

**CITY OF SONORA**  
**94 N. WASHINGTON STREET**  
**SONORA, CA 95370**  
**(209) 532-3508**  
**(209) 532-3511 (FAX)**  
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## HOME BUYER'S ASSISTANCE PROGRAM APPLICATION

<b>BORROWER</b>	<b>CO-BORROWER</b>	
NAME OF BORROWER:	NAME OF CO-BORROWER:	
SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____ WIDOWED _____	SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____ WIDOWED _____	
BIRTHDATE	BIRTHDATE	
SOCIAL SECURITY NUMBER	SOCIAL SECURITY NUMBER	
MAILING ADDRESS	MAILING ADDRESS	
CITY/STATE/ZIP	CITY/STATE/ZIP	
PHONE NUMBER (HOME)	PHONE NUMBER (HOME)	
PHONE NUMBER (WORK)	PHONE NUMBER (WORK)	
OTHER HOUSEHOLD MEMBERS NUMBER IN THE HOUSEHOLD: _____ (LIST NAME AND AGE OF EACH)	OTHER HOUSEHOLD MEMBERS NUMBER IN THE HOUSEHOLD: _____ (LIST NAME AND AGE OF EACH)	
LANDLORD NAME AND ADDRESS		
Current Rent Amount \$ _____		
<b>ETHNIC DATA OF HEAD OF HOUSEHOLD</b> (ETHNIC DATA IS FOR STATISTICAL PURPOSES ONLY AND SHALL NOT BE CONSIDERED IN DETERMINING ELIGIBILITY) WHITE _____ AFRICAN AMERICAN OR BLACK _____ AMERICAN INDIAN/ALASKA NATIVE _____ ASIAN PACIFIC ISLANDER _____ NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER _____ OTHER/UNSPECIFIED _____		
<b>INCOME INFORMATION</b>		
Gross family income would include income from any of the following sources or any other source of income. Wages, Self- Employment, Farming Income, Public Assistance, Social Security, Retirement Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School.		
<b>PERSON RECEIVING INCOME</b>	<b>SOURCE OF INCOME (NAME AND ADDRESS, INCLUDING ZIP)</b>	<b>GROSS MONTHLY AMOUNT</b>

The above information is true and complete to the best of my/our knowledge and I/We intend it to be relied upon for the purposes of this application. I/We authorize City of Sonora Staff to make whatever inquiries it considers appropriate concerning such information. I/We authorize my/our credit references to provide information to City of Sonora Staff. W/We understand that you will keep this application whether or not this credit is approved.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both to knowingly make any false statements concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Co-Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date