



FIRST TIME HOMEBUYER 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):

- White
- Black or African American
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- American Indian/Alaskan Native and Black
- Native Hawaiian/Pacific Islander
- Black/African American and White
- Other

Joint Customer – Race (please check):

- White
- Black or African American
- Asian
- American Indian/Alaskan Native
- American Indian/Alaskan Native and White
- American Indian/Alaskan Native and Black
- Native Hawaiian/Pacific Islander
- Black/African American and White
- Other

Hispanic: Yes No

Hispanic: Yes No

If also Hispanic/Latino, please circle one of the following:

Customer: Mexican Puerto Rican Cuban Other Latino
 Joint Customer: Mexican Puerto Rican Cuban Other Latino

Are you a U.S. Citizen? Yes No
 Joint Customer Yes No

Are you Foreign born? Yes No
 Are you Foreign born? Yes No

Marital Status

- Single Separated
- Married Widowed
- Divorced Other

Household Type

- Single Adult Male-headed single-parent Married with children
- Female-headed single-parent Married without children Two or more unrelated adults
- Other

Current Housing Arrangement

- Rent Homeowner with mortgage paid off Living with family member and NOT paying rent
- Homeowner with mortgage Homeless Other

ARE YOU DISABLED? Yes No **ARE YOU A FIRST TIME HOME BUYER?** Yes No
 Joint Customer: Yes No

Family/Household Size: _____ **Number of Dependents** _____

Annual Household Income (from all sources) \$ _____

2020 INCOME LIMITS

FTHB DOWNPAYMENT ASSISTANCE

Family Size	1	2	3	4	5	6	7	8
80% AMI	\$48,350	\$55,250	\$62,150	\$69,050	\$74,600	\$80,100	\$85,650	\$91,150

