



San Francisco Redevelopment Agency
Affordable Homeownership Application Packet

Armstrong Townhomes, LLC, in partnership with the San Francisco Redevelopment Agency (the “Agency”), is offering duplexes and townhomes at Armstrong Townhomes, located at Bancroft Avenue and Third Street. **These homes are available through the Agency’s Limited Equity Program to qualified low and median income households of 2 or more persons.**

Details on the layouts, location, pricing, qualification requirements, restrictions, application process and timeline are available in the “Armstrong Townhomes Supplemental Information Packet,” which can be downloaded at www.homebricks.com, mailed upon request by calling (415) 495-HOME (4663)x 113 and leaving a message, or picked up at the Sales Office located mid-block between Third Street and Mandell. All Armstrong Townhomes Phase II applications will be processed on a “first completed-first served basis.” All homes will be offered for purchase on a “first qualified–first served basis,” after all applications from Armstrong Townhomes Phase I lottery have been processed. HomeBricks began accepting Phase II applications on August 8, 2009 and will continue accepting applications until all units are sold out at Armstrong Townhomes.

ARMSTRONG TOWNHOMES MODEL HOME AND SALES OFFICE
Open for tours and to drop off applications: WHEN: Thursday-Sunday, 11:00am–5:00pm Monday, 1:00-5:00pm WHERE: Bancroft Avenue at 3rd Street San Francisco, CA 94124 (415) 495-4663 x113

2011 Maximum Income		
Household Size	80 % AMI	120% AMI
2	\$65,050	\$97,550
3	\$73,150	\$109,750
4	\$81,300	\$121,900
5	\$87,800	\$131,700
6	\$94,300	\$141,400

Please visit www.homebricks.com for periodic Armstrong Townhomes updates.



APPLICATION PACKET

Must be completed by ALL Adults (aged 18 and over) in the household
Attach additional pages if needed.

- APPLICATION (pages 2- 8):** *must be completed and signed by ALL adults (aged 18 and over) in the household*

- HOMEBUYER EDUCATION CERTIFICATE (see page 6):**
 - from an approved Housing Counseling Agency OR
 - if you have not completed a workshop, submit proof of enrollment with Application Packet

- PRE-QUALIFICATION LETTER (Preferred Lenders: see page 9):**
 - 30-year fixed rate mortgage with a minimum purchase price of \$166,492
 - letter should list Armstrong Townhomes and the maximum purchase price for which you qualify
 - household must have a 620 middle credit score
 - You may obtain your credit report at www.annualcreditreport.com. There will be a small fee for scores.

- OTHER REQUIRED ATTACHMENTS:** *submit the following for ALL adults (18 and over) in the household*
 - CA Driver's license, CA ID Card or Passport** (copy)
 - Social Security/Alien Registration Card** (copy)
 - Income/Pay Stubs:** (2) most recent months for ALL sources
 - Wages, Unemployment, Child Support/Alimony, Retirement/Pension, Social Security/Disability, etc.
 - If you are self-employed, submit a year-to-date Profit & Loss Statement
 - Tax Returns*:** (3) most recent years, ALL pages
 - include W-2s, schedules, forms, etc.
 - include 1099-INT forms for the most recent year (provided by your bank at the end of the year)
 - if an account issued a 1099-INT in the most recent year was closed, provide a statement showing proof of closure
 - *If you did not file for any of the requested years- submit a Verification of Non-Filing from the IRS (800-829-1040). This will take 7-10 days- you may submit this form after your Application Packet.
 - Bank Statements:** (3) most recent statements
 - ALL accounts, ALL pages
 - Savings, Checking, Credit Union, CD's, etc.
 - Financial Statements:** (3) most recent statements
 - ALL accounts, ALL pages
 - Retirement/401k/IRA, Stocks, Bonds, Mutual funds, etc.

You must submit a complete Application Packet to be considered.
Please contact the Sales Office at (415) 495-4663 x113 for assistance.

Return Application Packet in Person:

Armstrong Townhomes Sales Office
Armstrong Street (located at Bancroft
Avenue & Third Street)
San Francisco, CA 94124

APPLICANT INFORMATION

Primary Applicant	Household Member #2
Name:	Name:
Preferred Contact Phone #: () -	Preferred Contact Phone #: () -
Alternate Phone #: () -	Alternate Phone #: () -
Email Address:	Email Address:
Social Security #:	Social Security #:
Marital/Domestic Partner Status:	Marital/Domestic Partner Status:
Present Address (Street, City, Zip Code):	Present Address (Street, City, Zip Code):
Monthly Rent Payment: \$	Monthly Rent Payment: \$
If less than 2 years, Former Address (Street, City, Zip Code):	If less than 2 years, Former Address (Street, City, Zip Code):
Household Member #3	Household Member #4
Name:	Name:
Preferred Contact Phone #: () -	Preferred Contact Phone #: () -
Alternate Phone #: () -	Alternate Phone #: () -
Email Address:	Email Address:
Social Security #:	Social Security #:
Marital/Domestic Partner Status:	Marital/Domestic Partner Status:
Present Address (Street, City, Zip Code):	Present Address (Street, City, Zip Code):
Monthly Rent Payment: \$	Monthly Rent Payment: \$
If less than 2 years, Former Address (Street, City, Zip Code):	If less than 2 years, Former Address (Street, City, Zip Code):

ETHNICITY/RACE

Check ALL boxes that apply to household

<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Alaska Native	<input type="checkbox"/> Native Hawai'ian	<input type="checkbox"/> White
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Latino

**Please Note- The Agency Requires That You Disclose ALL Income.
Failure To Disclose May Result In Disqualification.**

EMPLOYMENT INFORMATION

Primary Applicant		Household Member #2	
Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$
If employed in more than 1 position, please list:			
Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$
Household Member #3		Household Member #4	
Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$
If employed in more than 1 position, please list:			
Name & Address of Employer:		Name & Address of Employer:	
Employer Phone #: () -		Employer Phone #: () -	
Dates of Employment (From – To):	Years Employed in line of work:	Dates of Employment (From – To):	Years Employed in line of work:
Position/Type of Business:	Gross Yearly Income: \$	Position/Type of Business:	Gross Yearly Income: \$

11) Do You Receive Any Other Income? Yes No

If yes, please list ALL sources below.

