



Affordable Housing Corporation of Lake County

National Foreclosure Settlement (NFS) Program Loan Transmittal Checklist

Buyer(s): _____

Property Purchase Address: _____

First Mortgage Lender: _____

- 1) Submit a complete application package at least 14 business days prior to closing. We are unable to begin processing your application until ALL of the below items are received.**

SUBMISSION DATE: _____ Anticipated Date of Closing: _____

- _____ Last 30 Days Pay Stubs OR Verification of Employment for all Household Members
- _____ Most Recent Year's W2s & 1040 Tax Returns (*Two years if seasonal or self-employed*)
- _____ Tri Merge Credit Report
- _____ Mortgage Application/1003
- _____ Most Recent 6 Months of Checking Account Statements
- _____ Most Recent 3 Months of Savings Account(s) Statement(s) (*Includes CD's, Money Markets, etc.*)
- _____ Most Recent Retirement Account(s) Statement(s)
- _____ FHA Case # _____ (or mark N/A)
- _____ Loan Estimate
- _____ AHC's Buyer's Authorization & Certifications Form
- _____ Executed Purchase Contract
- _____ Proof of Buyer's Personal Investment (1% of the purchase price, minimum \$1,000)
- _____ Credit Report Authorization form (*for non-borrowing spouse—if applicable*)
- _____ Verification of Employment form (*for non-borrowing spouse—if applicable*)
- _____ Borrower Release of Authorization (*for non-borrowing spouse—if applicable*)

- 2) Submit the following items at least 7 business days prior to closing.**

- _____ Appraisal Report
- _____ Title Report
- _____ Homebuyer Education Completion Certificate
- _____ Mortgage Loan Commitment Letter (*signed by both buyer and 1st mortgage lender*)
- _____ Preliminary Closing Disclosure

- 3) State the primary contact for processing this application.**

Name: _____ Email: _____

Phone: _____ Fax: _____

Drop Off or Mail Initial Package – Absolutely No Faxes or Email
1590 S. Milwaukee Ave, Ste. 312, Libertyville, IL 60048
847/263-7478



Affordable Housing Corporation of Lake County

National Foreclosure Settlement (NFS) Program Buyer Authorizations & Certifications

The Affordable Housing Corporation of Lake County ("AHC") is a nonprofit organization established in 1995 that assists Lake County communities and families in buying homes, improving homes and saving homes from foreclosure. Toward that end, AHC rehabilitates distressed properties for resale and provides loans and grants to assist with down payment and closing costs. Learn more at www.ahcl.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.

Buyer(s): _____

Property Purchase Address: _____

PART 1. Release and Authorization

I agree to provide and authorize release of information among all relevant mortgage lending and program-providing parties. This may include, but is not limited to AHC, 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. Certification of Personal Investment

I certify to AHC I 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. Participation in education and counseling with AHC.
- c. My intent to attend default prevention counseling in the event that I am delinquent on the first mortgage.

PART 3. Certification of Eligibility

I certify to AHC that I am eligible for assistance in that:

- a. All household information and income verification documentation provided to AHC and my first mortgage lender is true and complete in all material respects.
- b. I intend to occupy and maintain the home located at the above-named property address as my principal residence until said property is sold or transferred.

PART 4. Certification of Lead-Based Paint Poisoning Education

I understand that homes constructed prior to 1978 may be at risk for the hazards of lead-based paint poisoning and certify that I have read the EPA's "Protect Your Family from Lead in Your Home" brochure available at http://www.hud.gov/offices/lead/library/enforcement/pyf_eng.pdf.

PART 5. 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 AHC.

PART 6. Certification of Household Income & Composition

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

| | | |
|--------------------------|------------|---------------|
| Head of Household: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |
| Occupant: _____ | Age: _____ | Income: _____ |

PART 6. 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: _____ | Phone: _____ |
| Email: _____ | Email: _____ | Email: _____ |
| Signature (Buyer 1): _____ | Date: _____ | |
| Signature (Buyer 2): _____ | Date: _____ | |
| Signature: _____ (Non-Borrowing Spouse) | Date: _____ | |



Affordable Housing Corporation of Lake County

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 Affordable Housing Corporation of Lake County (AHC) 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 AHC and answered to my satisfaction. I have been provided with a copy of this document.

Homebuyer Signature

Date



Affordable Housing Corporation of Lake County

**Affordable Housing Corporation of Lake County
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 Affordable Housing Corporation of Lake County (AHC) located at 1590 S. Milwaukee Ave., Ste. 312, Libertyville, IL 60048 (Tel: 847/263-7478) to order a tri-merge consumer credit report for the purpose of obtaining approval through AHC'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.

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 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 or any other party.

Part I — Request

| | |
|--------------------------------------|---|
| 1. To (Name and address of employer) | 2. From (Name and address of lender) The Affordable Housing Corporation of Lake County 1590 S. Milwaukee Ave. Suite 312 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 Loan Programs Manager | 5. Date | 6. Lender's Number (Optional) N/A |
|------------------------|-----------------------------------|---------|--------------------------------------|

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 (include employee or badge number) | 8. Signature of Applicant |
|---|---------------------------|

Part II — Verification of Present Employment

| | | |
|-----------------------------------|----------------------|---|
| 9. Applicant's Date of Employment | 10. Present Position | 11. Probability of Continued Employment |
|-----------------------------------|----------------------|---|

| | | | | | | |
|--|--------------|-----------|-----------|---------------------------------|------|---|
| 12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____ | | | | 13. For Military Personnel Only | | 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 |
| | | | | Pay Grade | Type | |
| 12B. Gross Earnings | | | | Base Pay | \$ | 15. If paid hourly — average hours per week |
| Type | Year To Date | Past Year | Past Year | Rations | \$ | |
| Base Pay | Thru _____ | \$ | \$ | Flight or Hazard | \$ | 16. Date of applicant's next pay increase |
| Overtime | \$ | \$ | \$ | Clothing | \$ | |
| Commissions | \$ | \$ | \$ | Quarters | \$ | 17. Projected amount of next pay increase |
| Bonus | \$ | \$ | \$ | Pro Pay | \$ | |
| Total | \$ 0.00 | \$ 0.00 | \$ 0.00 | Overseas or Combat | \$ | 18. Date of applicant's last pay increase |
| | | | | Variable Housing Allowance | \$ | |

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 _____ | Bonus _____ |
| 24. Reason for Leaving | 25. Position 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. Print or type name signed in Item 26 | 30. Phone No. | |