



# OPTIONAL

**Your choice of completing this form will not affect your qualification for the program.**

MHC is required to present a summary of this information to sources providing the funds that make this program possible.

## *First Time Home Buyer Down Payment Assistance Program* **Program Interest Form**

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Co-Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_

| For statistical purposes only |   | APPLICANT                    |                        |
|-------------------------------|---|------------------------------|------------------------|
|                               |   | Race                         | Ethnicity              |
|                               |   | Check only one race category | Check if also Hispanic |
| 1                             | American Indian <i>or</i> Alaska Native   |                              |                        |
| 2                             | Asian   |                              |                        |
| 3                             | Black <i>or</i> African American  |                              |                        |
| 4                             | Native Hawaiian <i>or</i> Other Pacific Islander                                    |                              |                        |
| 5                             | White   |                              |                        |
| 6                             | American Indian <i>or</i> Alaska Native <b>and</b> White                            |                              |                        |
| 7                             | Asian <b>and</b> White  |                              |                        |
| 8                             | Black <i>or</i> African American <b>and</b> White                                   |                              |                        |
| 9                             | American Indian <i>or</i> Alaska Native <b>and</b> Black <i>or</i> African American |                              |                        |
| 10                            | Other   |                              |                        |

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

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

Will there be any disabled persons 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 Employer for all members of household: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_

**Fax, mail or bring form in person to: Community Development & Services Agency**

**Questions call: 530- 749-5460 Housing & Community Services Division  
915 8<sup>th</sup> Street, Suite 130  
Marysville, CA 95901  
Fax: (530) 749-5464**

Yuba County do not discriminate in housing or employment on the basis of race, religion, sex, age, national origin, or handicap. In compliance with the Americans with Disabilities Act, Yuba County encourages those with disabilities, to participate fully in the County programs and public hearings. If you have special needs in order to allow you to participate in this program, please contact Yuba County (530) 749-5460, so that we can make every reasonable effort to accommodate you. The County is an Equal Opportunity Lender.

