COMMUNITY PARTNERS for AFFORDABLE HOUSING

Lake County Down Payment Assistance Program
Loan Transmittal Checklist

Package Submissions: cpahdownpayment@cpahousing.org

A complete application package is required at least 15 business days prior to closing.
No exceptions. Processing will not begin until all the highlighted items are received.
Transmittal checklist must be filled out. E-signatures are acceptable.

Buyer(s): _____

Property Purchase Address: _____

First Mortgage Lender: _____

Submission Date: _____Anticipated Closing Date: _____

Assistance Amount Requested $_____

PURPOSE: DOWN PAYMENT____ CLOSING COSTS _____ BUY DOWN RATE_____

COMBINATION____ Please specify:_____

BUYER: Primary contact for this application

Name: _____ Phone & Email: _____

***Highlighted items are required at a minimum to determine eligibility and process approval.**
All other pending items must be submitted at least 2 business days prior to closing.

BUYER CHECKLIST

_____ CPAH's Buyer's Authorizations & Certifications Form **(Google form available upon request)**
_____ CPAH Pre-Purchase Counseling Intake Form & Budget Sheet – required for individual counseling
_____ 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)
_____ Most recent federal tax return (all schedules) ***Two years if seasonal or self-employed***
_____ Most recent years W2(s) and 1099(s) ***Two years if seasonal or self-employed***
_____ If self-employed, provide current YTD profit and loss statement.
_____ Last 60 days consecutive pay stubs for **ALL** household members
_____ Proof of all other sources of income (benefit award letters, child support, alimony, etc.)
_____ 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
_____ 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 – All loan docs must reflect correct matching loan amount and rate.

_____ 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 **(can only be used on Foreclosures)**
_____ CPAH's Disclosure to Voluntary Sellers Form
_____ Appraisal Report
_____ As-Built Appraisal Report (new construction 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
_____ Preliminary Lender Closing Disclosure
_____ Closing Confirmation

POST CLOSING: These items will be included on CPAH's closing instructions to title company.

_____ Certified copy of executed Subordinate Mortgage and Promissory Note
_____ Final Lender Closing Disclosure (Combined)
_____ Master Statement

Package Submissions
cpahdownpayment@cpahousing.org

Questions or Concerns
Alicia Sanchez, Director of Underwriting
asanchez@cpahousing.org
847.263.7478 ext. 11

Drop Off or Overnight to CPAH
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/figweBMjizzeb1Hm6

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. 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/default/files/2020-04/documents/lead-in-your-home-portrait-color-2020-508.pdf
(Español): https://www.epa.gov/sites/default/files/2020-04/documents/pyf-spanish-color-2020-portrait-508.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	Marital Status	Gross Annual Income
		HOH		

PART 8. Contact Information & Signature

By my/our signature below, I/We certify all information stated herein to be complete, accurate and true. I/We understand that if the information provided is incorrect, incomplete or false I will be declined for assistance. 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:_____

Cell: _____ Cell: _____

Alt Phone: _____ Alt Phone: _____

Email: _____ Email: _____

Required: Alternative Contact(**Not living in home**): _____

Cell: _____ Alt. Phone: _____

Email: _____

Signature (Buyer 1): _____ Date: _____

Signature (Buyer 2): _____ Date: _____

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

COMMUNITY PARTNERS for AFFORDABLE HOUSING
800 S Milwaukee Ave., Ste. 201
Libertyville, IL 60048

If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please contact us about arranging alternative accommodations.

Pre-Purchase Counseling Intake Form

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you ever legally used any other name(s)? If yes, please list them here: _____.

Cell Phone: _____ Other Phone: _____

Email: _____

Social Security # _____ D.O.B: _____

Have you had a judgement entered against you?: ☐ Yes ☐ No
Have you been a Co-Signer on a Mortgage: ☐ Yes ☐ No
Have you filed for bankruptcy?:
☐ Yes ☐ No Release/Discharge Date: _____

Co-Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you ever legally used any other name(s)? If yes, please list them here: _____.

Cell Phone: _____ Other Phone: _____

Email: _____

Social Security # _____ D.O.B: _____

Have you had a judgement entered against you?: ☐ Yes ☐ No
Have you been a Co-Signer on a Mortgage: ☐ Yes ☐ No
Have you filed for bankruptcy?:
☐ Yes ☐ No Release/Discharge Date: _____

Number of people in current household: _____ Ages: _____
What is the number of people anticipated in your future household: _____ Ages: _____

Does anyone in your household reside with you less than full time: ☐ Yes ☐ No If yes, please explain:

_____

_____

Do you currently: ☐ Rent ☐ Own Has anyone in the household owned a house in the last 3 years? ☐ Yes ☐ No

Desired Monthly Payment: $_____ How were you referred to CPAH:_____

Have you taken a Homebuyer Education class? ☐ Yes ☐ No If yes, please list date & which agency: _____

Have you attended a CLT Info Session? ☐ Yes ☐ No If yes, please indicate date: _____

DEMOGRAPHIC INFORMATION

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: ☐ American Indian/Alaskan Native ☐ Asian
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Multiple Races ☐ Choose not to Respond

Head of Household: ☐ Single ☐ Married ☐ Separated ☐ Divorced
☐ Widowed ☐ Other: _____ ☐ Prefer not to say

