



City of Roseville
First Time Home Buyer
Down Payment Assistance Program
Program Interest Form

Date _____

Name of Applicant _____ Age _____ Sex: M ___ F ___

Name of Co-Applicant _____ Age _____ Sex: M ___ F ___

Mailing address: _____

_____ Telephone: _____

Applicant Race/Ethnicity (For statistical purposes only)

RACE

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian or Alaska Native AND White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American AND White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian AND White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native AND Black African/American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other _____ |

HISPANIC/LATINO ETHNICITY: Yes No

- | | |
|---|--|
| <input type="checkbox"/> Yes, Mexican/Chicano | <input type="checkbox"/> Yes, Cuban |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |

Age of Applicants' children that will live in the home: _____

Ages & relationships of all other persons living in the home: _____

Will there be any persons with a disability living in the home? Yes No If yes, how many? _____

Number of people in household? _____

Income of **ALL** persons living in the home (specify total **MONTHLY** amount): \$ _____

Names of Employers for all members of household: _____

Signature of Applicant _____

Signature of Co-Applicant _____

City of Roseville 2009 Income Limits
FTHB Down Payment Assistance Program

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$40,800	\$46,600	\$52,450	\$58,250	\$62,900	\$67,550	\$72,250	\$76,900

For complete application packet fax, mail or bring form in person to:

City of Roseville, Housing Division; 311 Vernon Street, Roseville, CA 95678

Phone: (916) 774-5270 Fax: (916) 774-5286

----- For office use only -----

Date Application mailed: _____ If qualified: Date assistance provided:

_____ If not qualified: Reason: _____