County of Santa Barbara Housing and Community Development = 105 East Anapamu St., Suite 5 = Santa Barbara, CA 93101 = (805) 568-2014

Affordable Housing Program

Wait List Application

IMPORTANT – All information entered on this application will be verified prior to a housing award being granted in order to confirm compliance with the restrictions of the Affordable Housing Program. Verification of income, residency, preferences, and assets will be determined through a subsequent formal application and interview process involving an evaluation and review of, but not limited to, tax returns, bank accounts, earnings statements, employment history, and title searches. Noted discrepancies on your application will be cause for immediate disqualification from the Affordable Housing Program.

Application Instructions

- A. Complete sections 1 thru 5 of this application. Use the letter guide when printing letters and numbers in boxes.
- B.
 Carefully read and sign section 5. By signing this application, you are attesting that all information provided is true and will be subject to final confirmation by the Santa Barbara County Housing and Community Development Department.
- C. Include a cashier's check or money order for the nonrefundable application fee of \$50, payable to the <u>County of Santa Barbara</u>.
- D.
 □ Return this completed application with the \$50 fee to the address at the top of this application.

I. Personal Information Section	Printing Letter Guide	O 1 2 3 4 5 6 7 8 9 O P Q R S T U V W X Y Z
First Name: (Please print clearly; follow letter guide above)	M.I. Last Name: (Please print clearly; follow letter	guide above)
Street Number or PO Box: Street Name:		(St.,Dr.,Ave.,Blvd, etc.) Apt. No./Suite No.:
City: (Please print clearly; follow letter guide above)		State: Zip Code:
Area Code: Phone Number:	Birthdate (MM/DD/YY)	CA Driver's License No. or CA I.D. No.
Social Security Number:	Email Address:	

2. Eligibility Section

(Check all boxes that apply)

- A. \Box I am a United States citizen or have permanent residence status.
- B. \Box I am a first-time homebuyer and/or meet other homeowner restrictions.
- C. \Box I do not own or have an ownership interest in other residential property.
- D. \Box I have not owned a home or any interest in any residential property in the last 3 years.
- E. 🗆 I meet Santa Barbara County's requirements for 🗆 very low income 🗆 low income 🗆 moderate income.
- F. 🗆 I am a resident and/or employed in Santa Barbara County.
- G. I will reside in the home as my primary residence. I will not rent the home or any rooms in the home.
- H. 🗆 I have funds available to make a 5% down payment and can show evidence of funds availability.
- I. \Box I do not have assets that exceed half (1/2) of the purchase price of the home.
- J. I will sign and abide by all restricted resale covenants, and I will respond to ongoing compliance monitoring surveys.
- K. □ I can provide all necessary income, residency, and other information required to complete an Income Certification within 2 weeks of notice of lottery selection.

Any false statements or misrepresentations to the County will constitute a default of qualifications and may constitute criminal fraud.

Sections 3–6 continued on reverse side of this form $\Rightarrow \Rightarrow \Rightarrow$

2 Incomo Soction

5. Income	Section			Current Year	Last Year	Year Befor	e Last			
Total Hou	cohold Croce	Monthly Ir	(\$0,000)							
		<u>Montiny</u> ir	ncome (\$9,999):							
Other Househol	d Members:			Birthdate	Social Secu	rity	•		Current Year	Income
First Name		Last Name		(MM/DD/YY)	Number		Relation	shin	Monthly Income	
i ii se i taine		Lust Hume		(1111/00/11)	Number		Relation	Ship		
										□ Wages □ Other
										□ Wages □ Other
										□ Wages □ Other
										□ Other
										□ Wages
										□ Other
										□ Wages
										Other
										□ Wages
										□ Other
	urses of loss									
Check ALL So □ Employme		Unemployi	ment 🗆 Ec	ster Care	Workers' Cor	mn 🗆	Self-Em	hoved	🗆 SSI	
□ Social Sec		Veteran's I		eneral Assistance		•	State Dis			ment
	om Assets (ch						State Dis	ability		ment
	on Assets (en	centing, sur								
4. Resider	ncy & Em	ployme	nt Section							
(Head of H	lousehold / P	rimany Ann	licant)							
(nead of f	lousenoid / 1									
Number of Years in County: Name of A										
			Housing I	Development:						
Employer's						F	mployer's I	Phone		
Name:							lumber(s):	none		
									<u>ــــــ</u>	
Employer's	Street, City, Stat	e, ∠ıp						-	gth of	
Address:	1							Emp	ployment:	

(🗖 Co-A	pplicant Name	_ or 🖵 Additional Employer)				
Employer's Name:				's Phone s):		
Employer's Address:	,				gth of ployment:	
(🗖 Co-A	pplicant Name	_ or 🖵 Additional Employer)	_			
Employer's Name:			Employer Number(s			
Employer's	Street, City, State, Zip			Len	ath of	Γ

5. Signature Section

Employer's

Address:

I hereby declare under penalty of perjury that the information contained in this pre-application is correct and true. I acknowledge and agree that the County of Santa Barbara will verify the accuracy of the information provided on this pre-application. I understand that it is a criminal offense to make willful false statements or misrepresentations to the County of Santa Barbara.

I understand that if this pre-application is selected and approved, my name will be put on a waiting list. When my name comes near the top of the Waiting List, I will be required to substantiate the information provided and will supply all requested documentation to complete a full Income Certification, which will determine or confirm my eligibility.

I understand that I am to notify the County Housing and Community Development Department, within 30 days, and in writing, if I move or change my mailing address, my telephone number, or my financial or living conditions while on the Wait List; and I agree to do so. I further understand that if I fail to provide the County current information, my pre-application will be cancelled, and that I will lose my place on all of the Waiting Lists.

Signature:

Length of

Employment: