

# HOMEOWNERSHIP INTAKE

Please turn in a complete application with ALL required documents. Once your application is reviewed, we will call you to schedule an appointment and discuss the next steps.

Which location are you interested in? Chaparral Berino Vado Las Cruces Other: \_\_\_\_\_

Please bring copies of all documents

## Required Documents Check List:

### 1. Proof of Identity:

- Driver's License/ID for all household members
- Social Security Cards for all household members
- Original Birth Certificate for all household members

### 2. Proof of Income:

- Salary – 2 months of most recent earnings
- Child Support – 12-month history – cash arrangements are not acceptable
- Disability (SDI) – Award Letter
- Social Security – Award Letter
- Alimony – Divorce decree signed by courts
- Retirement – Award Letter

Income Tax & W2's most current (2) Years \_\_\_\_\_

### Bank Statements – Most recent

- 2 months of checkings – include ALL statement pages
- 2 months of savings – Include ALL statement pages

### 3. Rental Information -

4. Are you a farmworker Yes \_\_\_\_\_ No \_\_\_\_\_

### 5. Credit Report:

It is necessary to pull a credit report on applicant and joint applicant.

Fees are below and payable ONLY by check or money order to:

Tierra Del Sol Housing Corporation

- \$ 22.79 Fee for individual
- \$ 45.58 Fee for Joint application

6. First Time Homebuyer Education Class – **REQUIRED** \$50 single applicant / \$95 Joint payable by check or money order to the instructor on the day of the class

Next class on: \_\_\_\_\_



Tierra Del Sol Housing Corporation  
210 E. Idaho, Suite B Las Cruces New Mexico 88005  
Office: 575-541-0477 Fax: 575-541-0476  
[www.tdshc.org](http://www.tdshc.org)





# Home Ownership Intake



Office use	Date Received	Received by:
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## Intake Information

**First and Last Name:**

**Date of Birth:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Current address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

**Current Housing Arrangements:**

Own     Rent     Homeless     Home owner with mortgage paid off    **Monthly payment/Rent** \_\_\_\_\_ **How long:** \_\_\_\_\_  
 Living with family member and not paying rent

**Previous address:**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP Code:** \_\_\_\_\_

Owned     Rented    **Monthly payment or rent:** \_\_\_\_\_ **How long:** \_\_\_\_\_

**Race:**

White     Black/African American     Asian     American Indian/Alaska Native  
 Native Hawaiian/Other Pacific Islander     American Indian/Alaska Native & White  
 Asian & White     Black/African American & White  
 American Indian/Alaska Native & Black/African American     Other \_\_\_\_\_

**Ethnicity:**  Hispanic     Foreign Born

**Education:**

Below High School Diploma     High School Diploma or Equivalent     Two year college  
 Bachelors Degree     Masters Degree     Above Masters Degree

**Marital Status:**  Single     Married     Divorced     Separated     Widowed

**Gender:**  Female     Male

**Handicapped:**  Yes     No

**Veteran:**  Farmworker

**Are you a first time home buyer:**  Yes     No

## Household Members (List the head of your household and all members who live in your home.)

	Name	Relationship	Age	Social Security #
1		Self		
2				
3				
4				
5				
6				

## Employment History

(Last two years, Use additional sheets if necessary)

### Current employer:

Employer address:		Dates of Employment (Start/End)
City:	State	ZIP Code:
Phone:		Fax:
Position:	Annual Income:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly		

### Previous Employer:

Employer address:		Dates of Employment (Start/End)
City	State	Zip Code:
Phone:		Fax:
Position:	Annual Income:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly		

## Co-applicant Information

### First and Last Name:

Date of birth:	SSN:	Phone:
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### Current address:

City:	State:	ZIP Code:
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**Race:**  White  Black or African American  American Indian/Alaskan Native  Asian  
 Native Hawaiian/Other Pacific Islander  American Indian/Alaskan Native and White  
 Asian and White  Black/African American and White  American Indian/Alaskan Native and Black  
 Other \_\_\_\_\_

### Ethnicity:

Hispanic  Foreign Born

**Education:**  Below High School Diploma  High School Diploma or Equivalent  
 Two year college  Bachelors Degree  Masters Degree  Above Masters Degree

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Gender:**  Female  Male **Handicapped:**  Yes  No

**Relationship to Applicant:** **Veteran:**  Yes  No

## Co-applicant Employment History

*(Last two years, use additional sheets if necessary)*

<b>Current employer:</b>			
Employer address:		Dates of Employment (Start/End)	
City:	State	ZIP Code:	
Phone:		Fax:	
Position:		Annual Income:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly			

### Annual Income

Source	Applicant	Co-Applicant	Other Household Member 18 or Older	Total
Salary				
Overtime Pay				
Commissions				
Bonuses				
Tips				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Social Security, Pensions, Retirement Funds, Annuities				
Unemployment Benefits				
Workers Compensation, etc.				
Alimony, Child Support				
Welfare Payments				
Disability Income, SSI				
Other				

**TOTAL**

	Applicant	Co-Applicant
Can you document your child support/alimony income	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how long will it continue		
If your child receives disability income, is it for a permanent disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked in the same field for two years or more?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Assets

Type	Applicant	Co-Applicant	Financial Institution	Account No.
Checking Account(s)	\$	\$		
Savings Account(s)	\$	\$		
	\$	\$		
Certificate(s) of Deposit	\$	\$		
Investment/IRAs/Retirement Account(s)	\$	\$		
Stocks	\$	\$		
Other (i.e., rental property, vehicles)	\$	\$		

Are you about to receive additional funds (Tax refund, property sales, etc)  Yes  No If yes, how much : \$

### Living Expenses

Type	Creditor's Name	Monthly Payment	Applicant	Co-Applicant
Rent/Mortgage				
Utilities (Electric, Gas, Solid Waste)				
Telephone				
Cell phone				
Cable/Satellite TV				
Other living expenses				

### LIABILITIES

List outstanding obligations (your debts) including auto loans, credit cards, charge accounts, credit union loans, etc.

