City of Ukiah
COMMUNITY DEVELOPMENT DEPARTMENT

City of Ukiah – CDBG
First Time Homebuyer Program

EQUAL HOUSING OPPORTUNITY

PRE-QUALIFICATION APPLICATION

APPLICANT Full Name First	Middle	Last	Co-APPLICANT Full Name First	Middle	Last

Street Address	Street Address
E-MAIL	E-MAIL

Home Phone	Work Phone	Cell Phone	Home Phone	Work Phone	Cell Phone

Date of Birth	SSN	Resident/Alien #	Date of Birth	SSN	Resident/Alien #

Place of Employment (include Mailing Address)		Place of Employment (include Mailing Address)	
Gross Monthly	$	Gross Monthly	$

Paid Daily_____ Weekly_____ 2 Weeks_____ Monthly_____ Paid Daily_____ Weekly_____ 2 Weeks_____ Monthly_____

Previous employer if less than two years		Previous employer if less than two years	

Other Income: Source (i.e. Child Support, Disability, Public Assistance, Social Security, Retirement Income or Pensions, Veteran's or GI Benefits, Unemployment, Worker Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School) and Amount

Who	Source	Amount	Who	Source	Amount
		$			$
		$			$
		$			$

Other Household Members

Full Name	SSN	Relationship	Age

Have you ever owned a home? Yes ___ No _____ Have you owned a home in the last three years? Yes _____ No_____

I/We certify that the information given in this form is true and accurate and complete to the best of my/our knowledge. I/We certify that I/we have no additional income and that there are no persons living in or contributing to my household other than those described here. I/We understand that information on this form is subject to verification. I/We certify under penalty of perjury that the foregoing is true and correct. – Section 504 of the Rehabilitation Act of 1973 prohibits the exclusion of an otherwise qualified individual, solely by reason of disability, from participation under and program receiving federal funds.

_____ _____

Signature (Applicant) Date