Gender Identity/preferred pronouns: _____

U.S. Citizen: ☐ Yes ☐ No Permanent Res. Alien: ☐ Yes ☐ No

Military Status: ☐ Active Duty ☐ Veteran

Primary Language Spoken in Household: _____

Highest Education Level: ☐ High School ☐ Some College ☐ Degree
☐ Prefer not to say

CO-APPLICANT DEMOGRAPHIC INFORMATION

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Race: ☐ American Indian/Alaskan Native ☐ Asian ☐ Asian & White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ Multiple Races ☐ Choose not to Respond

Head of Household: ☐ Single ☐ Married ☐ Separated ☐ Divorced
☐ Widowed ☐ Other: _____ ☐ Prefer not to say

Gender Identity/preferred pronouns: _____

U.S. Citizen: ☐ Yes ☐ No Permanent Res. Alien: ☐ Yes ☐ No

Military Status: ☐ Active Duty ☐ Veteran

Primary Language Spoken in Household: _____

Highest Education Level: ☐ High School ☐ Some College ☐ Degree
☐ Prefer not to say

EMPLOYMENT

Are you self-employed? ☐ Yes ☐ No

Employer: _____

City: _____ State: _____ Zip Code: _____

Years at Current Employer: _____

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

Current Gross Monthly Income $_____ (Income BEFORE Taxes)
Do you receive any of the following: Bonuses, commission, child support, SS/SSDI, unemployment, etc.? _____

Overtime $_____

TOTAL $_____

CO-APPLICANT EMPLOYMENT

Are you self-employed? ☐ Yes ☐ No

Employer: _____

City: _____ State: _____ Zip Code: _____

Years at Current Employer: _____

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

Current Gross Monthly Income $_____ (Income BEFORE Taxes)

Overtime $_____

TOTAL $_____

In addition to the applicants, will there be additional household members receiving income? ☐ Yes ☐ No

HOUSEHOLD ASSETS (combination of applicant, co-applicant, and other household members)

Checking $_____

Savings $_____

401 (k), IRA, Pension $_____

Stocks/Mutual Funds $_____

Gifts $_____

Other $_____

I/We authorize Community Partners for Affordable Housing (CPAH) to obtain and/or review my/our credit report(s). I/We certify that all information contained in this application is true and correct, to the best of my knowledge.

☐ ☐

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date

MONTHLY EXPENSES AND DEBTS			
Name:	**Date:**	**Household Size:**	
Expense Category	**Expense Description**	**Monthly Amount**	**Total Amount Owed**
Housing	Rent/Mortgage/Other		
	Rental Insurance		
	Maintenance/Supplies		
	Improvements		
Utilities	Phone (Land Line)		
	Cell Phone		
	Gas		
	Electric		
	Cable		
	Water/Garbage/Sewer		
Transportation	Gasoline		
	Car Insurance		
	Repairs & Maintenance		
	IPASS / Tolls / Parking		
	Public Transportation		
Household Expenses	Groceries		
	Non-Food Supplies		
	Personal Care		
	Clothing		
Education	Education		
Insurance	Life		
	Medical		
	Dental		
	Disability		
Medical	Doctor Visits		
	Medication		
	Other		
Child Care	Child Care		
	Sports		
Cash / Entertainment	Spending Money		
	Streaming services (Netflix, Disney+, etc.)		
	Vacation		
	Gifts		
Dues / Donations	Church / Charity		
	Dues		
Miscellaneous / Other	Savings		
	Other		
Loans / Credit	Car Loan 1		
	Car Loan 2		
	Installment Loan 1		
	Installment Loan 2		
	Credit Card 1		
	Credit Card 2		
	Student Loan 1		
	Student Loan 2		
	Other		
Total Expenses		$ -	$ -
Total Income		$ -	
Difference + (-)		$ -	

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

COMMUNITY PARTNERS for AFFORDABLE HOUSING

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 (CPAH) 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 you to release the following information to CPAH.

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)

☐ Annual ☐ Weekly ☐ Other (specify

$_____ ☐ Monthly ☐ Hourly

12B. Gross Earnings

Type	Year To Date	Past Year	Past Year
Base Pay			
Overtime			
Commissions			
Bonus			
Total			

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 ☐ Yes ☐ No
Bonus ☐ Yes ☐ 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)
22. Date Terminated	Base_____Overtime_____Commissions_____Bonus _____

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.

Ph: 847-263-7478 Fax: 847-796-8060 www.cpahousing.org

ZERO INCOME CERTIFICATION FORM

Complete a form for each adult household member (18 & older) that does not receive any source of income.

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

Relationship to Buyer(s): _____

I certify that I do not receive any source of income and have not received income from any of the following sources listed below for the period:

Beginning On: _____ Ending On (if no end date write "current"): _____

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. Severance pay
h. Public assistance payments.
i. Periodic allowances such as alimony, child support, or regular periodic gifts received from persons not living in my household.
j. Veteran's benefits
k. Gambling winnings
l. Sales from self-employed resources (Avon, Mary Kay, eBay, etc.).
m. Any other source not named above.

I presently have no income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months.

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. I acknowledge that the information provided is being used to determine eligibility to receive assistance through CPAH. If requested, I will fully cooperate with requests to provide documents to verify the information provided within.

_____ _____

Signature of Adult Household Member Date

COMMUNITY PARTNERS for AFFORDABLE HOUSING

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

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

www.cpahousing.org
phone 847.263.7478
fax 847.796.8060

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