Type	Creditor's Name	Monthly Payment	Applicant	Co-Applicant

#### ADDITIONAL INFORMATION

	Applicant	Co-Applicant
Have you owned a home in the last three (3) years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a contract on a house at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently working with a real estate agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## AUTHORIZATION

I authorize Home Ownership Center to:

- A. Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- B. Pull my/our credit report and review my/our credit file for information inquiry purposes; and
- C. Obtain a copy of the HUD 1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home from the lender who made me/us a loan and/or the title company that closed the loan.

I understand that any intentional or negligent representation (s) of the information contained on this form may result in civil and/or criminal liability under the provision of Title I 8, United States Code, and Section 101.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co – Applicant

\_\_\_\_\_  
Date

### For Internal Use Only

Notes:

Reviewed By:

Date:

Type of Service:

# CERTIFICATION AND AUTHORIZATION

The undersigned certify the following:

I have applied for a real estate loan. In applying for the loan, I have completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information and assets and liabilities. I certify that all of the information is true and complete. I have made no misrepresentation in the loan application or other documents, nor did I omit any pertinent information.

I understand and agree that the lender reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employer and/or the financial institution.

I fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provision of Title 18, United States Code, and Section 1014.

## Authorization to Release Information

I have applied for a real estate loan. As a part of the application process, the lender and the mortgage guaranty insurer (if any) may verify information contained in the loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.

I authorize you to provide to the lender, and to any investor to whom the lender may sell my mortgage, and to the mortgage guaranty insurer (if any), any and all information and documentation that they request. Such information includes, but is not limited to: employment history, income, assets, money market, and similar account balances, credit history and copies of income tax returns.

The lender or any investor that purchases the mortgage, or the mortgage guaranty insurer (if any), may address this authorization to any party named in the loan application.

A photographic or FAX copy of the authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

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Applicant

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SSN

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Co – Applicant

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SSN

## CITIZENSHIP DECLARATION FORM

Complete a separate form for each household member receiving a direct public benefit program application.

First and Last Name:		
SSN:	Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Head of Household		Alien Registration NO.
<b>Admission Number</b> (If applicable) This is an 11 digit number found on INS for 1-94, Departure Record:		
<b>Nationality</b> (The foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth):		
<b>Save Verification No.</b> (to be entered by owner if and when received)		

Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3. Once completed, return/forward this form to \_\_\_\_\_.  
(Agency Name)

### Declaration

I, \_\_\_\_\_ hereby declare, under penalty of perjury that I am:

- (1.) A citizen or national of the United States. If you checked this box, no further information is required.
- (2.) A non-citizen with eligible immigration status as evidence by the attached documents
- (3.) Not contending eligible immigration status and I understand that I am not eligible for financial assistance. If you checked this block, no further information is required and the person named above is not eligible for assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child



## IMMIGRATION DOCUMENTS ACCEPTABLE FOR SUBMISSION

All non – citizens applying for a financial/program benefit must present immigration documents. The following are the acceptable Immigration and Naturalization Service (INS) documents

A. Verification Consent Form

AND

B. One of the following documents:

1. Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens)
2. Form I-94, *Arrival Departure Record*, with one of the following annotations:
  - a. "Admitted as Refugee Pursuant to section 207"
  - b. "Section 208" or Asylum"
  - c. "Section 243 (h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Sec. 212(d)(5) of the INA"
3. If Form I-94, *Arrival Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - a. A final court decision granting asylum (but only if appeal is taken";
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990;
  - c. A court decision granting withholding or deportation; or
  - d. A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990)
4. Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section210"
5. Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
6. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
7. Form I-151 Alien Registration Receipt Card

## CONSENT FOR VERIFICATION OF DOCUMENTS

**INSTRUCTIONS:** Each non – citizen family member who declared eligible immigration status on the Declaration Form must complete this form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

**CONSENT:**

I, \_\_\_\_\_ hereby consent to the following:  
(Print First Name, Middle initial, Last Name)

1. The use of the attached evidence to verify my eligible immigration status for receiving a Public or Program Benefit; and
2. The release of such evidence of eligible immigration status by collecting Program Manager without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
  - a. The Funding State of Federal Agency
  - b. The Department of Homeland Security (DHS) for purposes of verification of the immigration status of the individual

**NOTIFICATION TO FAMILY:**

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial/program assistance and not for any other purpose.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child

**ADDITIONAL HOUSEHOLD MEMBERS**

**Household members (List the head of your household and all members who live in your home.  
(Give the relationship of each household member to the head of household.)**

<b>Name</b>	<b>Relationship</b>	<b>Age</b>	<b>Social Security Number</b>

## ADDITIONAL SHEET FOR EMPLOYMENT HISTORY

Applicant     Co - Applicant

### Employer

Employer address:		Dates of Employment (Start/End)
City:	State	ZIP Code:
Phone:		Fax:
Position:	Annual Income:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly		

### Employer

Employer address:		Dates of Employment (Start/End)
City	State	Zip Code:
Phone:		Fax:
Position:	Annual Income:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Paid: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly		