

**Riverside County
Housing and Workforce Solutions
3403 Tenth Street, Suite 300
Riverside, CA 92501
951-955-0784**

Certification of Applicant

- 1) The undersigned, has applied for First Time Home Buyer Assistance from the Riverside County Housing and Workforce Solutions, hereinafter referred to as HWS, in conjunction with the ARPA First Time Home Buyer (ARPA FTHB) Program, and hereby acknowledges and understands the following:
 - a) The ARPA FTHB Program is to be used in conjunction with a mortgage loan for the purchase of a single-family residence, which is required to be used as your principal residence within sixty (60) days after the closing of the mortgage loan. The home shall not be used as a business or as a vacation (second) home.
 - b) The decision to grant the first mortgage loan is completely within the discretion of the mortgage lender to whom you have applied. The HWS makes no decision in regard to the approval of any first mortgage loan.
 - c) The decision to grant ARPA First Time Home Buyer Assistance is within the sole discretion of the HWS and is dependent upon your application meeting all requirements of the HWS's First Time Home Buyer Assistance ARPA Program, as well as the availability of funds.
 - d) The decision of which home to buy is within the sole discretion of the buyer and the buyer understands that First Time Home Buyer Assistance is not limited to specific homes. The buyer has performed their investigation of the home market and has independently selected a home to purchase.
 - e) The buyers shall satisfy themselves as to the condition of the home prior to closing escrow. The buyer shall confirm that requested repairs are complete prior to close of escrow, and that all systems are operating properly. HWS shall not be responsible for any repairs to the home at any time.
 - f) The buyers understand that they shall attend an in-person HUD approved, 8-hour Home Buyer Education Class as soon as possible in the purchase process and that ARPA First Time Home Buyer Assistance shall not be approved until the buyers attend this class. **Please note that online Home Buyer Education Class certificates are not acceptable.** A list of HUD approved providers may be found at: <https://hudgov-answers.force.com/housingcounseling/s/>.

Section A

List below the annual gross income **information of ALL persons** who intend to **reside in the residence**. Include the gross **income of all adults aged 18 and older**:

Name of Household Member	Relation to Head of Household	Age	Social Security Number	Employer	Annual Gross Income	Citizenship Status
<i>Sample Homebuyer</i>	<i>Head</i>	<i>59</i>	<i>555-55-5555</i>	<i>ABC Company</i>	<i>\$55,000.00</i>	
	Head				\$	<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/> Neither
					\$	<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/> Neither
					\$	<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/> Neither
					\$	<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/> Neither
					\$	<input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien <input type="checkbox"/> Neither
Total Income						\$

Section B

Does any household member:

- a. has savings, stocks, bonds, equity in real property or other forms of capital investment (assets that generate income). Excluded from this are necessary items of personal property such as furniture and automobiles and interests in Indian trust land, Yes No
- b. have they disposed of any assets (other than at a foreclosure or bankruptcy sale) during the last two years at less than fair market value? Yes No
- c. If the answer to (a) or (b) is yes, does the combined total of all such assets owned or disposed of by all household members total more than \$5,000? Yes No
- d. If the answer to (c) above is yes:
 - 1. *Total Assets*: The combined total value of such assets: \$ _____
 - 2. *Income from Assets (Assets over \$5,000)*: The amount of income expected to be derived from assets in the 12-month period beginning on the date of initial occupancy- based on actual income earned from assets if any

Total Assets: \$ _____ x 0.09% HUD Passbook rate = \$ _____ annual asset income

Section C

List below the annual liabilities **information of ALL persons** who intend to **reside in the residence**. Include the **income of all adults aged 18 and older**:

<i>Liabilities</i>	<i>Name of Household member</i>	<i>Minimum monthly payment</i>
Auto loan		\$
Installment debt		\$
Personal loan		\$
Credit Cards:		\$
1. _____		\$
2. _____		\$
3. _____		\$
Mortgage loan		\$
Other		\$
		\$
		\$
	Total:	\$

<i>Name of Household member</i>	<i>Minimum monthly payment</i>
Auto Loan	\$
Installment debt	\$
Personal Loan	\$
Credit Cards:	\$
1.	\$
2.	\$
3.	\$
Mortgage Loan	\$
Other	\$
	\$
	\$
	\$
Total:	\$

(Please make additional copies if more lines are needed)

Total household monthly liabilities: \$ _____

Total household annual gross income is (Section A):	\$
Total household annual asset income is (Section B):	\$
Total monthly liability (Section C):	\$
Total annual income and annual asset income(Section A & B)	\$
Total number of family members is:	

You certify the following as listed above:

- 2) Applicant(s) and their spouse certify that they have not had a previous ownership interest in improved-upon residential real property during the last three (3) years. ARPA FTHB assistance will not be granted if you have had an ownership interest in improved-upon residential real property during the last three (3) years nor claimed any real estate deductions. Owners of manufactured homes (not fixed to a permanent foundation) are eligible to meet the definition of a “First Time Home Buyer”. In connection with the requirement listed above, you will be required to submit copies of your previous three (3) years federal income tax returns, and if unavailable, you will cooperate with the lender to submit alternative documentation acceptable to the lender and the HWS.
- 3) You certify that you have provided to the lender all required information to enable lender to determine your total income and assets.
- 4) You acknowledge the ARPA First Time Homebuyer Program does NOT require that all household members (whether or not they’re going on the loan) must be either a US Citizen or a qualified alien as defined in Section 431 of PRWORA (Personal Responsibility and Work Reconciliation Act) and possess a valid social security number.
- 5) By affixing your signature to this document, you acknowledge that you have read and understand all of the elements as indicated and give your consent to proceed with the application for First Time Home Buyer Assistance through the HWS.

DISCLOSURE:

Knowing the penalty for making a false statement under the United States Criminal Code (see below), I hereby certify that the following is a true and full statement:

I declare under penalty of perjury that the statements above are true and correct.

Section 35 (A) of the United States Criminal Code makes it a **criminal offense** punishable by a maximum of 10 years imprisonment, \$10,000 fine, or both, to make a false statement or representation to any Department or Agency of the United States as to any matter within their jurisdiction. TITLE 18, SECTION 1001 of the United States Criminal Code states that a person is guilty of a **felony** for falsifying a material fact or knowingly and willingly making false or fraudulent statements to any department of the United States Government. The Housing and Workforce Solutions of the County of Riverside requests the information given above in its capacity as a Federal Agency.

All household members 18 years of age or older must sign this form

Date: _____

Signature _____

Printed Name: _____

Applicant Household Member

Signature _____

Printed Name: _____

Applicant Household Member

Signature _____

Printed Name: _____

Applicant Household Member

Signature _____

Printed Name: _____

Applicant Household Member

Date: _____

Name of Participating Lender: _____

Signature of Authorized Lender Representative: _____

Printed Name: _____

Title: _____

PLEASE SUBMIT ORIGINAL TO HWS AND GIVE THE BORROWERS A COPY OF THIS FORM