

Household Members: (Continued)

Head of Household Statistical Information:

Married: Yes _____ No _____

Disability:

Yes _____ No _____

Veteran:

Yes _____ No _____

Race/Ethnicity

This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws and shall not be considered in determining eligibility. Please note that self-identification of ethnicity/race is voluntary. Both Ethnicity and Race categories were revised through HUD Memorandum of August 13, 2002. Ethnicity is asked first and applicants must select only one category. Race is asked second and applicants can select one or more categories.

Ethnicity (Select Only One):

Hispanic or Latino _____
 Non-Hispanic or Latino _____

Race (Select All That Apply):

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

INCOME INFORMATION

Gross family income would include income from any of the following sources or any other source of income. Income from Wages, Salary, Tips, Business Income, Farming Income, Interest & Dividend Income, Retirement & Insurance Income, Unemployment & Disability Income, Welfare Assistance, Alimony, Child Support, & Gift Income, and Armed Forces Income.

PERSON RECEIVING INCOME	SOURCE OF INCOME (NAME, ADDRESS & ZIP)	GROSS MONTHLY AMOUNT \$

The above information is true and complete to the best of My/Our knowledge and I/We intend it to be relied upon for the purposes of this application. I/We authorize the Madera Downpayment Assistance Program to make whatever inquiries it considers appropriate concerning such information. I/We authorized My/Our credit references to provide information to the Madera Downpayment Assistance Program. I/We understand that you will keep this application whether or not this credit is approved.

The applicant will comply with Section 504 of the Rehabilitation Act of 1973, as amended, and implementing regulations; No person shall, on the grounds of age, ancestry, color, creed, physical or mental disability, marital or familial status, medical condition, national origin, race, religion, gender or sexual orientation be excluded, denied benefits or subjected to discrimination under the Downpayment Assistance Program. The City of Madera will ensure that all persons, including those qualified individuals with disabilities have access to the Downpayment Assistance Program.

I/We understand that it may be a federal crime punishable by fine or imprisonment, or both to knowingly make any false statement concerning any of the above facts as applicable under the provisions of the United States Criminal Code.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

The Downpayment Assistance Application, all supporting materials must be fully completed, and returned to the City of Madera office located at 205 W. Fourth Street, Madera, CA 93638 to the Downpayment Assistance Program staff for their review. Applications will be taken on a first-come-first-served basis until all program funds have been committed.