COUNTY OF NAPA - PROXIMITY HOUSING PROGRAM HOMEBUYERS' ASSISTANCE LOAN APPLICATION

LAST NAME				FIRST NAME			M	l.l.
OCIAL SECURITY NO.				DATE OF BIRTH			SEX	
.S. CITIZEN: YES	NO	If No.	explain:	_				
IARITAL STATUS (circle	one):	Married	Single	Divorced	Separated	Widowed		
HOME ADDRESS	,		3					
CITY				STATE			ZIP	
MAILING ADDRESS				<u> </u>				
CITY				STATE			ZIP	
HOME PHONE				51A1L	WORK PHONE		<u></u>	
HOWETHONE	NUMBER OF YEARS, MONTHS AT CURRENT ADDRESS: Years							
	NUMBER						Months	
ADLOVED NAME		PLEASE SELE	CT ONE OF	THE FOLLOWING:	Ren		Own	
MPLOYER NAME						PHONE _		
MPLOYER ADDRESS								
CITY				STATE			ZIP	
OB TITLE					SUPERVISOR			
ORK LOCATION (if diffe		,						
NUMBER OF YEARS,	MONTHS AT	CURRENT JOB	3:		Years		Months	
VG HOURS per WEEK		HOURS p	er YEAR		ANNUAL	GROSS SALARY _		
YPE OF EMPLOYMENT	(circle):	Permanent F	ull-Time	Permanent Part-Time	e Seasonal	Temporary		
	IOLD INFORM Full Name	MATION (List all	persons in h	ousehold, excluding app RELATIO		e is needed, attach BIRTHDATE) CURITY NO.
	I OLL NAME			KLLATK	<u> </u>	DIRTIDATE	JOOIAL JL	CONTT NO.
		Homeowne	ership Histo	ory for Applicant and C	o-Applicant (if app	licable)		
Have you owned a ho	me or other re		-	ny ioi rippiiouiii uiiu o	o / ippiioaiii (ii aipp		Yes	No
Do you currently own							Yes	No
Have you ever had a p	property forec	closed on or giv	en title of d	eed?			Yes	No
If any answers are "Ye	es", please ex	rplain:						
	Option	al Applicant Inf	ormation fo	r Statistical Purposes.	Responses will re	emain confidential	·	
Ethnicity (Please Circle	<u> </u>	Hispanic or La		Not Hispanic or	<u> </u>			
Race (Please Circle a	I that Apply):							
		ian or Pacific Is		Asian American I	ndian or Alaska Na	e Bi i	r African Ameri	

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	CO-APPLICANT INFOR	MATION (To be complete	d by Co-Applicant, if	applicable)		
LAST NAME		FIRST NAME				M.I.
SOCIAL SECURITY NO.		DATE OF BIRTH			SEX	
U.S. CITIZEN: YES	NO If No, explain:					
MARITAL STATUS (circle one): Married Single	e Divorced	Separated	Widowed		
HOME ADDRESS						
CITY		STATE			ZIP	
MAILING ADDRESS						
CITY		STATE			ZIP	
HOME PHONE			WORK PHONE			
NUMBER OF YEARS	S, MONTHS AT CURRENT ADDRES	SS:	Years		Months	
EMPLOYER NAME				PHONE		
EMPLOYER ADDRESS				<u> </u>		
CITY		STATE			ZIP	
JOB TITLE			SUPERVISOR			
WORK LOCATION (if different	than address above):					
NUMBER OF YEARS, MO	NTHS AT CURRENT JOB:		Years		Months	
AVG HOURS per WEEK	HOURS per YEAR		ANNUAL	GROSS SALARY		
TYPE OF EMPLOYMENT (circ	cle): Permanent Full-Time	Permanent Part-Time	e Seasonal	Temporary		
If other than Permanent, pl	ease explain/describe:					
Please provide details of any c	- ther Co-Applicant Employment or In	ncome that you receive:				
	•					
	(Reporting Full Household Income		of the age of recipien			
	t all income for all persons in housel Member Name	hold, excluding income alro Source of Ir	•	plicant and Co-App Monthly Amount		nual Amount
11000011	Monitor Hamo			Worlding / arrown		Tudi / tillodi.t
	Applicant and Co-Applican	nt Assets (if extra space i	s needed, attach a se	eparate paper)		
	Asset Description			Who's Asse	t is it?	Value
Lagrify this application has	CERTIFICATION (To be been completed to the best of	e completed by Applicant a	• •	,	Lundarstan	d any falso
statements or omissions of	facts relevant to my eligibility fourthermore, I understand that a	or assistance will be cor	nsidered fraud, and	d that I may be pi	rosecuted u	ınder applicable
Applicant Signature			Date	- -	Witness (if s	igned by mark)
Co-Applicant Signature, if a	pplicable		Date	-	Witness (if s	igned by mark)