

This application will be used to enroll you in the programs offered by our agency which include:

HOMEBUYER EDUCATION AND COUNSELING

A HUD Approved 8 hour Homebuyers Education Class to assist current and prospective Homebuyers with the necessary information to make educated decisions regarding the purchase of a home.

FINANCIAL EDUCATION

A workshop providing participants information on how to create a spending plan/budget, building & maintaining credit, paying down debts and creating savings goals.

RENTAL COUNSELING

A program designed to assist participants who want to become sustainable and knowledgeable renters in understanding the intake screening process, required deposits, credit report and alternative to credit report requirements, tenant and landlord responsibilities and fair housing.

MORTGAGE DELINQUENCY & DEFAULT RESOLUTION COUNSELING

Housing counseling services to households struggling to pay their mortgage.

CHECKLIST

Supportive documents listed below to be provided with Application. Submit all documents via our web portal/alternative option provided by staff.

- Application: Pages 2 thru 7
- Driver's License/Identification Card (Photo ID)
- Social Security Card
- Provide the most recent of the following (1 month)
 - Work Paystub
 - Checking and Savings Account Statements
 - Retirement and Investment Account Statements
 - Federal Tax Filing including all W2's and 1099's (1 Year)
- If Applicable:
 - Final Bankruptcy Discharge Papers
 - Final Foreclosure Notice
 - If you have seen a lender, bring your loan application (1003), Loan Cost Illustration (Good Faith Estimate) and pre-approval letter

INSTRUCTIONS

Please complete your Application & attach your Supportive Documents as listed under Checklist. Then submit all documents via our web portal/alternative option provided by staff. Please note: We Cannot Accept Original Documents.

FEES

Credit Report Fee: \$23.05 per person
Class/Workshop Fee: \$50

ALL FEES WAIVED AT THIS TIME

315 N. San Joaquin Street Stockton, CA 95202
(209) 466-6811
www.visionaryhomebuilders.org

APPLICATION

APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____ Gender: M F
Head of Household: Yes No Social Security #: _____ Driver's License/ID #: _____
Date of Birth: ____/____/____ Age: _____ Mobile Phone: (____) _____ - _____
Home Phone: (____) _____ - _____ Email: _____
Home Address: _____
City: _____ State: ____ Zip code: _____ Is your mailing address the same? Yes No
Years living at current residence: _____ Housing Payment: \$ _____ Household Size: _____
Dependents: _____ Ages: _____ Preferred Language: _____

Employment & Income Information: (2 Years)

Current Employer: _____ Position/Title: _____
Essential Worker? Yes No Phone: (____) _____ - _____ Hire Date: ____/____/____
Monthly Income: Gross: \$ _____ Net: \$ _____
Previous Employer: _____ Position/Title: _____
Phone: (____) _____ - _____ Hire Date: ____/____/____
Monthly Income: Gross: \$ _____ Net: \$ _____
Other Source of Income: _____ Monthly Amount: \$ _____

Place an "x" in the next to the program you seeking services for:

Homebuyer Education & Counseling Financial Capability/Education Rental Counseling
 Mortgage Delinquency and Default Resolution Counseling Other: _____

Co-Applicants: _____ Previous Client: Yes No *If "Yes," what service was taken? _____

Referral Source: How did you hear about Visionary Home Builders of California, Inc.?

Friend/Relative Flyer/Sign Facebook/Social media Website Walk-in Previous Client TV
 HUD/Government Non-Profit Agency Lender/Bank Realtor Newspaper Radio Other: _____

Government Monitoring and Reporting Demographic Information

Race: American Indian/Alaskan Native Asian Black or African American White
 Native Hawaiian-Pacific Islander Hispanic: Yes No Other Multiple Race
Ethnicity (optional): Cambodian Chinese Filipino Hmong Vietnamese Mexican Puerto Rican
Number in Household: _____ Live in Rural Area: Yes No Gender: Male Female Other/Non-Conforming
Head of Household: Yes No English Proficient: Yes No Foreign Born: Yes No Veteran: Yes No
Education: College High School GED Primary/Vocational None
Household Annual Income: _____ Current Residence: Own Rent Other

Please check here if you do not wish to furnish the information requested below; if not, continue:

Are you Disabled? Yes No Are you a Disabled Dependent? Yes No

Marital Status: Married Single Other Active Military: Yes No

First Time Home Buyer: Yes No First Generation Home Buyer: Yes No

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____
Co-Applicant Signature: _____ Printed Name: _____ Date: _____
Authorized Staff Signature: _____ Printed Name: _____ Date: _____

APPLICATION

CO-APPLICANT INFORMATION (IF APPLICABLE)

Relationship to Applicant: _____
First Name: _____ Middle Name: _____ Last Name: _____ Gender: M F
Head of Household: Yes No Social Security #: _____ Driver's License/ID #: _____
Date of Birth: ____/____/____ Age: _____ Mobile Phone: (____) _____ - _____
Home Phone: (____) _____ - _____ Email: _____
Home Address: _____
City: _____ State: ____ Zip code: _____ Is your mailing address the same? Yes No
Years living at current residence: _____ Housing Payment: \$ _____ Household Size: _____
Dependents: _____ Ages: _____ Preferred Language: _____

Employment & Income Information: (2 Years)

Current Employer: _____ Position/Title: _____
Essential Worker? Yes No Phone: (____) _____ - _____ Hire Date: ____/____/____
Monthly Income: Gross: \$ _____ Net: \$ _____
Previous Employer: _____ Position/Title: _____
Phone: (____) _____ - _____ Hire Date: ____/____/____
Monthly Income: Gross: \$ _____ Net: \$ _____
Other Source of Income: _____ Monthly Amount: \$ _____

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SIGNATURES

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Co-Applicant Signature: _____ Printed Name: _____ Date: _____
Authorized Staff Signature: _____ Printed Name: _____ Date: _____

APPLICATION

ASSET INFORMATION

Have you owned real estate property in the last three (3) years? Yes No

Have you had a bankruptcy? Yes No If "Yes" Date: _____

Have you had a foreclosure? Yes No If "Yes" Date: _____

Name of Bank/Institution	Balance	Name of Bank/Institution	Balance
Cash: _____	\$ _____	CD's: _____	\$ _____
Checking: _____	\$ _____	Stocks/Bonds: _____	\$ _____
Checking: _____	\$ _____	Retirement: _____	\$ _____
Savings: _____	\$ _____	Gift Funds: _____	\$ _____
Savings: _____	\$ _____	Other: _____	\$ _____

LIABILITY INFORMATION

Name of Lender/Creditor	Monthly Payment	Balance
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____

DECLARATION PAGE

1. Are there any outstanding judgments against you? Yes No N/A
2. Have you been declared bankrupt within the past 7 years? Yes No N/A
3. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years? Yes No N/A
4. Are you a party to a lawsuit? Yes No N/A
5. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This includes loans for: home mortgage, SBA, home improvement, educational, & manufactured mobile home) Yes No N/A
6. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? Yes No N/A
7. Are you obligated to pay alimony, child support, or separate maintenance? Yes No N/A
8. Is any part of the down payment borrowed? Yes No N/A
9. Are you a co-maker or endorser on a note? Yes No N/A

If you answered "Yes" to any questions 1 through 9, please attach Separate Sheet with explanation. Include: Date, name, and address of Lender, FHA or VA case number, and reasons for the action.

10. Are you an immigrant to the U.S./Foreign Born? Yes No N/A
o If "Yes", Year of Immigration: _____
11. Will you occupy the property as your primary residence? Yes No N/A
o If "Yes," Have you had an ownership interest in a Property in the last three years? Yes No N/A
o If "Yes": What type of property did you own? (See options below):
 Principal Residence Second Home Investment Property
o If "Yes": How did you hold title to the home? (See options below):
 Solely by yourself Jointly with Spouse Jointly with another person

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____

Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____



APPLICATION

AUTHORIZATION

By signing below, I/we certify that all information given in this application is true and correct to the best of my knowledge.

