



**CITY OF INGLEWOOD**  
**FIRST TIME HOMEBUYERS PROGRAM LOTTERY**  
**APPLICATION**

<b>SECTION I</b>				<b>APPLICANT INFORMATION</b>	
Name:					
Date of Birth:		SSN:		Phone:	
Current Address:				Cell Phone:	
City:		State:		Zip Code:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous Address:					
City:		State:		Zip Code:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?
Mailing address if different from above:					
City of Inglewood Residency, if applicable					Yes/No
Are you a City of Inglewood resident (or former resident) residing in Inglewood, California for 3 consecutive years within the past 5 years?					
<b>APPLICANT EMPLOYMENT INFORMATION</b>					
Current Employer:					
Employer Address:				How long?	
City:		State:		Zip Code:	
Phone:		Fax:		E-mail:	
Position:		Hourly	Salary	(Please circle)	
				Annual Income:	
Previous Employer:					
Address:				How long?	
City:		State:		Zip Code:	
Phone:		Fax:		E-mail:	
Position:		Hourly	Salary	(Please circle)	
				Annual Income:	
Name of a relative not residing with you:					
Address:				Phone:	
City:		State:		ZIP Code:	
Relationship:					
<b>CO-APPLICANT INFORMATION, FOR A JOINT APPLICATION</b>					
Name:					
Date of Birth:		SSN:		Phone:	
Current Address:				Cell Phone:	
City:		State:		Zip Code:	
Own	Rent	(Please circle)		Monthly payment or rent:	How long?
Previous Address:					
City:		State:		Zip Code:	
Owned	Rented	(Please circle)		Monthly payment or rent:	How long?
Mailing address if different from above:					
City of Inglewood Residency, if applicable					Yes/No
Are you a City of Inglewood resident (or former resident) residing in Inglewood, California for 3 consecutive years within the past 5 years?					

**CO-APPLICANT EMPLOYMENT INFORMATION**

Current Employer:		
Employer Address:		How long?
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Position:	Hourly Salary (Please circle)	Annual Income:
Previous Employer:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Position:	Hourly Salary (Please circle)	Annual Income:

**CO-APPLICANT INFORMATION CONTINUED**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	Zip Code:
Relationship:		

**CREDIT CARDS**

Name:	Account Number:	Current Balance	Monthly Payment

**PRE-APPROVAL LENDER INFORMATION**

Lender:	Loan Officer Name:
Address:	Phone Number:

**AUTO LOANS**

Auto Loans	Account Number:	Balance	Monthly Payment

**OTHER LOANS, DEBTS, OR OBLIGATIONS**

Description	Account Number:	Amount

**OTHER ASSETS OR SOURCES OF INCOME**

Description (i.e., Bank Accounts, Savings Accounts)	Amount per Month or Cash Value	Are these Assets to be applied towards the Down-Payment: <b>Yes/No</b>

**DOWN-PAYMENT INFORMATION**

Source of Down Payment (Do not include IHA Funding)	Down-Payment Amount	Date of Down-Payment Availability

**SECTION II - HOUSEHOLD COMPOSITION**

**Household Members**

Please list ALL person(s) who will be living in your home.

Listing the Head of Household first followed by spouse/co-head then oldest to youngest household members.

Full Name (As appears on Social Security Card)	Age	Date of Birth (MM-DD-YYYY)	Relationship to Head of Household	Social Security Number	Marital Status
1)			SELF		
2)					
3)					
4)					
5)					
6)					
7)					
8)					

A. SSI/SSA/Pension/ Other Benefits	YES/NO
Do you or any household member(s) receive Social Security/Supplemental Security Income benefits?	
Do you or any household member(s) receive Pension, Veteran's Retirement benefits or Annuity?	
Do you or any household member(s) receive Unemployment or State Disability benefits?	
Do you or any family member(s) receive Short/Long /Permanent Disability benefits?	

If you answered yes to any of the questions above, complete the section below:

Name of Household Member	Monthly/Weekly Total	Name & Address of Agency/Office
Do you or any household member(s) work Full/Part-time, seasonal/occasional or receive Severance Pay or other form of compensation (Worker's Compensation, stipend, etc.)?		
Do you or any household member(s) receive Cash, Tips, or Bonuses?		

