



Funding Partners
330 S. College Avenue, Suite 400
Fort Collins, CO 80524
970.494.2021 970.494.2022 Fax
info@fundingpartners.org

Eagle County Division of Housing Program Down Payment Assistance Loan File Checklist

Please fax or email the following documents to our office for review. You will be provided a loan commitment letter within 48 hours of receipt of the following items.

- _____ Completed typed 1003
- _____ Good Faith Estimate and Truth-in-Lending Disclosure for Subject Property
- _____ Bank Pre-qualification Letter or Lender Loan Approval or AUS Findings
- _____ Income Verification (**Last federal tax return***, plus W-2's, plus 30-day pay stubs)
*for self employed borrowers 2 years tax returns and YTD P&L
- _____ Last 2 months of all bank statements-checking, savings and all other accounts
- _____ List of **all** household members including their income and assets (*even if not on the loan*)
- _____ Purchase Contract
- _____ Home Ownership Training Certificate (copy)
- _____ Proof of Legal Residency (attached)
- _____ Mortgage Broker State License Number _____

Primary Borrower: _____ Co-Borrower: _____

Closing Date: _____ Location: _____

Title Company: _____ Contact: _____

Phone: _____ Fax: _____

Hazard Insurance Agent: _____

(Please provide name of insurance agency providing blanket coverage for HOA/Condo projects)

Phone: _____ Fax: _____

Lender: _____ Originator: _____

Phone: _____ Fax: _____

E-Mail: _____

Comments: _____



FUNDING PARTNERS FOR HOUSING SOLUTIONS

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Affidavit – Proof of Lawful Presence in the United States

I, _____, Applicant, swear or affirm under penalty of perjury under the laws of the State of Colorado the following:

1. I am over eighteen years of age and am competent to make this affidavit.
2. I swear or affirm that (check one)

_____ I am a United States Citizen, or

_____ I am a legal permanent resident of the United States, or

_____ I am an alien lawfully present in the United States pursuant to Federal law.

3. I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making false, fictitious, or fraudulent statement of representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes 18-8-503 and it shall constitute a separate criminal offence each time a public benefit is fraudulently received.

Signature of Applicant (Sign before Notary only)

Date: _____, 20__

STATE OF _____)

)ss.

COUNTY OF _____)

The foregoing Affidavit was acknowledged before me in person by _____ this _____ day of _____, 20__, and an acceptable form of identification under the list attached to this affidavit was produced to me. A copy of acceptable form of identification which I reviewed in order to provide this notary identification is attached to this affidavit.

Witness my hand and official seal.

My commission expires: _____.

Notary Public