment)
- _____ Most Recent Year's W2s & Federal Tax Return (*Two years if seasonal or self-employed*)
- _____ Last 60 Days Consecutive Pay Stubs for **ALL** Household Members
- _____ Most Recent 6 Months of Checking Account Statements (**ALL** Pages, even if blank)
- _____ Most Recent 3 Months of Savings Account(s) Statement(s) (*Includes CD's, Money Market, etc.*)
- _____ Most Recent Quarterly Retirement Account(s) Statement(s)
- _____ Homebuyer Education Completion Certificate (copy obtained from the buyer)
- _____ Executed Purchase Contract
- _____ Home Inspection Summary Report (with inspector info provided)
- _____ Proof of required repairs (reinspection report or professional invoices)

LENDER: Primary contact for this application

Name: _____ Phone & Email: _____

LENDER CHECKLIST

- _____ Mortgage Application
- _____ Loan Estimate
- _____ Automated Underwriting System (AUS) Findings
- _____ FHA Case # _____ (or mark N/A)
- _____ Verification of Employment for Borrower(s)
- _____ Tri Merge Credit Report (**No older than 60 days**)
- _____ Post-Purchase Home Repair Policy (if applicable)
- _____ Memo on Letterhead re Determination of Assistance Amount (If applicable)
- _____ CPAH's Disclosure to Voluntary Sellers Form
- _____ Appraisal Report
- _____ As-Built Appraisal Report (new constructions only)
- _____ Mortgage Loan Commitment Letter (signed by both buyer(s) and lender)
- _____ Title Report (with all applicable parties listed & correct amounts)
- _____ Wiring Instructions
- _____ Proof of Reserves (**2 months PITI(A) plus cash needed to close**)
- _____ Preliminary Closing Disclosure
- _____ Closing Confirmation

POST CLOSING: CPAH will include these items in closing instructions to title company.

_____ Final Closing Disclosure

_____ Warranty Deed (Wintrust DPP Assistance Only)

Packages can be submitted via email to

Janice Rosales, Intake Coordinator

jrosales@cpahousing.org

847.263.7478 ext. 10

Drop Off or Mail

800 S. Milwaukee Avenue, Ste. 201, Libertyville, IL 60048



Lake County Down Payment Assistance Program **Buyer Authorizations & Certifications**

Community Partners for Affordable Housing (CPAH) is a nonprofit organization that develops affordable housing and provides services that empower individuals and families to secure and retain quality housing. Our vision is threefold: (1) thriving communities, (2) successful residents, and (3) a diverse range of housing to ensure everyone has a place to call home. Learn more at www.cpahousing.org. To assist you in applying for homebuyer assistance, your authorization and certification is needed for the below terms. Note that use of the singular pronouns such as “I” and “my” are used in all cases when referring to the Buyer, regardless if the Buyer encompasses two or more individuals.

Google Form available at <https://forms.gle/figweBMjizeb1Hm6>

Buyer(s): _____

Property Purchase Address: _____

PART 1. Release and Authorization

I/We agree to provide and authorize release of information among all relevant mortgage lending and program-providing parties including a review of income and a credit report. This may include, but is not limited to CPAH, the First Mortgage Lender, Second Mortgage Lender, attorneys and title companies involved in the transaction, U.S. Department of Housing and Urban Development, County of Lake, and any other grant/loan-making entities.

PART 2. Disclosure Relating to Repayment Obligation

If approved for participation in the Lake County Down Payment Assistance Program, I/We understand that the assistance is provided in the form of a 0%-interest deferred loan, with no monthly payments, forgiven at a rate of 1/60th every month starting 60 days after closing, and fully forgiven after five years plus 60 days in the property. However, the assistance will become immediately due and payable if any of these circumstances occur prior to 5 years plus 60 days: sale, cash out refinance, transfer, failure to owner-occupy or discovery of fraudulent information provided during the application and closing process. I/We understand that I/We will be obligated to sign a mortgage, promissory note and/or recapture agreement. I/We further understand that CPAH acts as a conduit to distribute assistance originating from the investor (Lake County and U.S. Department of Housing and Urban Development), and as such, acts on behalf of those entities in this matter.

