



# City of Hanford Homebuyer Assistance Program Interest Form - 2018

(This is not a loan application)

Name of applicant: \_\_\_\_\_ Name of co-applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number:  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

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Total number of all (children and adults) persons residing in the household: \_\_\_\_\_

Estimated Annual of all Adults over 18 who live in the home specify combined Gross Income:  
\$ \_\_\_\_\_

(Include total gross income from all sources for all household members, including wages, SSI, SSA, disability, unemployment, dividends, child support, alimony, etc.)

Is your household income less than 80% of the Area Median Income by Household Size (Please see the column for your Household Size and Maximum Income Limits) YES  NO  (If NO, you are not eligible for the program)

2018 Income Limits

Family Size	1	2	3	4	5	6	7	8
Low Income (80% of Area Median Income)	\$33,450	\$38,200	\$43,000	\$47,750	\$51,600	\$55,400	\$59,250	\$63,050

How much are you currently paying for monthly rent? \_\_\_\_\_

Has the applicant or co-applicant owned a home or had an interest in property in the last three years? \_\_\_\_\_

Have you been pre-qualified for a home loan? \_\_\_\_\_ If yes, provide copy of pre-qualification letter.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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The City of Hanford is endeavoring to be in total compliance with the Americans with Disabilities Act. If you have any questions or are in need of translator or special services, please call the City Clerk at (559) 585-2515 [TDD/TYY, Dial 711] at least 48 hours prior to the meeting to make arrangements.

It is the City's policy to provide services without regard to race, color, religion, sex, marital status, national origin, ancestry, familial status, disability, or sexual orientation.

Please submit this form in person or by email to:  
The City of Hanford – Housing  
317 N Douty Street  
Hanford CA 93230

[RMonzelli@cityofhanfordca.com](mailto:RMonzelli@cityofhanfordca.com)

[SLerma@cityofhanfordca.com](mailto:SLerma@cityofhanfordca.com)

Note: Staff will date stamp all Interest Forms received and a notice of funding availability.  
If you have any questions, please call 559-585-2587 or 559-585-4766.

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**BACKGROUND INFORMATION:** The City of Hanford does not discriminate against persons on the basis of race, color, religion, sex, marital status, national origin, ancestry, familial status, disability, or sexual orientation. To demonstrate that we meet equal opportunity and fair housing requirements, we must report statistical information about applicants to the Department of Housing and Urban (HUD) Development. Your participation is voluntary and would be greatly appreciated. This information will be kept separate and confidential and will not be used in any way to make loan selection decisions.

Please complete a, b, c and d below:

a. ETHNICITY, SELECT ONLY ONE OF THE FOLLOWING:

- Hispanic or Latino
- Not Hispanic or Latino

b. RACE, SELECT ONE OR MORE OF THE FOLLOWING:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

c. **DISABILITY Definition:** Any person who has, is regarded as having, or has a record of having a physical or mental impairment which substantially limits one or more major life activities, such as difficulty in securing, retaining or advancing in employment; or any person who has impairment of sight, hearing or speech, or impairment which requires special education or related services.

- I have a disability which meets the definition above.
- I do not have a disability.

d. OTHER INFORMATION:

Gender - applicable to head of household:  Male  Female

Age - applicable to head of household:  0-18 years;  19-24 years;  25-44 years;  
 45-64 years;  65 years and older

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**STAFF ONLY BELOW THIS LINE**

Complete when observer identification method is used

ETHNICITY, select only one of the following:

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- Not Hispanic or Latino

RACE, select one or more of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Determined by staff member \_\_\_\_\_ Date \_\_\_\_\_