

FIRST TIME HOMBUYER PROGRAM PROGRAM INTEREST FORM – Call us today! (916) 727-4830

Name: Mr. /Mrs. / Ms.					Sex: M F
Last			First	MI	
Last			First MI		
Home: ()	Work: (Cell/Mobile: () -	
Race (please check):			Joint Customer – Ra	ce (please che	eck):
 White □ Black or African American □ Asian □ American Indian/Alaskan Nat □ American Indian/Alaskan Nat □ American Indian/Alaskan Nat □ American Indian/Alaskan Nat □ Native Hawaiian/Pacific Islan □ Black/African American and Nat □ Other 	ive and White ive and Black der			nerican askan Native askan Native a askan Native a cific Islander	nd White nd Black
Hispanic: Yes No			Hispanic: Yes 1	No	
If also Hispanic/Latino, pleas	e circle one o	f the following:	•		
Customer: Mex	·	Puerto Rican	Cuban	Of	her Latino
Joint Customer: Mex		Puerto Rican	Cuban		her Latino
Are you a U.S. Citizen? Joint Customer	Yes Yes	No No	Are you Foreign born? Are you Foreign born?		No No
Marital Status					
☐ Single ☐ Separated ☐ Married					
☐ Divorced ☐ Widowed					
Household Type	Other				
☐ Single Adult☐ Female-headed single-parent☐ Other		☐ Male-headed ☐ Married with	= =	_	with children nore unrelated adults
Current Housing Arrangemen ☐ Rent ☐ Homeowner with mortgage	nt	☐ Homeowner off ☐ Homeless	with mortgage paid		rith family member paying rent
ARE YOU DISABLED? Joint Customer:	Yes No		OU A FIRST TIME HOMI	E BUYER?	<i>Yes</i> No
Family/HouseholdSize:	<u></u>	Number of Dep	endents		
Annual Household Income	from all sou	rces) \$			

2024 INCOME LIMITS

FTHB DOWNPAYMENT ASSISTANCE

Family Size	1	2	3	4	5	6
80% AMI	\$66,050	\$75,450	\$84,900	\$94,300	\$101,850	\$109,400

