



2021 WISH Processing Checklist

Homebuyer Name

Enrollment Date

TO BE RECEIVED FOR CONDITIONAL APPROVAL OF WISH FUNDING (include this Checklist):

- 2020 PMB Certification and Call for Funds WISH Program Form signed & dated by Program Sponsor Representative – County: Lives _____ / Buying: _____
*Provide explanation on how the mortgage is affordable to the household if the housing ratio exceeds 35%
- PMB WISH Program Overview signed & dated by Program Sponsor Representative & Homebuyer
- PMB Request and Authorization to Release Financial Information to Third Parties signed & dated by Homebuyer
- FHLB-SF's 2020 WISH Program Enrollment Form (FC-2266) signed & dated by Homebuyer
- FHLB-SF's AHP Household Income Qualification Worksheet (Version 4.0 Updated 10/22/2013) **Signed with Homebuyer enrollment date** Final HIQW with Loan Docs
- WISH Household Size Affidavit completed, signed & dated by Homebuyer
- WISH AHP Program Maximum Cash Back at Closing of Escrow Notification completed with 1st Lender name & loan number, signed & dated by Homebuyer
- Homebuyer Education Completion Certificate indicating the education provider, the hours completed, the type of education program and signed by administrator (expired after 1 year)
- Uniform Underwriting Transmittal Summary (1008) or other Approval form for all Loans
- Uniform Residential Loan Application (1003) or other Application form for all Loans
- FHA Financing Requirement Letter if the 1st is an FHA loan
- Loan Estimate Disclosures for all Loans (as applicable)
* Provide explanation if the difference between interest rate and APR is greater than 0.5%
- Documents used to verify income eligibility (follow Guidelines, Acceptable Verification & Instructions tabs on AHP HIQW):
* Redact first 5 digits of homebuyer's social security number on all income documents
 - 3 consecutive pay stubs and/or VOE (including first of year & current paystubs)
 - Signed tax return for most recent 3 consecutive years and all attachments including W-2's, 1099's, etc.
 - Verify that all W-2's and 1099's, etc. add up to the amounts listed on Tax Returns
 - Explain any interest income No Mortgage Interest deduction
 - Self-Employed: most recent profit & loss statement showing 3 months of earnings or notarized self-affidavit of earnings anticipated over next 12 months.



- No Income Affidavit for all household member 18 and over not employed
- 3 month bank statements supporting all assets listed on Income Qualification Worksheet (redact all account numbers)
 - If assets are under \$5,000.00 and do not earn interest need not list on worksheet (check 'No Assets to Report' box)
 - If assets are over \$5,000.00 and/or earn interest, LIST on worksheet and included in income calculations
- Explanations for the following:
 - Employment
 - Employment or Self Employment listed on Tax Returns that no longer exists. 3rd Party Previous VOE showing termination date required
 - Breaks in employment
 - Seasonal Income: Number of weeks worked in current and prior year
 - Other (explanations): _____
 - Other (explanations): _____
- Changes in address, if different from tax returns, pay stubs or bank statements
- Letter of Explanation for Household occupant relationships, as applicable
- FHLB acceptable forms of identification for each household member, if not listed on tax returns
- WISH – Borrower must deposit at least 1% of sales price into escrow
(For Habitat projects, please provide sweat equity certification - \$15.00 per hour)

NEEDED TO REQUEST LOAN DOCUMENT:

Documents will be drawn upon approval of the Call for Funds.

- Escrow Instructions with Vesting
- Preliminary Title Report
- Closing Disclosures for all Loans (as applicable)
*** Provide explanation if the difference between interest rate and APR is greater than 0.5%**
- Estimated Settlement Statement from escrow showing borrower's deposit and all new liens including the WISH match fund (min 4:1). ****Cash back to borrower not to exceed \$250.00****

See page 3 for Request for Funds to Close



TO BE RECEIVED AT LEAST 3 DAYS PRIOR TO SCHEDULED FUNDING DATE:

- PMB Closing Instructions to Escrow & Addendum signed by Settlement Agent**
- Original signed WISH Note**
- 1 Certified copy of signed WISH Note**
- 1 Certified copy of signed WISH Deed of Trust w/ AHP Rider, Occupancy Rider & Legal**
- 1 Certified copy of signed Note and Deeds of Trust for the first mortgage and any other liens recorded against the property**
- Original signed PMB Documents:**
 - Signature Name Affidavit**
 - WISH Cash Back at Close of Escrow Disclosure**
 - Final AHP-HIQW**
 - Other _____**
 - Other _____**
- Evidence of Fire Insurance Policy showing 1st Lien Lender as Mortgagee**
- Escrow Instructions and all Amendments signed by all parties**
- WIRE Instructions to Title Company listed on Prelim**
- Updated Estimated Settlement Statement from escrow showing all borrower's funds on deposit and all new liens including the WISH match fund (min 4:1)**
 - *Cash back to borrower not to exceed \$250.00****
 - **Closing costs that exceed 3% of the purchase price require a written explanation**
- Post Funding:**
 - Certified Final Settlement Statement**
 - *Cash back to borrower not to exceed \$250.00****
 - FHLB Suspense for additional documentation requested**

- Note:**
1. In addition to completing this form, the homebuyer must complete the AHP Household Income Qualification Workbook.
 2. The homebuyer must complete a homebuyer counseling program provided by, or based on one provided by, an organization experienced in homebuyer or homeowner counseling.
 3. By signing this, the homebuyer acknowledges that enrollment in the WISH program is not a guarantee that program funds will be available from the Member at the time of the homebuyer's purchase of a home.
 4. The date of enrollment in the WISH program is the date that the Member signs this enrollment form.