I/We authorize Visionary Home Builders of California, Inc. to:

- o Pull a Tri-Merge credit report to review my/our credit report.
- o Verify all information contained herein.
- o Obtain a copy of the Closing Disclosure from the mortgage lender or Title Company that I/we utilize for my/our mortgage loan.

I/we understand that willful concealment of information regarding family size, income, assets, holdings, personal or real property, business or partnerships, royalties, child support, debt repayment or other eligibility criteria will result in immediate disqualification from any Visionary Home Builders of California, Inc. program(s) from which I/we have submitted information and may result in civil and/or criminal recourse through the legal system.

CLIENT AUTHORIZATION FOR RELEASE OF INFORMATION

I/We agree to participate in counseling sessions to help me/us with my/our present housing situation and or to provide a roadmap of ways to make better money management decisions. I/we understand that counselors and staff may obtain and discuss information on my/our credit history, banking financial situations, employment, or other related subjects which may improve my/our ability and chances to build credit, build savings or to purchase/acquire a home. I/we understand that all information will be held in confidence and that no information will be divulged to any person who is not directly involved in the counseling or homeownership process.

I/we understand that I/we am/are free to choose any lender, loan product or house, regardless of the loan products shown to me/us or homes built by Visionary Home Builders of California, Inc.

I/we authorize Visionary Home Builders of California, Inc. to share credit, financial, employment and other information with other non-profits, governmental agencies, or lending institutions as may be necessary to help facilitate homeownership or other housing alternative(s).

Hold Harmless Agreement:

In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/we agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of the disclosure of my/our information so long as the Indemnified Parties have used reasonable efforts to keep it confidential.

Applicant: Social Security Number

Co-Applicant: Social Security Number

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____

Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____



APPLICATION

DISCLOSURE FORM | CONFLICT OF INTEREST PROGRAMS DISCLOSURE STATEMENT

I/We have been advised that Visionary Home Builders of California, Inc. (VHB) provides the following services:

- **Homeownership Counseling and Education:** A HUD Approved 8 hour Homebuyers Education Class to assist current and prospective Homebuyers with the necessary information to make educated decisions regarding the purchase of a home.
- **Rental Counseling:** A program designed to assist participants who are not ready for homeownership but want to become sustainable and knowledgeable renters in understanding the intake screening process, required deposits, credit report and alternative to credit report requirements, tenant and landlord responsibilities and fair housing.
- **Financial Capability/Education:** A workshop providing participants information on how to create a spending plan/budget, building & maintaining credit, paying down debts and creating savings goals.
- **Multi-Family Affordable Housing:** Provides affordable rental communities for low-to moderate-income families.
- **Real Estate Agency:** Real estate agents assist clients in the purchase and sale of real property.
- **Property Management Company:** Oversee and manage VHB's "for rent" properties.
- **Mortgage Delinquency and Default Resolution Counseling:** Housing counseling services to households struggling to pay their mortgage as an option for services provided by VHB.

I/We also acknowledge that VHB has financial relationships with industry partners including: BAC Community Bank, Bank of America, BBVA, Bank of Stockton, Bank of the West, Citibank, F&M Bank, JPMorgan Chase, Oak Valley Community Bank, Ocwen, PNC Bank, Raza Development Fund, Union Bank, U.S. Bancorp, and Wells Fargo Bank. I/We further acknowledge that VHB has program participation, funding, management, and development agreements with various governmental agencies including cities, state (i.e. CalHFA, HCD) and counties.

Finally, I/we acknowledge and agree that the services I/we receive from VHB **do not obligate me in any way** to receive, purchase, or utilize any other services offered by VHB, to purchase or rent a home from VHB, to utilize products or services of any of VHB's industry partners or any other vendor, or receive any services or participate in any program of any governmental agencies.

DISCLOSURE FORM | COUNSELING PROGRAM DISCLOSURE

Purpose of Counseling: I/We understand that the purpose for counseling is to educate families and individuals on money management including monthly budgeting, building or repairing credit and options on saving for the future. The counselor will access my/our current financial situation based on the information I/we provide and will share options on how to overcome barriers that prevent me/us from being financially successful. I/We further understand that it will not be the responsibility of the counselor to repair the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues. I/We understand that even if we follow the plan and remove the barriers I/we may still not resolve the issue.

