

County of Monterey  
*First Time Home Buyer Down Payment Assistance Program*  
**Program Interest Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Number of People in Household: \_\_\_\_\_

Ages of Children \_\_\_\_\_

Total Household Monthly Income \$ \_\_\_\_\_

*Please check (✓) all the boxes that apply to your situation (at least one box must be checked for this application form to be considered):*

- I (or I and my spouse/other members of the household) have not owned a home during the last three years.
- I owned/resided in a home with my spouse, but am no longer living with my spouse. I have not worked (had a full-time job) for a consecutive 12-month period during the last two years and have been primarily caring for my home and family.
- I am a single parent with one or more minor children of whom I have custody or joint custody. I did own/reside in a home with my spouse or significant other, but am currently unmarried or legally separated.
- I am currently pregnant and will be a single parent. I did own/reside in a home with my spouse or significant other, but am currently unmarried or legally separated.
- I owned a home during the past three years, but that home is not permanently affixed to a permanent foundation (i.e. mobile home) or that home does not meet state, County, or model home building codes and cannot be brought up to compliance with those codes for less than the cost of constructing a permanent home.
- I do not now, nor have I owned a home within the last three years.
- I am currently a resident of Monterey County.
- I currently work in Monterey County.

**The information provided on this form is true and correct, to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Please deliver this form to the County of Monterey  
Housing and Redevelopment Office  
168 W. Alisal Street, 3<sup>rd</sup> Floor  
Salinas, CA 93901  
Ph: (831) 755-5390 Fax: (831) 755-5398