

FIRST TIME HOMEBUYER WAITING LIST

City of Brisbane
Community Development Department
50 Park Place
Brisbane, CA 94005 | (415) 508-2120



| | | |
|--|---|------|
| Applicant name: | | |
| Today's date: | Year initial application was submitted: | |
| Address: | | |
| City: | State: | Zip: |
| Mailing address (if different from above): | | |
| City: | State: | Zip: |
| Home phone: | Alt. phone | |
| Email: | | |
| Please check if you would like to: | | |
| <input type="checkbox"/> Apply for a first time homebuyer loan for a low-income household, based on household size <input type="checkbox"/> Apply for a first time homebuyer loan for a moderate-income household, based on household size See attached household income definitions and limits for the current calendar year. | | |
| Eligibility | | |
| Please confirm eligibility by checking one or more of the following: <input type="checkbox"/> At the time of filing an application, I have been a resident of Brisbane for at least one year; or <input type="checkbox"/> I have an immediate family member (parent, child or sibling) who has been a resident of Brisbane for at least one year from the filing of an application; or <input type="checkbox"/> At this time of filing an application my primary employment (largest source of income) was located within the City of Brisbane for at least one year; or <input type="checkbox"/> At the time of filing an application my primary employer has been the Brisbane School District, the Jefferson High School District or the San Mateo County Community College District for at least one year. | | |
| Applicant's household size | | |
| For the purposes of this program, a household is defined as a single person, or two or more persons sharing residency whose income resources are available to meet the household's needs. To be considered a household, persons must currently live together in a home that is their primary residence. To be included as members of the household, children under the age of 18 must reside in the home at least part-time, or the parent/guardian must have at least partial (50%) custody of the child/children. In determining your household size, below, include ONLY persons who currently live with you and will live with you in the home you would purchase with the FTTHP loan. | | |
| 1. How many adults (including yourself - the applicant), are in your household? Include children 18 years of age and older: | | |
| 2. How many children (under 18 years of age) are in your household: | | |
| 3. TOTAL (Add line 1 and 2): | | |

Household composition (please attach a separate sheet for additional household members). List yourself as the applicant and first family member. Use a separate line for each member.

| | Name | Relationship | Birthday | Age | Sex |
|---|------|-------------------|----------|-----|-----|
| 1 | | Head of household | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Number of bedrooms desired for which household qualifies:

1-Bedroom 2-Bedrooms 3-Bedrooms 4-Bedrooms

- Only households of 2 or more persons are eligible to purchase 2-bedroom units
- Only households of 3 or more persons are eligible to purchase 3-bedroom units
- Only households of 4 or more persons are eligible to purchase 4-bedroom units

Employment information for all household members

Provide employment information for yourself (the applicant) as well as all other members of your household who currently live with you and will live with you. If someone works more than one job, please list all the jobs that person works. Work includes any of the following: employment for wages or salary, owning and operating a business, contract employment, and/or commission work. Do not include volunteer or unpaid work.

| Applicant or household member's name: | Employer name and address where work is performed: | # of hours worked per week: | Job position or title: |
|---------------------------------------|--|-----------------------------|------------------------|
| | | | |
| | | | |
| | | | |

First-time homebuyer status

| | |
|---|--|
| Do you (the applicant) or any other members of your household (who intend to purchase and reside in the home with you) currently own the home that you live in as your primary residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or any other member of your household owned a home as your primary residence within the last three (3) years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you and/or other household members completed a homebuyer education workshop, class, or counseling session within the last twelve (12) months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what is the name of the organization that provided this workshop, class, or counseling session? _____ | |

| Income for adult household members | | | | | |
|--|---|--|--|---|---|
| <p>Please identify sources of income for all adult (18 years of age and older) household members who currently reside with you and will reside with you in the home. Include all stable sources of household income including employment (wages, salaries, commissions, bonuses, tips), investments (dividends, interest, annuities), and any other sources of income such as retirement funds, child support payments, social security, disability, etc. Do not include the incomes of household members who are full-time students or under the age of 18.</p> <p>In the chart below, please identify ALL adult members of your household who earn income as well as ALL sources of income for each member. Include yourself (the applicant) and all household members who currently live with you and will live with you in a home you purchase with a FTTHP loan.</p> | | | | | |
| | Adult household member's name | Source of income: (employment, disability, child/spousal support, pension, etc.) | Gross (pre-tax) amount earned per year: | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| TOTAL gross annual household income from all sources | | | | | |
| Miscellaneous information | | | | | |
| Is a member of your household confined to a wheelchair: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is a member of your household a veteran of the U.S. Armed Services: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you wish to be contacted about opportunities for below market rate/affordable housing in Brisbane: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <p>How did you hear about the City's First Time Homebuyer loan program:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Word-of-mouth <input type="checkbox"/> Web/internet research <input type="checkbox"/> Ad or article in newspaper <input type="checkbox"/> San Mateo County or housing organization <input type="checkbox"/> Phone call to city staff </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> City of Brisbane Activity Guide <input type="checkbox"/> Church or community group <input type="checkbox"/> Community or neighborhood meeting <input type="checkbox"/> City Council or Commission meeting <input type="checkbox"/> Other _____ </td> </tr> </table> | | | | <input type="checkbox"/> Word-of-mouth <input type="checkbox"/> Web/internet research <input type="checkbox"/> Ad or article in newspaper <input type="checkbox"/> San Mateo County or housing organization <input type="checkbox"/> Phone call to city staff | <input type="checkbox"/> City of Brisbane Activity Guide <input type="checkbox"/> Church or community group <input type="checkbox"/> Community or neighborhood meeting <input type="checkbox"/> City Council or Commission meeting <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Word-of-mouth <input type="checkbox"/> Web/internet research <input type="checkbox"/> Ad or article in newspaper <input type="checkbox"/> San Mateo County or housing organization <input type="checkbox"/> Phone call to city staff | <input type="checkbox"/> City of Brisbane Activity Guide <input type="checkbox"/> Church or community group <input type="checkbox"/> Community or neighborhood meeting <input type="checkbox"/> City Council or Commission meeting <input type="checkbox"/> Other _____ | | | | |

I certify under penalty of perjury that this information and any attachments are correct.

Signature

Date

Mail your completed form to:
 First Time Homebuyer Program
 Community Development Department
 City of Brisbane
 50 Park Place
 Brisbane, CA 94005