

CITY OF SAN MARCOS
DOWNPAYMENT ASSISTANCE PROGRAM
SELF QUALIFICATION FORM
(Homebuyer completes this form.)

Name: _____

Before you submit your application, and pay your \$350 non-refundable Downpayment Assistance Program application fee, you must determine if you are eligible to obtain mortgage assistance from the City of San Marcos. Answer the questions below to determine if you eligible.

PART 1-QUALIFICATIONS

1. Are you a legal resident of the United States? Yes/No

You must be a legal resident of the United States to qualify for the Downpayment Assistance Program.

2. Are you a first-time homebuyer? Yes/No

A first-time homebuyer is defined as not having owned a primary residence during the last three years. A person who qualifies as a displaced homemaker or a single parent who previously owned a home with a spouse during the last three years may not have to meet this requirement.

3. Are you income-eligible for the Downpayment Assistance Program?

Your household's total gross income amount must not exceed 80% Area Median Income (AMI). See the limits below. For household size, count the total number of people who will reside in your home.

<u>Household Size</u>	<u>80% Income</u>
1	\$67,900
2	\$77,600
3	\$87,300
4	\$97,000
5	\$104,800
6	\$112,550
7	\$120,300
8	\$128,050

Complete the table below to determine your household's Total Gross Annual Income by calculating the monthly income for each adult member of the household. Attach a separate sheet for any additional adults with income.

	Occupant #1	Occupant #2	Occupant #3
Name			
Monthly Earnings	\$	\$	\$
Bonus	\$	\$	\$
Overtime	\$	\$	\$
Commissions	\$	\$	\$
Part-time Employment	\$	\$	\$
Child Support	\$	\$	\$
Other	\$	\$	\$
Total Monthly	\$ (i)	\$ (ii)	\$ (iii)

ADD (i + ii+ iii) \$ _____ X 12 (MONTHS) = \$ _____ TOTAL GROSS ANNUAL INCOME

Determine if your Total Gross Annual Income is at, is below, or exceeds the income limits amounts. If your Total Gross Annual Income exceeds the limits, you will not be eligible for mortgage assistance.

4. How many people will live in the home you purchase? _____
5. How many dependent children (under 18) will live in the home you purchase? _____
6. How much cash do you have available for the purchase of a home? _____ \$
The San Marcos Downpayment Assistance Program (DAP) requires you to contribute 3% of the purchase price from your own funds.
7. Do you currently live or work in the City of San Marcos? **Yes/No**
8. Are you willing to attend a Housing and Urban Development (HUD) approved Homebuyer Education class before the close of escrow? **Yes/No**
9. Do you currently live in subsidized housing? **Yes/No**

PART II – OBTAINING ASSISTANCE

If you are a first-time homebuyer and your Total Gross Annual Household Income does not exceed the annual income limits, you are ready to consult with a program lender to determine whether you qualify to receive mortgage assistance. Be sure to bring this completed Self Qualification Form with you when you consult with the program lender. Below are some key concepts to consider before you visit a program lender.

Income and Debts The Lender will verify your household income and your household debts. Based on your income and debts, the Lender will determine if you are eligible to qualify for a first mortgage, the maximum amount you will be able to borrow, and the maximum monthly first mortgage payment you can afford.

Credit The Lender will review your credit scoring by obtaining a credit report. Your credit report should show that you pay your bills on time. The higher your credit scoring, the more likely you will be eligible for the Downpayment Assistance Program. Debts or liens that have not been paid remain on your credit report for a period of seven years. Bankruptcies may remain on your credit report for a period of 10 years.

Cash You will need to have cash on hand to pay toward downpayment and closing costs. The DAP requires 3% of the purchase price for a downpayment. This money may be your own, or a gift from a relative, but you may not borrow this money from a lender.

Acknowledgement

I acknowledge that the information provided above is true to the best of my ability.

Signature

Date

Print Name

YOU ARE REQUIRED TO TAKE THIS COMPLETED FORM WITH YOU WHEN YOU CONSULT WITH A PROGRAM LENDER.