

# City of Hanford Homebuyer Assistance Program Interest Form

(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 Household Composition #: \_\_\_\_\_

(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)

**2024 Income Limits**

Family Size	1	2	3	4	5	6	7	8
Low Income (80% of Area Median Income)	\$49,250	\$56,250	\$63,300	\$70,300	\$75,950	\$81,550	\$87,200	\$92,800

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

Has the applicant or co-applicant owned a home or been interested in property in the last three years? \_\_\_\_\_

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

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

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

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



**BACKGROUND INFORMATION:** The City of Hanford does not discriminate against persons based on 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 the head of household: ☐ 0-18 years; ☐ 19-24 years; ☐ 25-44 years;  
☐ 45-64 years; ☐ 65 years and older

**STAFF ONLY BELOW THIS LINE**

Complete when observer identification method is used

ETHNICITY, select only one of the following:

- ☐ Hispanic or Latino  
☐ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Race/Ethnicity (For statistical purposes only)

**RACE**

- ☐ White  
☐ Black/African American  
☐ Asian  
☐ American Indian or Alaska Native  
☐ Native Hawaiian or Other Pacific Islander  
☐ Other \_\_\_\_\_

**HISPANIC/LATINO ETHNICITY:** ☐ Yes ☐ No