APPLICANT CERTIFICATION OF ELIGIBILITY
First Time Homebuyer Program
County of Monterey
DOWNPAYMENT ASSISTANCE PROGRAM

I/We hereby certify the following to be true and correct:

1. I / We have not owned residential property during the past three (3) years; or, I / We have owned residential property during the past three (3) years and meet the special circumstance criteria specified in the Program Guidelines. Please specify which criteria: _____.

2. My / Our total household size is _____ persons. The following people are members of my / our household and will occupy the property I / we are purchasing.

_____ Name / Age / Relationship	_____ Name / Age / Relationship
_____ Name / Age / Relationship	_____ Name / Age / Relationship
_____ Name / Age / Relationship	_____ Name / Age / Relationship
_____ Name / Age / Relationship	_____ Name / Age / Relationship

3. My / Our combined GROSS annual household income is $ _____.

4. I / We intend to occupy the property I / we are purchasing as my / our principal residence.

5. I / We have continuously resided in the County of Monterey since _____,

   at the following address: _____.

6. My / Our down payment funds are from my / our household assets, totaling $ _____. The funds for the down payment are not borrowed.

7. I/We are disabled yes ☐ no ☐

_____ Borrower's Signature	___/___/___ Date	_____ Co-Borrower's Signature	___/___/___ Date

Mail the competed form to:
Office of Housing and Redvelopment
168 W. Alisal St., 3rd Floor
Salinas, CA 93901