

**COUNTY OF NAPA - PROXIMITY HOUSING PROGRAM
 HOMEBUYERS' ASSISTANCE LOAN APPLICATION**

APPLICANT INFORMATION (To be completed by Head of Household and Loan Applicant)			
LAST NAME _____	FIRST NAME _____	M.I. _____	
SOCIAL SECURITY NO. _____	DATE OF BIRTH _____	SEX _____	
U.S. CITIZEN: YES NO If No, explain: _____			
MARITAL STATUS (circle one): Married Single Divorced Separated Widowed			
HOME ADDRESS _____			
CI _____	STATE _____	ZIP _____	
MAILING ADDRESS _____			
CI _____	STATE _____	ZIP _____	
HOME PHONE _____	WORK PHONE _____		
NUMBER OF YEARS, MONTHS AT CURRENT ADDRESS:		Years _____	Months _____
PLEASE SELECT ONE OF THE FOLLOWING:		Rent _____	Own _____
EMPLOYER NAME _____	PHONE _____		
EMPLOYER ADDRESS _____			
CI _____	STATE _____	ZIP _____	
JOB TITLE _____	SUPERVISOR _____		
WORK LOCATION (if different than address above): _____			
NUMBER OF YEARS, MONTHS AT CURRENT JOB:		Years _____	Months _____
AVG HOURS per WEEK _____	HOURS per YEAR _____	ANNUAL GROSS SALARY _____	
TYPE OF EMPLOYMENT (circle): Permanent Full-Time Permanent Part-Time Seasonal Temporary			
If other than Permanent, please explain/describe: _____			
Please provide details of any other Applicant Employment or Income that you receive: _____			

HOUSEHOLD INFORMATION (List all persons in household, excluding applicant. If more space is needed, attach separate paper.)			
FULL NAME	RELATION	BIRTHDATE	SOCIAL SECURITY NO.

Homeownership History for Applicant and Co-Applicant (if applicable)	
Have you owned a home or other real property previously?	Yes No
Do you currently own a home or other real property?	Yes No
Have you ever had a property foreclosed on or given title of deed?	Yes No
If any answers are "Yes", please explain: _____	

Optional Applicant Information for Statistical Purposes. Responses will remain confidential.	
Ethnicity (Please Circle One): Hispanic or Latino Not Hispanic or Latino	
Race (Please Circle all that Apply):	
White Native Hawaiian or Pacific Islander Asian American Indian or Alaska Native Black or African American	

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CO-APPLICANT INFORMATION (To be completed by Co-Applicant, if applicable)			
LAST NAME _____	FIRST NAME _____	M.I. _____	
SOCIAL SECURITY NO. _____	DATE OF BIRTH _____	SEX _____	
U.S. CITIZEN: YES NO If No, explain: _____			
MARITAL STATUS (circle one): Married Single Divorced Separated Widowed			
HOME ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
MAILING ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
HOME PHONE _____	WORK PHONE _____		
NUMBER OF YEARS, MONTHS AT CURRENT ADDRESS: Years _____ Months _____			
EMPLOYER NAME _____	PHONE _____		
EMPLOYER ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
JOB TITLE _____	SUPERVISOR _____		
WORK LOCATION (if different than address above): _____			
NUMBER OF YEARS, MONTHS AT CURRENT JOB: Years _____ Months _____			
AVG HOURS per WEEK _____	HOURS per YEAR _____	ANNUAL GROSS SALARY _____	
TYPE OF EMPLOYMENT (circle): Permanent Full-Time Permanent Part-Time Seasonal Temporary			
If other than Permanent, please explain/describe: _____			
Please provide details of any other Co-Applicant Employment or Income that you receive: _____			

HOUSEHOLD INCOME INFORMATION			
(Reporting Full Household Income is Required, regardless of the age of recipient or type of income.)			
List all income for all persons in household, excluding income already reported for Applicant and Co-Applicant)			
Household Member Name	Source of Income	Monthly Amount	Annual Amount

Applicant and Co-Applicant Assets (if extra space is needed, attach a separate paper)		
Asset Description	Who's Asset is it?	Value

CERTIFICATION (To be completed by Applicant and Co-Applicant, if applicable)		
I certify this application has been completed to the best of my knowledge with complete and accurate information. I understand any false statements or omissions of facts relevant to my eligibility for assistance will be considered fraud, and that I may be prosecuted under applicable U.S. Codes for this fraud. Furthermore, I understand that assistance granted to my household based on fraudulent information must be reimbursed in whole to the County of Napa.		
Applicant Signature _____	Date _____	Witness (if signed by mark) _____
Co-Applicant Signature, if applicable _____	Date _____	Witness (if signed by mark) _____