PART 3. Certification of Personal Investment

I/We certify to CPAH I have/We have and/or will invest in this purchase as required, including:

- a. A contribution of \$1,000 or 1% of the purchase price (whichever is greater) toward the down payment of the home as evidenced by a copy of canceled check or paid receipt to be provided no later than five (5) days prior to the closing date.
- b. A fee equivalent to 10% of the total assistance, up to a maximum \$500, to the CPAH to be paid through the title company at the time of closing to offset CPAH’s costs of education, counseling and loan administration.
- c. My/Our intent to attend default prevention counseling in the event that I am/We are delinquent on the first mortgage.

PART 4. Certification of Eligibility

I/We certify to CPAH that I/We am/are eligible for assistance in that:

- a. I/We have not owned a home within the last three years or, in the alternative, I am a displaced homemaker or single parent who has only owned a home previously with a former spouse.
- b. All household information and income verification documentation provided to CPAH and my/our first mortgage lender is true and complete in all material respects.
- c. All buyers are a U.S. Citizen or a Permanent Resident Alien.
- d. I/We intend to occupy and maintain the home located at the above-named property address as my/our principal residence until said property is sold or transferred.
- e. The home I/We am buying is a one-unit single family home, condominium unit, cooperative unit or manufactured housing unit held in fee simple title.

PART 5. Certification of Lead-Based Paint Poisoning Education

I/We understand that homes constructed prior to 1978 may be at risk for the hazards of lead-based paint poisoning and certify that I/We have read the EPA's "Protect Your Family from Lead in Your Home" brochure available at *(English)*: https://www.epa.gov/sites/production/files/2017-06/documents/pyf_color_landscape_format_2017_508.pdf
(Español): https://www.epa.gov/sites/production/files/2017-06/documents/pyf_booklet_color_spanish_2017.pdf

PART 6. Non-borrowing Spouse *(only if applicable)*

- a. I agree that a credit report will be pulled for the purpose of collecting monthly debt amounts to be used toward our total debt-to-income ratio.
- b. I agree that a Verification of Employment will be requested by CPAH.

PART 7. Certification of Household Income & Composition

I/We certify that the below individuals will occupy the above-named property:

Name	Age	Relationship	Gross Annual Income
		HOH	

PART 8. Contact Information & Signature

By my/our signature below, I/We certify all information stated herein to be accurate and true. I/We further understand that it is essential that I am/We are available for timely communication during this process by both by phone and email, and herein provide my/our contact information:

Buyer 1: _____ Buyer 2: _____ Alternative Contact: _____
(Not living in home)
Cell: _____ Cell: _____ Cell: _____
Alt Phone: _____ Alt Phone: _____ Alt Phone: _____
Email: _____ Email: _____ Email: _____

Signature (Buyer 1): _____ Date: _____

Signature (Buyer 2): _____ Date: _____

Signature (Non-Borrowing Spouse): _____ Date: _____

Wintrust Community Bank Down Payment Program Application

Applicant Name _____
 Unmarried Married Separated

Co-Applicant Name _____
 Unmarried Married Separated

Social Security # _____ Birth Date _____

Social Security # _____ Birth Date _____

Home Phone _____ Cell Phone _____
 Please check the best number at which to reach you

Home Phone _____ Cell Phone _____
 Please check the best number at which to reach you

Email _____

Email _____

Present Address _____

Present Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

General

Number of People in House: Adults _____ Under 18 _____

Have any borrowers owned a home in the past 3 years?
 Yes No

Check all that apply: Single Parent Disabled Veteran

Desired Price of Home? \$ _____

Desired Total Monthly Payment \$ _____

Employment Are you self-employed? Yes No

Employment Are you self-employed? Yes No

Name of Business _____

Name of Business _____

Type of Business _____

Type of Business _____

Employer _____

Employer _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone: _____

Phone: _____

Title: _____ Yrs.@ Current Employer _____

Title: _____ Yrs.@ Current Employer _____

Do you have two continuous years in the same line of work?
 Yes No

Do you have two continuous years in the same line of work?
 Yes No

Gross Income \$ _____ Income **BEFORE** taxes

Gross Income \$ _____ Income **BEFORE** taxes

Overtime \$ _____

Overtime \$ _____

Bonuses \$ _____

Bonuses \$ _____

Commissions \$ _____

Commissions \$ _____

Other \$ _____ Please explain: _____

Other \$ _____ Please explain: _____

Total \$ _____

Total \$ _____

*If applicable, how much income will come from resident not going on the loan \$ _____

