

City of Carpinteria Affordable Housing Lottery Application – SAMPLE

Applicants will be disqualified immediately if program qualifications are not met or if intentional discrepancies are noted.

Please use additional sheets if necessary.

PRIMARY APPLICANT *Please Print Clearly*

Name: _____

First

MI

Last

Address: _____

Previous Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Birth Date: _____

Household Size: _____ Dependents under age 18: _____ Dependents over age 18: _____

Total Gross Annual Household Income: \$ _____

CO-APPLICANT

Name: _____

First

MI

Last

Address: _____

Previous Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail: _____

Birth Date: _____

Household Size: _____ Dependents under age 18: _____ Dependents over age 18: _____

Relationship to Primary Applicant: _____

Lottery Preference: At least one person in the household: (Check all that apply)

___ Is employed by a public agency within the City of Carpinteria as a law enforcement officer, firefighter, or teacher AND is domiciled within the City of Carpinteria.

___ Is domiciled within the City of Carpinteria OR within in the Greater Carpinteria Valley.

___ Is employed within the City of Carpinteria OR with in the Greater Carpinteria Valley.

Primary Employer and Job Title: (List other employers on separate sheet)

Employer *Job Title*

Place of employment address *City* *State* *Zip Code*

Phone: (____) _____ – _____ *Contact Person:* _____

Gross Monthly Income (before any deductions): \$ _____ Attach copy of pay stub(s)

Primary Employer and Job Title: (List other employers on separate sheet)

Employer _____

Job Title _____

Place of employment address _____

City _____

State _____

Zip Code _____

Phone: (_____) _____ - _____ Contact Person: _____

Gross Monthly Income (before any deductions): \$ _____ Attach copy of pay stub(s)

INCOME

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount
Salary (all income from employment)		
Alimony/Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		
Disability Income		

LIABILITIES/DEBT

Please list any debts, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Who's Debt? A=Applicant C=Co-Applicant B=Both
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Please use additional sheets if necessary.

ASSETS/SAVINGS/INVESTMENTS

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT
Checking account		
Savings account		
Auto		
Certificates of Deposit / Securities		
Retirement account		
Other Assets		

Are you about to receive additional funds (e.g., tax refunds, property sales, gift)? (circle) Yes No

If yes, how much? \$ _____ Source? _____

LIVING EXPENSES

Attach full copy of current Lease / Rental agreement and two utility statements

	APPLICANT	CO-APPLICANT
Current monthly rent		
Electric/Gas/Solid Waste		
Telephone/Cellular		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

CASH DOWN PAYMENT \$ _____ APPROXIMATE LOAN \$ _____

AUTHORIZATION/CERTIFICATION

The undersigned certifies that information provided herein is true and complete. All information entered on this application will be verified prior to completion of a sale to confirm compliance with the restrictions of the City's affordable housing program. Verification of employment, income, residency, loan and assets will be determined through a subsequent formal qualification process including, but not limited to review of tax returns, bank accounts, earnings statements, residence and employment history and title searches. Any discrepancies or misrepresentations will be cause for rejection of application and will constitute a default under the City's affordable housing program, even if discovered after a sale has been completed. By signing below, consent is granted to the City or its designee to verify employment, credit and order consumer credit report. Information contained herein will not be disclosed outside the City or its designee except as required and permitted by law. The undersigned further certifies and acknowledges the following:

- I have received a draft copy of the Affordable Housing Covenant "Grant of Preemptive Right: Resale Restriction Covenant and Option To Purchase Secured by Performance Deed of Trust."
- I do not own or have an ownership interest in any residential property. The Community Development Director may waive this requirement, in his or her sole discretion, when the ownership interest is a small fractional interest or if the property has minimal value due to location or condition.
- I will provide all necessary income, loan, residency, employment and other information required to complete the qualification process within two (2) weeks of notice of lottery selection.
- I have attached:
 - loan prequalification letter;
 - lease agreement;
 - current utility statements;
 - employment pay stub(s); and
 - copy of photo I.D.
 - signed affidavit

Applicant

Date

Co-Applicant

Date

Return completed form with attachments, prior to Monday, June 8, 2009 at 4:30 p.m. to: City of Carpinteria, Community Development Department, 5775 Carpinteria Avenue, Carpinteria, CA 93013

SAMPLE PROJECT

AFFIDAVIT OF VERIFYING APPLICATION INFORMATION

THE UNDERSIGNED hereby certifies under penalty of perjury to SAMPLE DEVELOPER and the City of Carpinteria that the following information is true and correct as of this _____ day of _____, 200_ and is provided in connection with the potential purchase of real property by the undersigned offered for sale by SAMPLE DEVELOPER.

The terms used in this affidavit are defined in the SAMPLE DEVELOPER Affordable Housing Lottery Procedures.

1. I am employed by a public agency within the City of Carpinteria as a law enforcement officer, firefighter or teacher.
YES NO

2. I am domiciled within the City of Carpinteria.
YES NO

3. I am domiciled within the Carpinteria Valley.
YES NO

4. I am employed within the City of Carpinteria.
YES NO

5. I am employed within the Carpinteria Valley.
YES NO

6. I currently own residential real property. (If the answer to this question is yes, please provide additional information about the property regarding your ownership interest.)
YES NO

7. The evidence I have presented to the City of Carpinteria in my application for the Mission Terrace Estates Affordable Housing Lottery is true and correct pursuant to the definitions contained in the Mission Terrace Estates Affordable Housing Lottery Procedures.
YES NO

I understand that the above information is being collected to determine my eligibility for the Mission Terrace Estates affordable housing lottery. I authorize the City of Carpinteria, SAMPLE DEVELOPER and/or their agent(s) to verify all information provided on this application and to contact persons who can verify the same. I understand that the City of Carpinteria has the sole discretion to interpret this lottery procedure. I acknowledge that I am voluntarily participating in this process and that my participation does not guarantee that I will be able to purchase an affordable housing unit from SAMPLE DEVELOPER.

In consideration for being permitted to participate in this process, I agree for myself and my heirs, administrators, executors and assigns: (a) to waive any and all claims, demands, actions, liability, or lawsuits arising out of or in connection with my participation; (b) to release, discharge and agree not to sue SAMPLE DEVELOPER or the City of Carpinteria, their managers, employees, officers, directors, and agents, for any and all liability for any injury or damages arising out of, or in connection with my participation, and (c) to hold harmless and indemnify SAMPLE DEVELOPER and the City of Carpinteria, their managers, employees, officers, directors, and agents, from any and all liability for any injury or damages arising out of, or in connection with my participation.

IN WITNESS WHEREOF, the undersigned has read, understands and agrees to voluntarily be bound by this Affidavit.

(Printed Name)

(Signature of Applicant)

Note: Each non-dependent adult member of a household must execute a separate Affidavit.