Eligible Criteria: I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved in 24 months or less. I/We understand that if it is determined my/our issues will take longer than 24 months to fix, I/we will be referred to an alternative program which may be better suited to assist with long-term counseling.

Homeownership Education Classes/Workshops: I/We understand that as part of the housing counseling program, I/we will be required to attend a Homeownership Education Class/Workshop.

Hold Harmless Agreement: In consideration of the counseling services provided by Visionary Home Builders of California, Inc. I/we agree to release, discharge, and hold Visionary Home Builders of California, Inc. and their respective employees and volunteers, (the "Indemnified Parties"), harmless from any liability, damages, claim, suit, action, or demand asserted against or incurred by me/us as a result of services which I/we receive from the Indemnified Parties.

Customer's Responsibility: I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

SIGNATURES

Applicant Signature: _____ Printed Name: _____ Date: _____

Co-Applicant Signature: _____ Printed Name: _____ Date: _____

Authorized Staff Signature: _____ Printed Name: _____ Date: _____



APPLICATION

NET INCOME: SPENDING PLAN/BUDGET (MONTHLY)

RENT/HOUSING:	
Monthly Rent Payment	\$
Renters Insurance	\$
Repayment Plan (If Applicable)	\$
Payment on Damages (If Applicable)	\$
LOANS:	
Car Loan(s)	\$
Student Loan(s)	\$
Credit Card: 1 (minimum payment)	\$
Credit Card: 2 (minimum payment)	\$
Credit Card: 3 (minimum payment)	\$
Credit Card: 4 (minimum payment)	\$
EDUCATION:	
School Fees/Books/Supplies	\$
School Lunches	\$
Tuition	\$
Tuition	\$
UTILITIES:	
Electricity & Gas	\$
Garbage/Trash	\$
Water/Sewer	\$
Telephone(s): Home/Mobile	\$
FOOD:	
Food/Groceries	\$
Food at Work	\$
INSURANCE:	
Life Insurance	\$
Other Insurance(s)	
MEDICAL/HEALTH:	
Doctor/Dentist Visit-Copay	\$
Medications	\$
Health Insurance	\$
HOME MAINTENANCE:	
Cleaning Supplies	\$
Lawn Care/Maintenance	\$
Monthly Maintenance Allotment	\$
Pest Control	\$

AUTO:	
Auto Insurance	\$
Maintenance: Oil Changes/Car Repairs	\$
Fuel: Gasoline/Diesel	\$
Annual Registration/Smog/Inspection(s)	\$
ENTERTAINMENT:	
Attending Athletic Events	\$
Cable TV/Internet	\$
Hobbies: Crafting/Collecting	\$
Dining Out	\$
Movie Rentals/Web Subscription	\$
Newspaper/Magazines	\$
Vacations	\$
GIFTS/DONATIONS:	
Birthday/Christmas	\$
Church Donation(s)/Tithing/Offerings	\$
Other Gifts/Donations	\$
PERSONAL:	
Personal Hygiene	\$
Barber/Beauty Shop	\$
Child Care	\$
Child Support	\$
Alimony	\$
Other Personal Items	\$
Child Sports	\$
CLOTHING:	
Clothing/Shoes	\$
Laundry/Dry Cleaning	\$
	\$
SAVINGS:	
Emergency Fund	\$
Other Savings	\$
OTHER:	
Bank: Checking/Savings Account Fees	\$
Pet Expenses: Food, Vet Visits, etc.	\$
Allowances	\$
Misc./Spending Money	\$
SUMMARY:	Total Net Income:
	\$
	Total Expenses:
	\$
	Surplus/Shortfall:
	\$

SIGNATURES

Applicant Signature: _____
 Co-Applicant Signature: _____
 Authorized Staff Signature: _____

Printed Name: _____ Date: _____
 Printed Name: _____ Date: _____
 Printed Name: _____ Date: _____