



City of Napa Homebuyer Application

Date_____

Applicant's Name _____ Phone _____
Residence Address _____ Home _____
City, State, Zip Code _____ Phone _____
Mailing Address (If different) _____

Family Information

| Applicant or Co-Applicant | Social Security Number | D-O-B | Sex | Relation |
|---------------------------------|------------------------|-------|-----|----------|
| | | | | |
| | | | | |
| Other Adult Members or Children | | | | |
| Name | Social Security Number | D-O-B | Sex | Relation |
| | | | | |
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| | | | | |

Are any members of the household Disabled? _____, Who _____

Employment Information (List all household members who are employed)

Applicant's Employer _____ Position/
Title _____

Employer's Address _____ Length of
Employment _____

Gross Monthly Income (Income before taxes or other deductions) _____

Previous Employer (If less than two years at current job) _____

Co-Applicant's Employer _____ Position/
Title _____

Employer's Address _____ Length of
Employment _____

Gross Monthly Employment Income (Income before taxes or other deductions) _____

Previous Employer (If less than two years at current job) _____

Are any other household members employed? Yes No
 (If yes, please describe on a separate sheet of paper in the same manner as the applicant information above.)

Income from alimony, child support, pensions, social security benefits, welfare assistance, and income from assets, stocks and bonds are included in the calculation of the applicant family's household income.

List any members receiving any non employment- related income, and the annual income from these sources:

| Name | Source | Annual Income |
|------|--------|---------------|
| | | |
| | | |
| | | |

Total Annual Gross Household Income (From all sources) \$ _____

Current Housing Information

How long have you lived at your present address? _____

How long in Napa County? _____

Current monthly rent \$ _____, Landlord Name: _____ Phone _____

Do you or your co-applicant now own, individually or in-common, any real property? Yes No
 If **yes**, where is it located? _____

Have you or your co-applicant owned any real property in the past three (3) years? Yes No

If **yes**, how long ago and where was it located? _____

How much money do you have available for a down payment for the purchase of a home?

What is the source of that money? Savings \$ _____
 Gift \$ _____

Current Assets

Savings Account(s) Bank _____ Amount \$ _____
 Bank _____ Amount \$ _____
 Checking Account(s) Bank _____ Amount \$ _____
 Bank _____ Amount \$ _____
 Stocks and/or Bonds Total Value \$ _____
 Trust Fund Total Value \$ _____
 Retirement Accounts Total Value \$ _____

Debt Information

| Monthly Payment | Expiration Date | Balance Owed |
|-----------------------|-----------------|--------------|
| Owed | | |
| Auto \$ _____ | _____ | \$ _____ |
| Auto \$ _____ | _____ | \$ _____ |
| Medical \$ _____ | _____ | \$ _____ |
| Credit Cards \$ _____ | _____ | \$ _____ |

Name of Card:

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| _____ | \$ _____ | _____ | \$ _____ |
| Other | \$ _____ | _____ | \$ _____ |
| Total | \$ _____ | _____ | \$ _____ |

To apply to the Program, please submit ***copies*** of the following documents with this application:

- Two most recent pay stubs for all working adults in the household, or any other source of income. If you are self employed please provide a current Year to Date Profit and Loss Statement.
- Federal & State income tax returns for the last three years, including W-2's or 1099's.
- Most recent investment or retirement account statement.
- Six months recent checking account statements and one most recent savings account statement, include all pages of the statements..
- Loan pre-approval letter from your lender.

If an applicant is self-employed, the past three years tax returns and the current profit and loss statements will be used to calculate the applicant family's income.

Upon receipt of the above, your eligibility for the program will be determined and a letter to that effect will be sent to you.

Please indicate Ethnic/Racial Categories of Head of Household.

| Ethnic Categories* | Select One |
|---|------------------------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories* | Select All that Apply |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

The two ethnic categories you should choose from are defined below. **You should check one** of the two categories.

1. Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
2. Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The five racial categories to choose from are defined below. **You should check as many as apply to you.**

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Acknowledgment Section

I (we) am interested in purchasing a home using assistance from the City of Napa. I (we) have read the sales and obligation information concerning this assistance and have completed this application. I (we) represent that the information completed by me (us) is true and correct.

City of Napa
 1115 Seminary Street
 P.O. Box 660
 Napa, CA 94559
 (707) 257-9543

Applicant’s Signature(s):

_____ Date _____
 _____ Date _____