

City of Arcata HOMEOWNERSHIP PROGRAM PRE-APPLICATION

Complete this form to be added to the WAIT LIST for the Home Ownership Program



GENERAL ELIGIBILITY INFORMATION

Applicant _____ SSN _____ DOB _____
 Co-Applicant _____ SSN _____ DOB _____
 Address _____
 Email _____ Phone Number _____

Check ONE Answer Which Applies to You:

- I have never owned a home
- I have owned a home, but sold it (enter date) _____
- I own a home, and the address is: _____
- I don't own a home, but I am on title and have a partial interest in a home

INCOME ELIGIBILITY INFORMATION

List the Name, Relationship and Birthdate of all Persons Living (or Who Live Live) in the Household:

NAME	RELATIONSHIP	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

For ALL Household Members Over 18 Years of Age, Enter Estimated Gross Annual Income:

NAME	SOURCE	ESTIMATED GROSS ANNUAL INCOME
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL ANNUAL ESTIMATED HOUSEHOLD INCOME		\$ _____

YES NO

- Have You Ever Filed bankruptcy?
- Any Outstanding Judgements Against You?
- Have You Ever Lost a Property to Foreclosure?
- Source and Amount of Funds for Home Purchase:

TYPE OF ACCOUNT	AMOUNT ON DEPOSIT	NAME OF DEPOSITORY
_____	\$ _____	_____
_____	\$ _____	_____

HUD DEMOGRAPHIC DATA - This Data is for Statistical Purposes Only and Will Not Affect Your Eligibility

Complete Information in Each Section for Head of Household:

Race

- White
- Black / African American
- Asian
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Island
- American Indian, Alaskan Native, White
- Asian & White
- Black / African American & White
- American Indian / Alaskan & Black / African
- Other Multi-Racial

Gender

Are You Female?

YES

NO

Ethnicity

Are You Hispanic?

Disabled

Do You Have a Disability?

Veteran

Are You a Veteran?

CERTIFICATION

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS income listed above includes the income (including income from assets) of all adults within the household. I understand that if I am selected the information on this form will be verified.

SIGNATURE

PRINT NAME

DATE

Return a complete and signed form to the Housing Division of the Community Development Department at 736 F Street, Arcata.

Following a successful review, the City will contact you. If program funds are available, you will be invited to submit a full application.

City of Arcata
Community Development Department, Housing
736 F Street
Arcata CA 95521
707-825-2152

