

County of Humboldt
Housing Programs
 3015 H Street Eureka CA 95501
 Phone (707) 268-3735 / Fax (707) 268-3792

HOUSING PROGRAM WAITING LIST APPLICATION

Return the completed and signed Pre-Application to 3015 H Street, Eureka CA 95501.
 You will be added to the waiting list on the date this is received.
 If you have any questions, please give us a call 268-3735. Thank you!

PART I GENERAL ELIGIBILITY INFORMATION

Applying for: First Time Homebuyer
 Owner Occupied Rehabilitation

Name (s): _____ SSN _____

Primary Phone: _____

Address: _____

Primary email: _____

Check the ONE that best applies:

- I have never owned a home, including a manufactured home
- I have owned a home, but sold it (enter date)
- I own a home and the address is _____
- I don't own a home, but am on title and have a partial interest in a home

PART II INCOME ELIGIBILITY INFORMATION

List name and address of all persons living in the household:

	Names	Relationship	Date of Birth
1.	<u>SELF</u>	<u>SELF</u>	
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		

For ALL household members **over 18 year of age**, enter estimated gross annual income:

	Names	Estimated Gross Annual Income
1.	<u>SELF</u>	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____
Total Annual Household Income		\$ _____



PART III OWNER OCCUPIED REHABILITATION INFORMATION

Please list the type of repairs your home needs:

Are you current in your payment of taxes and/or homeowners insurance? Yes No

Is this your primary residence? Yes No

PART IV HUD DEMOGRAPHIC DATA *

Complete for Head of Household (check one in each section)

Race		Gender:	Yes	No
White	<input type="checkbox"/>	Are you female?	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>			
Asian	<input type="checkbox"/>	Ethnicity:		
American Indian/Alaskan Native	<input type="checkbox"/>	Are you Hispanic?	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Island	<input type="checkbox"/>			
American Indian/Alaska Native/White	<input type="checkbox"/>	Disabled:		
Asian & White	<input type="checkbox"/>	Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>			
American Indian/Alaskan & Black/African	<input type="checkbox"/>	Veteran:	<input type="checkbox"/>	<input type="checkbox"/>
Other multi-racial	<input type="checkbox"/>	Are you a Veteran?		

*** Data is for statistical purposes only and will not affect your Eligibility.**

PART V CERTIFICATION

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that the amount of GROSS income listed above includes the income (including income from assets) of all adults within the household. I understand that if I am selected the information on this form will be verified.

Signature	Print Name	Date

PLEASE SIGN AND DATE AND RETURN TO THE OFFICE. YOU WILL NOT BE PLACED ON THE WAITING LIST UNTIL A COMPLETE PRE-APPLICATION IS RECEIVED. WHEN YOU ARE AT THE TOP OF THE WAITING LIST YOU WILL BE CONTACTED TO SUBMIT A FULL APPLICATION.

**COUNTY OF HUMBOLDT
HOUSING DIVISION
3015 H STREET
EUREKA CA 95501**

FAX: 707-268-3792

E-MAIL: awhitney2@co.humboldt.ca.us