OTHER INCOME			
Wages, Additional Jobs, Unemployment, Child Support, Alimony, Retirement/Pension, Social Security, Disability, etc.			
Primary Applicant		Household Member #2	
Source	Monthly Amount	Source	Monthly Amount
	\$		\$
	\$		\$
Household Member #3		Household Member #4	
Source	Monthly Amount	Source	Monthly Amount
	\$		\$
	\$		\$

12) Have You Disclosed ALL Sources Of Income? Yes No

HOMEBUYER EDUCATION CERTIFICATE- Approved Housing Counseling Agencies		
Please Indicate Your Housing Counseling Agency:		
<input type="checkbox"/> Asian, Inc. (415)928-5910 www.asianinc.org	<input type="checkbox"/> SFHDC (415)822-1022 www.sfhdc.org	<input type="checkbox"/> MEDA (415)282-3334 www.medasf.org
<input type="checkbox"/> CCCSF (800)777-7526 www.cccssf.org	<input type="checkbox"/> LGBT Center (415)856-5658 www.sfcenter.org	
Note: Certificates issued by SFUrbanCHC within the last 2 years will be accepted.		
If you would like assistance in locating a Homebuyer Education Class, please contact Homeownership SF at www.homeownershipsf.org or 415-202-5463.		

ASSET TEST
<p>Please note that the Agency will perform an asset test to determine imputed income from assets. The amount calculated in this test will be included in Total Gross Annual Income, even though your assets may not yield that actual income. Prior to performing the asset calculation, the Agency does the following:</p> <ul style="list-style-type: none"> • \$15,000 is subtracted from total assets to account for savings needed for down payment/closing costs; • 50% of retirement and pension funds are included to account for any assumed penalties and marginal tax. <p><u>You are advised not to move funds until instructed to do so by a lender as part of the escrow process.</u></p>

**APPLICANT ACKNOWLEDGEMENT AND
PERSONAL INFORMATION DISCLOSURE AUTHORIZATION**

Must be completed by ALL Adults (aged 18 and over) in the household

- I agree to provide documentation required by the Agency to verify Program eligibility of all household members.
- I verify that I intend to occupy this home as my primary residence.
- I understand that if I am approved to purchase a unit through the Agency, I will be required to sign several documents including a Promissory Note, Deed of Trust, and Declaration of Restrictions and Option to Purchase Agreement.
- By my signature below, I hereby authorize the San Francisco Redevelopment Agency to release to the Developer and/or Sales Agent, Lender and their employees and agents, my personal information contained in this Application Packet for the purpose of determining eligibility for the Agency's Limited Equity Program. I understand that this information, except for my name, address and phone number, will not be shared with or sold to any other third parties. My name, address and phone number may be disclosed pursuant to the Agency's Public Records Policy adopted by Agency Resolution #182-2005.
- I have listed ALL persons in my household.
- I have provided acceptable verification of ALL current income.
- I have also disclosed ALL assets held by each household member, and have provided documentation thereof.
- I understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the purchase. I declare under penalty of perjury that the information on this application is true, correct and complete to the best of my knowledge.

Signatures:

Primary Applicant Signature

Primary Applicant Printed Name

Date

Household Member #2 Signature

Household Member #2 Printed Name

Date

Household Member #3 Signature

Household Member #3 Printed Name

Date

Household Member #4 Signature

Household Member #4 Printed Name

Date

ARMSTRONG TOWNHOMES PHASE 2 PREFERRED LENDERS

You are REQUIRED to submit a Pre-Qualification Letter with your Application Packet from one of the following banks: Bank of America, CitiBank or Wells Fargo.

You may use any loan officer at any of these banks; however, the specific loan officers listed below have demonstrated an understanding of the Agency's Limited Equity Program.

Eligible buyers at Armstrong Townhomes are able to access the BEGIN (\$30,000) and MAP (\$25,000) down payment assistance programs. The Preferred Lenders have been approved to offer the BEGIN and MAP programs. After you have submitted an Application Packet with a Pre-Qualification Letter from a Preferred Lender, you may choose to use an alternate lender for the purchase of a unit. In choosing an alternate lender, you do so at your own risk and please note that they are likely unable to access the BEGIN program. Prior to submitting your application, if you have been denied by ALL of the preferred lenders, you may request an exception from the Agency and seek an alternate lender.

Please Indicate Your Preferred Lender:

- Bank of America
- Citibank
- Wells Fargo

BANK OF AMERICA

Carolyn Mountain

2880 Stevens Creek Blvd. #100
San Jose, CA 95128
408-615-6032, 408-806-7005

Carolyn.mountain@bankofamerica.com

Roddy Cheung

345 Montgomery Street, Concourse Level
San Francisco, CA 94104
415-913-5866

rodny.s.cheung@bankofamerica.com

Yvonne Batterton

1021 South El Camino Real
San Mateo, CA 94402
650-581-8862

yvonne.batterton@bankofamerica.com

CITIBANK

Susan Waller

One Sansome Street, 22nd Floor
San Francisco, CA 94104
707-310-4705

susan.k.waller@citi.com

WELLS FARGO

Ana Wyatt

201 Mission Street, Suite 2200
San Francisco, CA 94105
415-247-1263

ana.m.wyatt@wellsfargo.com