Assets

Liabilities-Monthly Payments

Savings \$ _____

Auto 1 \$ _____

401(k), IRA Pension \$ _____

Auto 2 \$ _____

Stocks/Mutual Funds \$ _____

Credit Cards \$ _____

Gift \$ _____

Student Loans \$ _____

Other \$ _____

Child Support/Alimony \$ _____

Borrower

Co-Borrower

Judgments Yes No

Judgments Yes No

Bankruptcy Yes No

Bankruptcy Yes No

Release/Discharge Date _____

Release/Discharge Date _____

Foreclosure Yes No

Foreclosure Yes No

Co-Sign on Note Yes No
US Citizen Yes No
Permanent Resident Yes No

Co-Sign on Note Yes No
US Citizen Yes No
Permanent Resident Yes No

Ethnicity: Hispanic/Latino Not Hispanic/Latino
Race: American Indian/Alaska Native Asian
Black or African American
 Native Hawaiian or Other Pacific Islander White
Do not wish to state

Ethnicity: Hispanic/Latino Not Hispanic/Latino
 American Indian/Alaska Native Asian
Black or African American
Native Hawaiian or Other Pacific Islander White
 Do not wish to state

Mortgaged Property Address _____

City _____ State _____ Zip _____ Township _____

Grant amount requested \$ _____

Will the mortgaged property be used as the grant recipient(s) primary residence? Yes No

As a housing counseling program participant you are not obligated to use the products or obtain services from our organization or our industry partners.

The information you give will be held in the strictest of confidence. Thank you for taking the time to fill out this form completely. Each item is important.

Borrower Signature **Date**

Co-Borrower **Date**

Housing Counseling Organization Staff **Date**

Wintrust Community Bank Down Payment Program
Certification of Income

Program Sponsor and Address: CPAH, 800 S. Milwaukee Ave., Ste. 201, Libertyville, IL 60048

Program Name: **Wintrust Community Bank Down Payment Program**

Homebuyer: _____

Address of Property: _____, _____ (city), _____ (state)

Closing Date: _____

The undersigned certifies that:

1. The Certification of Income is being delivered in connection with undersigned's application for funds from the Wintrust Community Bank Down Payment Program in the above referenced program.

2. The following individuals will occupy the unit:

	<u>Occupant</u>	<u>Relationship</u>	<u>Age</u>
a.	_____	<u>Head of Household</u>	___
b.	_____	_____	___
c.	_____	_____	___
d.	_____	_____	___
e.	_____	_____	___

3. The total annual household income as of the closing date listed above is: \$ _____

I certify that the information above is true and complete to the best of my knowledge on the date set forth below. If this Certification of Income is executed more than ninety (90) days prior to the closing date, I agree to update and recertify the accuracy of the information provided in this Certification of Income within ninety (90) days of the closing date.

_____ Date: _____

Head of Household

Received by: _____ Date: _____

HUD Housing Counseling Organization



COMMUNITY
PARTNERS for
**AFFORDABLE
HOUSING**

Disclosures to Voluntary Sellers of Residential Real Estate

Purchase Price: \$ _____

Appraised Value: \$ _____

Property Address: _____

Buyer: _____

Seller: _____

This is to inform you that the buyer would like to purchase the above-named property if a satisfactory agreement can be reached. The buyer is prepared to pay the above-named for clear title to the property under the conditions described in the attached proposed contract of sale. Because federal funds may be used in the purchase, we are required to disclose to you the following information:

1. The sale is voluntary. If you do not wish to sell the above-named property, then the purchaser will not acquire your property. The purchaser does not have the power to acquire your property by condemnation (i.e., eminent domain).
2. We estimate the Fair Market Value of the property to be the appraised value as stated above.

Because the purchase would be a voluntary, arm's length transaction, you would not be eligible for relocation payments or other relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), or any other law or regulation. Also, this offer is made on the condition that no tenant will be permitted to occupy the property before the sale is completed. Please understand that if you do not wish to sell your property, we will take no further action to acquire it. If you are willing to sell the property under the conditions described in the attached contract of sale, please sign the disclosure and return it to us.

By signing this disclosure, the seller is also certifying that the property was not leased at the time the contract was signed and that no one is being displaced by the sale of the property. If you have any questions about this matter, please contact Community Partners for Affordable Housing at (847) 263-7478.

