

City of Auburn
First Time Home Buyer Down Payment Assistance Program



Program Interest Form

Persons interested in obtaining an application packet for the City of Auburn First Time Home Buyer Down Payment Assistance Program are invited to complete this form and submit it to the address provided below.

Date: _____

Name of Applicant: _____ Age _____ Sex: M ___ F ___

Name of Co-Applicant: _____ Age _____ Sex: M ___ F ___

Mailing address: _____

Telephone: _____

Applicant Race/Ethnicity (For statistical purposes only)

RACE

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

HISPANIC/LATINO ETHNICITY:

- Yes No
- Yes, Mexican/Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Hispanic/Latino: _____

Number of people in household? _____

Age of Applicants' children that will live in the home: _____

Ages & relationships of all other persons living in the home: _____

Will there be any persons with a disability living in the home? Yes No If yes, how many? _____

Income of **ALL** persons living in the home (specify total **MONTHLY** amount): \$ _____

Names of Employers for all members of household: _____

Signature of Applicant: _____ **Signature** of Co-Applicant: _____

City of Auburn 2017 Income Limits
FTHB Down Payment Assistance Program

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$41,550	\$47,500	\$53,450	\$59,350	\$64,100	\$68,850	\$73,600	\$78,350

For complete application packet fax, mail or bring form in person to:

City of Auburn, Planning & Public Works Dept
 1225 Lincoln Way; Auburn, CA 95603
 Phone: (530) 823-4211 ext 0 Fax: (530) 885-5508

----- For office use only -----

Date Application Mailed _____ If not qualified – Reason _____

