

Are any members of the household Disabled? _____, Who _____

EMPLOYMENT INFORMATION (List all household members who are employed)

Applicant's Employer _____ Title _____

Position _____ Length of Time _____ years _____ months

Employer's Address _____

Gross Monthly Income (Income before taxes or other deductions) _____

Previous Employer (If less than two years at current job) _____

Co-Applicant's Employer _____ Title _____

Position _____ Length of Time _____ years _____ months

Employer's Address _____

Gross Monthly Employment Income (Income before taxes or other deductions) _____

Previous Employer (If less than two years at current job) _____

Are any other household members employed? _____ Yes _____ No

(If yes, please describe on a separate sheet of paper in the same manner as the applicant information above.)

OTHER INCOME

Income from alimony, child support, pensions, social security benefits, welfare assistance, and income from assets, stocks and bonds are included in the calculation of the applicant family's household income.

List any members receiving any non employment- related income, and the annual income from these sources:

Name	Source	Annual Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Gross Household Income
(From all sources) \$ _____

CURRENT HOUSING INFORMATION

How long have you lived at your present address? _____ years _____ months

How long in Napa County? _____ years _____ months

Current monthly rent \$ _____

Landlord Name: _____ Phone _____

Do you or your co-applicant now own, individually or in-common, ____ Yes ____ No

Do you own any real property? ____ Yes ____ No

If **yes**, where is it located? _____

Have you or your co-applicant owned any real property in the past three (3) years? ____ Yes ____ No

If **yes**, how long ago and where was it located? _____

How much money do you have available for a down payment for the purchase of a home?

\$ _____

What is the source of that money?

Savings \$ _____

Gift \$ _____

Other \$ _____ Describe: _____

CURRENT ASSETS

Savings Account(s) Bank _____ Amount \$ _____

Bank _____ Amount \$ _____

Checking Account(s) Bank _____ Amount \$ _____

Bank _____ Amount \$ _____

(CURRENT ASSETS CONTINUED)

Stocks and/or Bonds Total Value \$ _____

Trust Fund Total Value \$ _____

Retirement Accounts Total Value \$ _____

DEBT INFORMATION

Owed	Monthly Payment	Balance Owed
Auto #1	\$ _____	\$ _____
Auto #2	\$ _____	\$ _____
Medical	\$ _____	\$ _____

Credit Cards

Name of Card:	Monthly Payment	Expiration Date	Balance Owed
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____
TOTAL:	\$ _____		\$ _____

To apply to the Program, please submit ***copies*** of the following documents with this application:

- Two most recent pay stubs for all working adults in the household, or any other source of income. If you are self employed please provide a current Year to Date Profit and Loss Statement.
- Federal & State income tax returns for the last three years, including W-2's or 1099's.
- Most recent investment or retirement account statement.
- Six months recent checking account statements and one most recent savings account statement, include all pages of the statements.
- Loan pre-approval letter from your lender.

If an applicant is self-employed, the past three years tax returns and the current profit and loss statements will be used to calculate the applicant family’s income.

Upon receipt of the above, your eligibility for the program will be determined and a letter to that effect will be sent to you.

ETHNIC / RACIAL CATEGORY

Please indicate Ethnic/Racial Categories of Head of Household.

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

The two ethnic categories you should choose from are defined below. **You should check one** of the two categories.

- 1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- 2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below. **You should check as many as apply to you.**

- 1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast

Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

3. Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”

4. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

5. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

ACKNOWLEDGMENT SECTION

I (we) am interested in purchasing a home using assistance from the City of Calistoga. I (we) have read the sales and obligation information concerning this assistance and have completed this application. I (we) represent that the information completed by me (us) is true and correct.

City of Calistoga
1232 Washington Street
Calistoga, CA 94515
(707) 942-2805

Applicant’s Signature(s):

_____ Date _____

_____ Date _____