



APPLICATION FOR HOUSING ASSISTANCE



The information collected below will be used to determine whether you qualify as a borrower under the City of Stockton's Housing Loan Programs. It will not be disclosed without your consent, except to your employer for verification of income and employment; to financial institutions for verification of information; and as required and permitted by law. Incomplete applications may be rejected.

Program applying for: Down Payment Assistance Housing Rehabilitation Emergency Repair

Property Address: _____
Street City Zip code

	APPLICANT	CO-APPLICANT
Name	Last: _____ First: _____ Middle: _____	Last: _____ First: _____ Middle: _____
Social Security No.	_____ - _____ - _____	_____ - _____ - _____
Date of Birth	_____/_____/_____ (mm/dd/yyyy)	_____/_____/_____ (mm/dd/yyyy)
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)
Female Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address	_____ _____ _____	_____ _____ _____
Time at this address	_____ years, _____ months	_____ years, _____ months
Contact Number	(_____) _____ - _____	(_____) _____ - _____
Email Address	_____	_____
Source of Income	<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Other: _____	<input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Public Assistance <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Other: _____
Gross Total Income	\$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	\$ _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

	APPLICANT	CO-APPLICANT
Employer Name	_____	_____
Employer Address	_____ _____ _____	_____ _____ _____
Business Phone	(_____) _____ - _____	(_____) _____ - _____
Position/Title	_____	_____
Time at Job	_____ years, _____ months	_____ years, _____ months
Years in line of work	_____	_____

CURRENT HOUSING RELATED PAYMENTS:

Existing Home Loans (Lender Name)	Monthly Loan Amount
Total Home Loan Payments	\$

OTHER PERSONS LIVING IN HOUSEHOLD:

Name	Social Security No.	Sex	Age	Source of Income	Monthly Income
Total monthly income of all other persons living in the household					\$

CLOSEST RELATIVE NOT LIVING WITH YOU:

Name	Address	Phone Number	Relationship

PROPERTY TAX: \$ _____/year

HOMEOWNER'S INSURANCE: \$ _____/year

WARNING: Furnishing false information on a loan application is a crime. I understand that under the provisions of California Penal Code section 532(a), knowingly providing false information on a financial statement in order to obtain credit or a loan is an offense punishable by imprisonment in the state prison or county jail, and by a fine of up to \$5,000 or both such fine and imprisonment upon conviction.

I/We certify that all the statements on this pre-application are true and correct to the best of my/our knowledge. I/We understand that any willful misstatement of material fact may be grounds for disqualification.

Applicant Signature

Date

Co-applicant Signature

Date

DEMOGRAPHIC INFORMATION:

The following information is requested by the Federal Government for loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under federal regulations, this lender is required to note race and sex on the basis of visual observation or surname.

If you do not wish to furnish this information, please initial below.

_____ I/We do not wish to furnish answers to demographic questions at this time.

CATEGORIES	<u>APPLICANT</u>		<u>CO-APPLICANT</u>	
	Check One Category	Check if ALSO Hispanic / Latino	Check One Category	Check if ALSO Hispanic / Latino
White				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
American Indian/Alaskan Native & White				
Asian & White				
Black/African American & White				
American Indian/Alaskan Native & Black/African American				
Other Multi-racial				

FOR OFFICIAL USE ONLY:

Application Type: _____

Advisor/Project Manager: _____

Date Received: _____