


Hollyhock Homeownership Program Application

Burbank Housing  790 Sonoma Avenue, Santa Rosa, CA 95404 ♦ (707) 526-9782 ♦ www.burbankhousing.org
TTY (877) 735-2929 Voice Relay: (888) 877-5379



BEFORE YOU BEGIN: Read the accompanying information brochure. Direct your questions to Angela Morgan at (707) 526-9782. Se habla Español.

How did you hear about Hollyhock? Newspaper Mailing Flyer Website Friend Other _____

SECTION 1: CONTACT INFORMATION

Full Name _____ Daytime Phone _____
Home address _____ Home Phone _____
City, State, Zip _____ Other Phone _____
Mailing address (if different from above) _____

SECTION 2: CURRENT HOUSING INFORMATION

What is your current monthly rent payment? _____ How long have you lived at your current address? _____
Do any adult household members own a home now? _____ Have any adult household members owned a home in the past three years? _____
Do any adult household members currently own a mobile home? _____

SECTION 3. HOUSEHOLD MEMBERS INFORMATION

	NAME	SOCIAL SECURITY #	DATE OF BIRTH	FULL-TIME STUDENT? YES - NO	RESIDENT ALIEN? YES - NO	US CITIZEN? YES - NO
ADULTS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
CHILDREN	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

SECTION 4 EMPLOYMENT INFORMATION – List all household members who are over 18 years of age AND employed. Also list previous employer if employed in current job less than one year.

Name of Household Member _____
Employer _____ City _____
Date(s) Employed _____ Job/Title _____
Gross Monthly Income (Net income if self-employed) _____ Years Employed in this Type of Work _____

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