Homebuyer Information

First Name	M.I.	Last Name	
Address (must be current residence address; do not use P.O. box)			County or PMSA (Must be same as in Workbook)
City		State	ZIP Code

Homebuyer Counseling Program Name

Program Name (as appears on Homebuyer Counseling Certificate)

Mortgage Assistance Program (if applicable)

Mortgage Assistance Program Name

Contact Person	Title		
Address	City	State	ZIP Code
Email	Telephone Number		

Member Institution

Institution
 Pacific Mercantile Bank

Contact Person Theresa Greenfield	Title VP/Specialized Lending Officer		
Address 949 South Coast Drive, 3rd Floor	City Costa Mesa	State CA	ZIP Code 92626
Email Theresa.Greenfield@PMBank.com	Telephone Number 714-438-2541		

Signatures

Homebuyer Signature

Name (<i>print or type</i>)	Date Signed
Member Signature	Name (<i>print or type</i>)
Title	Date Signed



WISH HOUSEHOLD SIZE AFFIDAVIT

Date:

Homebuyer(s):

Property:

To Whom It May Concern:

I/We, the undersigned Homebuyer(s), certify that my/our household consists of _____ persons living in the home.

- My/Our child/children is/are employed (income must be listed on the AHP Household Income Qualification Worksheet)
- My/Our child/children is/are not employed
- My/Our child/children receive(s) Social Security benefits (income must be listed on the AHP Household Income Qualification Worksheet)
- My/Our child/children do/does not receive Social Security benefits.

I certify this to be true and correct under penalty of perjury. I further understand that providing false representations may result in the cancellation and repayment of the WISH subsidy awarded by the Federal Home Loan Bank of San Francisco.

Homebuyer/Borrower

Date

Homebuyer/Borrower

Date

SAMPLE ONLY

STATEMENT RE: PAST SELF EMPLOYMENT

I, _____, have been self-employed as a *child care worker* in the recent past, as indicated in my ____, ____ and ____ tax returns. My self-employment ended in _____, when I applied for and received *In-Home Supportive Service ("IHSS") benefits for my son, who is disabled*. I was self-employed until *March 31, 2015*, when I began *IHSS*.

When I was self-employed, I completed Schedule C as part of my income taxes each year.

For the past three years I have filed income taxes, and the range of my income has been from approximately \$_____ - _____.

In _____, as my first full year of receiving *IHSS benefits*, I will earn about \$_____.

Homebuyer/Borrower

STATEMENT RE: CHILD SUPPORT PAYMENTS

I, _____, am the mother/father of _____ child/children listed on the AHP-Household Income Qualification Worksheet. I receive periodic child support payments from the father/mother of my child/children. These payments are collected by the authorities, and paid to me on a periodic basis. According to the judgment of the court, I am to receive approximately \$_____ each month.

I declare under the penalty of perjury that the information stated above is correct.

Homebuyer/Borrower



No Income Affidavit

I/We the undersigned borrower(s) do hereby certify that _____ (Household Member) DOES NOT contribute income from ANY source to our household and has no intention of earning income in the future. I understand sources of income can include, but are not limited to the following:

Employment	Grants/Work	Income from Assets
Unemployment	Study	Pensions
Compensation	Self-Employment	General Assistance
Social Security	AFDC	Disability
Worker's Compensation	SSI	Union Benefits
Child Support	Retirement Funds	Family Support
Education	Alimony	Annuities

I/We certify that the following information is true, complete and correct. Inquiries may be made to verify statements herein. I/We also understand that false statements or omissions are grounds for disqualification and/or prosecution under the full extent of the Federal Home Loan Bank Affordable Housing Program.

Household Member's Signature Date

Homebuyer/Borrower's Signature Date

Homebuyer/Borrower's Signature Date

SIGNATURE/NAME AFFIDAVIT

THIS IS TO CERTIFY THAT MY LEGAL SIGNATURE IS AS WRITTEN AND TYPED BELOW. (This signature must exactly match signature on the Note and Deed of Trust.)

(Print or Type Name)

Signature

(If applicable, complete the following.)

I AM ALSO KNOWN AS:

(Print or Type Name)

Signature

(Print or Type Name)

Signature

(Print or Type Name)

Signature

(Print or Type Name)

Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of _____

On _____, before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____