APPLICATION QUESTIONNAIRE
FIRST-TIME HOMEBUYER PROGRAM

APPLICANT INFORMATION:

Non-English Speaking Household: ❑ Yes ❑ No
(***Hogar de habla no inglesa***)

PRIMARY APPLICANT		CO-APPLICANT	
Name:		Name:	
Date of Birth:	Social Security No.:	Date of Birth:	Social Security No.:
Street Address:		Street Address:	
City, State, County, Zip Code:		City, State, County, Zip Code:	
Mailing Address (if different from above):		Mailing Address (if different from above):	
Phone Numbers: Home: Cell:		Phone Numbers: Home: Cell:	
Email Address:		Email Address:	

HOUSEHOLD COMPOSITION: (List <u>all</u> household members, including Primary and Co-Applicants)

Name	Relationship to Applicant	Age	Disabled? Yes, No, or N/A	Veteran? Yes, No, or N/A	Pregnant? Yes, No, or N/A	List One or Any Combo*:	Sex**	National Origin***
	Primary							

Collection of this data is strictly voluntary. *In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), and Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), the City of Grass Valley does not discriminate on the basis of race, creed, color, sex, age, political affiliation or belief, religion, sexual orientation, national origin, handicap or disability in acceptance for or provision of programs, benefits, or services/activities.*

*Asian; Black or African American; Hispanic or Latino/a/x; Middle Eastern or North African; Native American or Alaska Native; Native Hawaiian or Pacific Islander; White; Multiracial and/or Multiethnic; or Prefer Not To Answer

**Male; Female; Transgender; or Prefer Not To Answer

***Place of birth or the country where a person (or their ancestors) hold citizenship; or Prefer Not To Answer

What is the total combined annual gross income of all your household members? $_____
(**Income verification will be verified**. Utilizing fraud to receive public funds is in violation of the Law)

The total annual gross household income may not exceed the following limits as of May 1, 2026:

PERSONS IN HOUSEHOLD	MAXIMUM ANNUAL GROSS INCOME
1	$70,050
2	$80,050
3	$90,050
4	$100,100
5	$108,100
6	$116,150
7	$124,100
8	$132,150

HUD (05/01/2026)

I/WE QUALIFY AS A FIRST TIME HOMEBUYER BY ONE OF THE FOLLOWING REASONS: (check only one)

❑ **First Time Homebuyer:** I/We are First Time Homebuyers and have not held individually or together an ownership interest in a residence within three (3) years prior to the application date. It is understood that I/we cannot have an ownership interest in a residence between the date of application and closing. I/We certify that all places of residence, whether owned or not, for a three (3) year period prior to application date have been disclosed to the City of Grass Valley.

-OR-

❑ **Displaced Homemaker:** I understand that I am eligible for First Time Homebuyer assistance if I am a single parent, with one or more dependents, displaced from the household (located at the address listed below) that I held an ownership interest in anytime during the last three (3) years prior to the application date:

_____
Street Address City State Zip Code

_____ _____
Signature of Primary Applicant Date

_____ _____
Signature of Co-Applicant Date

EQUAL HOUSING OPPORTUNITY