


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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Employer _____

City _____

Date(s) Employed _____

Job/Title _____

Gross Monthly Income (Net income if self-employed) _____

Years Employed in this Type of Work _____

SECTION 6. FINANCIAL INFORMATION

What is the annual gross household income? **2009** \$ _____ **Projected for 2010** \$ _____

Include all wage and non-wage sources, including payments from Social Security, alimony, child support, and SSI income.

How much cash do you have available toward a down-payment or closing costs? \$ _____

List your debts. Attach separate sheet, if necessary.	Monthly Payment	Months Left to Pay	Unpaid Balance
Automobile	\$ _____	\$ _____	\$ _____
Medical	\$ _____	\$ _____	\$ _____
Bankcards or Charge Accounts	\$ _____	\$ _____	\$ _____
List Others Below:			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTALS:	\$ _____	\$ _____	\$ _____

Have any adult household members filed bankruptcy in the past 3 years? _____

SECTION 7. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

I/We, the undersigned, give our permission to Burbank Housing Development Corporation to perform a credit review on all applicants for the purpose of determining my/our eligibility for the purchase of a home.

I/We certify that the information provided in this application is true and correct on the date set forth and I/we acknowledge my/our understanding that any intentional or negligent misrepresentation of the information provided herein may result in rejection of this application and/or further participation in any Burbank Housing program.

_____ Applicant Signature	_____ Date Signed	_____ Applicant Signature	_____ Date Signed
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Mail this completed application to: Burbank Housing Homeownership Department
790 Sonoma Avenue
Santa Rosa, CA 95404

APPLICATIONS SUBMITTED MUST CONTAIN ORIGINAL SIGNATURE(S). PHOTOCOPIED OR FAXED SIGNATURES ARE NOT ACCEPTED.