

STATEMENT OF INFORMATION For Hardship Request

(For confidential use by City of Turlock in searching the records in connection with the file number shown below.)

Property Address:, Turlock, C	CA
In order to expedite the completion of your transaction "Statement of Information" form. We are not unnecestill confirm title to real property is reviewed.	on we are requesting that you complete the following essarily interested in your personal affairs, however,
In searching your title, we may encounter judgments against persons which the same or similar names to yunless eliminated. The information you provide, and eliminate all matters not directly affect ting you or the transaction and provide you with the most efficient s	yours. Such matters cloud the title to your property d your spouse if you are married, can promptly be property being searched, avoid any delay in your
Thank you for your cooperation in furnishing us with your information is confidential and used for the pur	n the necessary information and please be assured that pose which we have stated.
	US Residence since
Name: First Middle – if none, indicate Last	Year
Have you ever been known by any other name? ☐ No	☐ Yes If yes, indicate name
Social Security No	Driver License No.
Date of Birth	Location of Birth
	US Residence since
if none, indicate Spouse or Domestic Partner's Name:	First Middle Last Year
Social Security No.	Driver License No.
Date of Birth	Location of Birth
Have you ever been known by any other name? ☐ No	☐ Yes If yes, indicate name
If married, or in a domestic partnership,	at City and State
Date	City and State

		Monthly Income	Breakdown	
Income Source	Property Owner	Additional Household	Total Monthly Income	Total Annual Income
Employment:			\$	\$
Retirement/Pension:			\$	\$
Social Security/ Suppler	1,200,404,00		\$	\$
Other:			\$	\$
Other:	A-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		\$	\$
	\$	\$	\$	\$

List of all Housing TID Utility, PG&F	expenses such as: Mor utility:	tgage payment, Proper	rty Insurance, Property Taxes, City
MATERIAL STATE OF THE STATE OF			
List of all health ex	spenses such as: Medica	al insurance, medicine	:
		•	
		attach additional page if necessar RIAGE(S) – OR DOMESTIC P	
Please complete	FORMER MARK	RIAGE(S) – OR DOMESTIC P	
	FORMER MARE the following OR If no	RIAGE(S) – OR DOMESTIC P	ARTNERSHIP(S)
	FORMER MARE the following OR If no husband or domestic pa	RIAGE(S) – OR DOMESTIC P	ARTNERSHIP(S) Omestic partnerships, write "NONE
Name of former	FORMER MARE the following OR If no husband or domestic pa	RIAGE(S) – OR DOMESTIC P former marriages or d artner Date:	ARTNERSHIP(S) omestic partnerships, write "NONE Where:
Name of former	FORMER MARE the following OR If no husband or domestic pa	RIAGE(S) – OR DOMESTIC P former marriages or d artner	ARTNERSHIP(S) omestic partnerships, write "NONE Where:
Name of former	FORMER MARE the following OR If no husband or domestic pa	former marriages or d artner Date: additional page, if ne	ARTNERSHIP(S) omestic partnerships, write "NONE Where:

If Yes, describe vehicle:	
Have you ever filed bankruptcy? If Yes, where:	CountyState
Is a portion of the new loan funds to be used for	construction? □ No □ Yes?
Are you a current employee or do you have any raction or relative who sit on the City Council or a City of Turlock with? No Yes	
If yes, please list the name, relationship and City of Turlock	department of all relatives employed with
Name, relationship, title, department	
Name, relationship, title, department	
If need additional lines please included a	dditional page.
I DECLARE UNDER PENALTY OF PERJUR' CORRECT:	Y THAT THE FOREGOING IS TRUE AND
Signature	Spouse or domestic Partner's Signature
Date	Date





HOUSING PROGRAM SERVICES

156 S. BROADWAY, SUITE 140 | TURLOCK, CALIFORNIA 95380 | PHONE 209-668-5610 | FAX 209-668-5668 | TDD 209-800-735-2929

Conflict of Interest Short-Form Disclosure

This form must be filled out by each individual applicant that is applying for any housing program.
Are you currently or have you previously worked for the City of Turlock? ☐ yes ☐ no
If yes, please state your dates of employment, your job title(s), city department(s) worked for, and your supervisor(s).
Are you currently or have you previously volunteered for the City of Turlock? ☐ yes ☐ no
If yes, please state dates of your volunteering, any job title(s) you had as a volunteer, city department(s) volunteered for, and the city supervisor(s) of your volunteer work.
Are you related to any employees of the City of Turlock or to any elected or appointed officials (such as members of the City Council, Planning Commission, CDBG Community Grant Selection Committee, or the Loan Committee)? \Box yes \Box no
If yes, please list name of your relative(s) and the nature of your family relationship.

