



HOMEOWNERSHIP PROGRAMS GENERAL MAILING LIST PRE-APPLICATION

BEFORE YOU BEGIN:

1. Read the accompanying information sheet. It describes the programs you may pre-apply to with this application.
2. Be prepared to provide all information requested. Incomplete applications will be returned unprocessed.
3. To be eligible for our mailing list, your minimum annual gross income must be **\$35,000**, unless additional assets are available.
4. Direct English or Spanish questions to: (707) 526-1020, Ext. 350, or email hoprogram@burbankhousing.org
TTY relay (877) 735-2929, voice relay (888) 877-5379

Section 1: Preferences

Mark the homeownership program(s) you are interested in.

- Mutual Self-Help: Owner/builder participates in construction of new home Resale: Sale of self-help and contractor-built homes

Mark the areas in Sonoma County where you prefer to live. See brochure map.

- Cloverdale Cotati/Rohnert Park Healdsburg Petaluma Santa Rosa Sebastopol
- Sonoma Windsor *Unincorporated:* North County South County East County West County

SECTION 2: CONTACT INFORMATION

Full Name _____ Daytime Phone _____
 Home address _____ Home Phone _____
 City, State, Zip _____

SECTION 3: 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 4. 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 5. 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 _____ Years Employed in this Type of Work _____

Name of Household Member _____
 Employer _____ City _____
 Date(s) Employed _____ Job/Title _____
 Gross Monthly Income _____ Years Employed in this Type of Work _____

