Community Housing Council First-Time Homebuyer Grant Program

CHC Grant Criteria

Income & Eligibility Restrictions:

1. Homebuyers income must be considered low-to-moderate based on the area medium income (AMI) for Fresno County.
2. Homebuyer must qualify for a fixed-rate first mortgage loan.
3. Borrowers' must be buying home as owner-occupants and have not owned a home in the last three years.
4. The grant will be awarded through escrow
5. All borrowers' must have completed an 8 hour HUD approved pre-purchase class.
6. Buyers' must be represented by a Realtor® for this purchase unless the purchase is through a subdivision or self-help organization that does not include broker cooperation.
7. The lender ***and*** the Realtor® representing the homebuyer(s) are required to be a member of CHC member in good standing or be an employee of a sponsor/donor of CHC.

Qualified Uses of the Grant Funds:

1. CHC funds may be used with other down-payment assistance programs and/or grants.
2. CHC funds may be used for any typical non-recurring closing costs and any lender pre-paid expenses if allowed. CHC funds may only be used for the lenders' down-payment requirement if allowed by lender.
3. The Grant may be used for single family residences, condos, PUDs and/or Manufactured housing on a permanent foundation.

Application

Applicant
Name:_____
First **MI** **Last**

Present address:_____
Street **Apt #**

_____
City **State** **Zip Code**

Home Ph #_____ **Wk Ph #**_____

Mobile Ph #_____ **Email**_____

Co-Applicant **(If no co-applicant, check here:** _____ **None)**

Name:_____
First **MI** **Last**

Present address:_____
Street **Apt #**

_____
City **State** **Zip Code**

Home Ph #_____ **Wk Ph #**_____

Mobile Ph #_____ **Email**_____

Family Household size _____
[Include dependants and applicant(s)]
Annual family/household income _____

Signature(s):_____ _____
Applicant **Co-applicant**

Mortgage lender:

_____ _____
Agent/representative and Company name **Ph number(s)**

Realtor:

_____ _____
Agent/representative and Company name **Ph number(s)**

Any Other _____ _____
Representative and Company name **Ph number(s)**

Est. Closing Date: _____

What grant amount are you requesting?_____

The following information is OPTIONAL

Household Type: (please check):

____ **Single adult** ____ **Male, or** ____**Female**
____ **Married without children** ____ **Two or more unrelated adults**
____ **Other**_____

Ethnicity: _____ **Hispanic** ____**Not Hispanic**

Race: (please check)

____ **White (Hispanics are also considered White)**
____ **American Indian/Alaskan Native**
____ **Black or African American**
____ **Asian/Pacific Islander**
____ **Other**_____

Marital Status:

____**Married** ____**Unmarried** ____ **Separated**

Gender:	**Applicant**	**Co-Applicant**
	____**Male**	____**Male**
	____**Female**	____**Female**

Current Housing Arrangements:

____ **Renter** ____ **Does not pay rent**
____ **Lives with parents or other family**
____ **Other** _____