



Closing Cost Grant Application

Today's Date:

Please Print Clearly

| | | | |
|---|------------------------------|--|------------------------------|
| Grantee 1 | <i>Last Name, First Name</i> | Grantee 2 | <i>Last Name, First Name</i> |
| Contact Address: | | Contact Address: <i>(if different than for Grantee 1)</i> | |
| City, State, Zip Code | | City, State, Zip Code (if different) | |
| County: | | County: | |
| Email Address: | | Email Address: | |
| Preferred Phone Number: | | Preferred Phone Number: | |
| Secondary Phone Number: | | Secondary Phone Number: | |
| Family Composition | | | |
| () Single () Married () Divorced () Separated () Widowed | | () Single () Married () Divorced () Separated () Widowed | |
| Number of adults that will reside in the home: | | | |
| Are there two or more unrelated adults in the home? () yes () no | | If yes, please describe: | |
| Information about each adult who will reside within the home. Name: Age: Relationship to Applicant: 1. 2. 3. | | | |
| Number of children who will reside within the home: | | | |
| Information about each child who will reside within the home. Name: Age: Relationship to Applicant: 1. 2. 3. | | | |

Asset Information (please include information about all financial accounts and assets):

| Cash Assets | Amount/Value | Description of Asset (Financial Name) |
|--------------------------------|--------------|---------------------------------------|
| Checking Account | \$ | |
| Savings Account | \$ | |
| Stocks/Retirement/IRA Accounts | \$ | |
| Cash | \$ | |
| Other | \$ | |
| 1. | | |
| 2. | | |
| 3. | | |

When submitting this application to NHS, please attach statements for each account/asset described above.

☐ Please check box if you would like Neighborhood Housing Services of the East Bay to provide housing counselling that may offer additional information about additional home ownership assistance options. *Please note that buyers who have pre-selected a lender and who have been preapproved to purchase a home prior to applying OBAR's Closing Cost Grant will not be provided with information about home ownership assistance programs that their current lender does not currently work with unless otherwise advised by buyer.*

By signing below, applicant(s) certify that to the best of their knowledge, the above is true and accurate:

Grantee 1 _____ Date _____

Grantee 2 _____ Date _____

OBAR's Closing Cost Grant Criteria

- Buyer must be a "first-time buyer," meaning that they can't have owned a home for at least 3 or more years.
- Except in cases of extenuating circumstances, Buyer must move into the property within 60 days of closing and then must occupy the property for at least 1 year.
- Property must be no more than two units.
- Buyer income must be no more than 120% Area Median Income (AMI). This is based on HUD criteria for Alameda County.
- Buyer must contribute 3% of their own funds. This requirement is waived for buyers using VA loans.
- Buyer must be left with no more than \$15,000 in reserves after purchasing the home.
- Buyer may not receive any funds back at close of escrow. Any excess or unused OBAR Closing Cost Grant funds must be returned to OBAR at the close of escrow.

By signing below, applicant(s) certify that they understand the criteria listed above:

Grantee 1 _____ Date _____

Grantee 2 _____ Date _____

Forward completed applications to Nikki Beasley at Neighborhood Housing Services - nikkibeasley@eastbaynhs.org.

AUTHORIZATION AGREEMENT

I/we authorize Richmond Neighborhood Housing Services, Inc (NHS)¹ and its counselors to:

- (a) Discuss and negotiate my loan application or mortgage status with the Oakland Berkeley Association of REALTORS® lender, attorney, trustee and/or title company;
- (b) Share statistical information about my transaction with NeighborWorks® America, HUD or other government and private non-profit entities funders in conformance with the privacy act; and,
- (c) Obtain my/our credit report to review my/our credit file for housing counseling in connection with my Pre-Purchase, credit counseling or Mortgage Delinquency case and for informational inquiry purposes;
- (d) Obtain a copy of the Closing Disclosure, URLA 1003 Uniform Residential Loan Application, Appraisal, and Real Estate Note(s) from the lender and/or the title company that closed the loan if I purchase, refinance or modify
- (e) I/ we give permission for NHS program administrators and/or their agents to follow-up with me the next three years for the purposes of program evaluation;
- (f) I/we understand that if NHS receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.
- (g) I/we acknowledge that I have received a copy of Richmond NHS's Privacy Policy & Disclosures

Authorization is further granted to NHS to use a photostatic copy of my/our signatures below, to obtain information regarding any of these items.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Name of Applicant (Please Print)

Name of Co-Applicant (Please Print)

Signature of Applicant

Date

Signature of Co-Applicant

Date

Social Security Number

Social Security Number

Lender

Loan #

Lender

Loan #

Realtor Name

¹ Richmond Neighborhood Housing Services, Inc, also doing business as Neighborhood Housing Services of the East Bay or Eastbay NHS



PRIVACY POLICY AND PRACTICES OF
Richmond Neighborhood Housing Services, Inc.

Richmond Neighborhood Housing Services, Inc. dba Neighborhood Housing Services of the East Bay (hereinafter referred to as “RNHS”)

We at Richmond Neighborhood Housing Services, Inc. - value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We are collecting personal information to qualify you for the Oakland Berkeley Association of REALTORS® Down Payment Assistance Grant.

About you from the following sources:

- ❖ Information that we receive from you on applications or other forms,
- ❖ Information about your transactions with us, our affiliates or others,
- ❖ Information we receive from a consumer reporting agency, and
- ❖ Information that we receive from personal and employment references.
- ❖

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social Security number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, Payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program Review, auditing, research and oversight purposes, organizations and institutions with affiliations to Section 8 programs.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and servicing of loans, making loan decisions, aiding you in obtaining loans from others, and financial counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures to unaffiliated third parties other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

☐

Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.

☐

Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone Number: (____) ____ - _____

If you have checked any of the boxes above,
please mail this form in a stamped envelope to:

Richmond Neighborhood Housing Services Inc.

12972 San Pablo Ave., Richmond, CA 94805

| | | | | | |
|-------|-----------|-------|-------|-----------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Signature | Date | Name | Signature | Date |

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

RELEASE: I hereby authorize Neighborhood Housing Services of the East Bay to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

| | | | | | |
|-------|-----------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Name | Signature | Date | Name | | |