



## 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 **\$30,000**, unless additional assets are available.
4. Direct English or Spanish questions to: (707) 526-1020, Ext. 350, or email [hoprogram@burbankhousing.org](mailto: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 \_\_\_\_\_