elected/appo	inted officials (such as membe	stment to any emp rs of the City Counci P 🗆 yes 🗆 no	l, Planning Commiss	sion, CDBG Commun	ity Gra
If yes, please official(s). No information is	other informat	e employee(s) tion is necessa	of the City of Turlory ry at this time as st	ock and/or any ele aff will follow-up	cted or appointed with you if addition	nal
•	•		·	•		
			e laws of the State of my actual know		my answers to the	e abov
					my answers to the	e abov



CERTIFICATION AND AUTHORIZATION

CERTIFCATION

The Undersigned certify the following:

- 1. I/We have applied for affordable First Time Home Buyers Program through the <u>City of Turlock Housing Program Services Division</u>. In applying for the loan, I/We completed an application containing various information on the purpose of the employment, income information, and the assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/We omit any pertinent information.
- I/We understand and agree that the City of Turlock Housing Program Services
 <u>Division</u> reserves the right to change the First Time Home Buyers process. This may include verifying the information provided on the application with the employer and/or the financial institution and obtaining a credit report/history, deposit verifications, public records, including court and criminal records. I/we understand that this process may include the making of a Consumer Credit Report (as identified under California Civil Code 1785.3(c)) and/or an Investigative Consumer Report (as identified under California Civil Code 1786.2(c)), the contents of which may include information about my character, general reputation, personal characteristics and/or mode of living. For purposes of obtaining and/or verifying information contained in my application and pertinent my qualification as a potential homebuyer, this report may contain information obtained from national credit bureaus (Experian, TransUnion, Equifax), court records, files and/or repositories, department of justice (DOJ), department of corrections (DOC), department of motor vehicles (DMV), current and/or previous employer(s), current and/or
- 3. I/We fully understand that it is a Federal crime punishable by a fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1014.

to verify the information I have provided on my application..

previous landlord(s), business and/or personal references, or any other source necessary

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

- I/we have applied for a First Time Home Buyers loan through the <u>City of Turlock Housing Program Services Division</u>. As part of the application process, the City of Turlock Housing Program Services Division may verify information contained in rental 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/ we expressly consent to the release of any and all information requested of any creditors, credit reporting agencies, landlords, employers, public and/or criminal agencies subsequently contacted for purposes of obtaining and/or verifying said information, and hereby hold the City of Turlock, and any responding parties harmless of liability for the seeking and providing of any such information contained in or pertinent to my application.
- 2. I/We authorize you to provide to <u>City of Turlock Housing Program Services Division</u> any and all information and documentation that they request. Such information includes,

but is not limited to, employment history and income, bank, money market and similar account balances, credit history, and copies of income tax returns.

The copy of this authorization may be accepted as an original.

3.

You have the right to receive a free copy of the investigative consumer report prepared in
accordance with your submitted application and this authorization by checking the box below:

[] Yes. I wan authorization.	nt a copy of the con	sumer investigative report prepar	ed in accordance with this
Applicant Signature		Co-applicant Sig	gnature
S.S.N. #	Date	S.S.N.#	Date





OFFICE OF THE CITY MANAGER

HOUSING PROGRAM SERVICES DIVISION hps@turlock.ca.us

156 S. Broadway, Suite 140 | Turlock, CA 95380 | Main 209-668-5610 | Fax 209-668-5120 | TDD 1-800-735-2929

Required Supporting Documents for Hardship Request

Please submit the following documents along with your hardship request letter:

1. Income Documentation:

- Current Social Security award letter and/or supplemental letter
- Retirement and pension statements
- Any other proof of income

2. Bank Statements:

- Three (3) months of statements for all open accounts
- Note: The Statement of Information must include the required details on page two.

3. Mortgage Statement:

- Please specify whether property taxes and property insurance are included in your mortgage payment or paid separately.
 - o If paid separately, provide documentation for both.

4. Medical Expenses:

- A breakdown of costs, including:
 - o Medical insurance premiums
 - o Prescription or medicine costs

5. Housing Expenses:

- A breakdown of the following utility costs:
 - o City utilities
 - o PG&E

Once all required documents are received and reviewed, staff will request a meeting with the Loan Committee to evaluate your hardship request. You will be notified of the committee's decision upon conclusion of the review.

We appreciate your cooperation and patience throughout this process. Should you have any questions or need assistance gathering your documents, please do not hesitate to contact our office.