<b>B. Employment/Earned Income</b>	<b>YES/NO</b>
Do you or any household member(s) receive Military, Hostile Fire pay or Reserve pay?	
Do you or any household member(s) participate in a Job Training (with/without pay)?	
Do you or any household member(s) work through In-Home Supportive Services (IHSS) or similar type of agency?	
Are you or any household member(s) self-employed or receive money from <b>ANY</b> other source not named above?	

If you answered yes to any of the questions above, complete the section below:

<b>Name of Household Member</b>	<b>Monthly Gross Pay</b>	<b>Name &amp; Address of Employer or Name &amp; Address of Business if Self-Employed</b>

<b>C. Public Assistance Benefits</b>	<b>YES/NO</b>
Do you or any household member(s) receive CALWORKS, Cash Aid, GR, CAPI or Food Stamps?	
Do you or any household member(s) receive Adoption, Foster Care, or KIN GAP payments?	
Do you or any household member(s) receive transportation reimbursement?	

If you answered yes to any of the questions above, complete the section below:

<b>Name of Household Member</b>	<b>Monthly Amount</b>	<b>Type of Benefit</b>

<b>D. Child Support or Alimony</b>	<b>YES/NO</b>
Do you or any household member(s) have an open child support case with the District Attorney or any court?	
Do you or any household member(s) receive child support payments?	
Do you or any household member(s) receive child support/alimony directly from absent parent/spouse?	
Does the absent parent purchase items for child(ren) such as clothing, food, formula, diapers, etc.?	

**If you answered yes to any of the questions above, complete the section below:**

<b>Name of Child</b>	<b>Absent Parent/Spouse Name &amp; Address</b>	<b>Monthly Amount</b>	<b>Cash Value of Purchases (clothing, food, formula, etc.)</b>

<b>E. Contributions</b>	<b>Yes/No</b>
Does anyone outside your household give you money or pay your bill(s) for you?	
Does anyone outside your household buy you supplies such as groceries, etc.?	
Does any organization help you pay your bill(s) or expense(s)? (i.e. electric, utilities)	

**If you answered yes to any of the questions above, complete the section below:**

<b>Name of Household Member Receiving Support</b>	<b>Name or Person/Agency Providing Support</b>	<b>Address &amp; Telephone Number of Person/Agency Providing Monthly Support</b>	<b>Monthly Amount</b>

F. Federal Income Tax		Yes/No
Did you or any household member(s) file a Federal Income Tax Return in the last 12 months?		
*If you answer "Yes" to either of the following questions, please complete the section below.		
1. Did you or any household member(s) receive a W-2(s) and/or 1099 or 1098 income form(s) in the last 12 months, but chose NOT to file a Tax Return?		
2. Were you or any household member(s) claimed as a dependent on someone else's Tax Return?		

If you answered yes to either question #1 or #2 above, complete the section below:

Name of Household Member Receiving Support	Tax Year	Reason Taxes not filed	Name of Person claiming household member(s) as dependent

**Contacts**

Please list information below for two relatives or friends who generally know how to contact you.

Name		Name	
Relationship		Relationship	
Phone Number		Phone Number	
Address		Address	
City/State/Zip		City/State/Zip	

***I/We certify under penalty of perjury under the laws of the State of California that all of the information contained in this document is true and correct. I understand that any changes in the income of ANY member of the household must be reported to the City of Inglewood Affordable Housing staff within 30 days of occurrence. Failure to comply with the rules and regulations may result in termination of participation from the program and/or criminal prosecution.***

_____	_____	_____
Print Head of Household Name	Signature of Head of Household	Date
_____	_____	_____
Print Co-Head/Spouse Name	Signature of Co-Head/Spouse	Date
_____	_____	_____
Print other Adult in the Household Name	Signature of other Adult in the Household	Date
_____	_____	_____
Print other Adult in the Household Name	Signature of other Adult in the Household	Date
_____	_____	_____
Print other Adult in the Household Name	Signature of other Adult in the Household	Date

*Please complete application and return to:  
City of Inglewood,  
Affordable Housing Division,  
First Time Homebuyers Program,  
One West Manchester Blvd., Suite 750  
Inglewood, CA 90301.*

For assistance or questions, please call: (310) 412-5221.

*It is the policy of the City of Inglewood to provide services without regard to race, color, religion, national origin, ancestry, age, sex, familial status, physical handicap or disability.*