Buyer's Signature

Date

Seller's Signature

Date

www.cpahousing.org
phone 847.263.7478
fax 847.796.8060

Request for Verification of Employment

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Instructions: **Lender** – Complete items 1 through 7. Have applicant(s) complete item 8. Forward directly to employer named in item 1.
Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return DIRECTLY to lender named in item 2.
The form is to be transmitted directly to the lender and is not to be transmitted through the applicant(s) or any other party.

Part I - Request

1. To (Name and address of employer)	2. From (Name and address of lender) Community Partners for Affordable Housing 800 S. Milwaukee Ave., Ste. 201 Libertyville, IL 60048
---	--

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title	5. Date	6. Lender's No. (Optional)
------------------------	----------	---------	----------------------------

I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant	8. Signature of Applicant X
---	--

Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
12A. Current Gross Pay Base (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Weekly <input type="checkbox"/> Other (specify _____) <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly \$ _____	13. For Military Personnel Only Pay Grade _____ Type _____ Monthly Amount _____ Base Pay \$ _____ Rations \$ _____ Flight or Hazard \$ _____ Clothing \$ _____ Quarters \$ _____ Pro Pay \$ _____ Overseas or Combat \$ _____ Variable Housing Allowance \$ _____	14. If overtime or Bonus is Applicable, is its Continuance likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No 15. If paid hourly – avg. hours per week _____ 16. Date of applicant's next pay increase _____ 17. Projected amount of next pay increase _____ 18. Date of applicant's last pay increase _____ 19. Amount of last pay increase _____
20. Remarks (If employee was off work for any length of time, please indicate time period and reason)		

Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week) Base _____ Overtime _____ Commissions _____ Bonus _____
22. Date Terminated	
24. Reason for Leaving	25. Positions Held

Part IV – Authorized Signature

Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

26. Signature of Employer	27. Title (Please print or type)	28. Date
29. Please print or type name signed in item 26.	30. Phone No.	



ZERO INCOME CERTIFICATION FORM

Date: _____

Household Member Name: _____

Address: _____

1. I hereby certify that I do not receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.).
 - b. Income from operation of a business.
 - c. Rental income from real or personal property.
 - d. Interest or dividends from assets.
 - e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.
 - f. Unemployment or disability payments.
 - g. Public assistance payments.
 - h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.
 - i. Sales from self-employed resources (Avon, Mary Kay, EBay, etc.).
 - j. Any other source not named above.

2. I presently have no income of any kind and there is no imminent change expected in my financial status or employment status.

Additional information: _____

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud.

Signature of Adult Household Member

Date

Borrower's Authorization to Release Information to Non-Borrowing Spouse

I hereby authorize that my information be discussed for the purpose of servicing and resolving matters relating to my current or potential Community Partners for Affordable Housing (CPAH) loan with my spouse and any relevant parties including first and subordinate mortgage lenders, realtors, attorneys, appropriate social service agency representatives, and representatives from grant funding sources such as the County of Lake, the U.S. Dept. of Housing and Urban Development, the Illinois Housing Development Authority, NeighborWorks and its intermediary agencies. In all other circumstances my information will be confidential.

I _____ **(please print borrower name)** certify that I have read and understand the above statement. Any questions I may have had were previously discussed with CPAH and answered to my satisfaction. I have been provided with a copy of this document.

Homebuyer Signature

Date



COMMUNITY
PARTNERS for
**AFFORDABLE
HOUSING**

Main Office

800 S. Milwaukee Ave., Suite 201
Libertyville, IL 60048

Community Partners for Affordable Housing
Credit Report Authorization Form for Non-Borrowing Spouse

GENERAL INFORMATION

Client Name(s) & Address(es):

Former address(es) if less than 2 years at above address:

AUTHORIZATION BY SIGNATURES & PRIVACY INFORMATION

I hereby authorize the Community Partners for Affordable Housing (CPAH) located at 800 S. Milwaukee Ave., Ste. 201, Libertyville, IL 60048 (Tel: 847/263-7478) to order a tri-merge consumer credit report for the purpose of obtaining approval through CPAH's homeownership or owner-occupied rehabilitation programs.

Signature

Social Security Number

D.O.B.

Date

NOTICE TO BORROWERS: This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration of administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to other Government Agency or Department without your consent except as required or permitted by law.

www.cpahousing.org
phone 847.263.7478
fax 847.796.8060