



City of Rocklin Affordable Housing Program

Thank you for your interest in the City of Rocklin's **Affordable Housing Program**. Upon submitting the attached documents, City staff will review the forms and determine your household income level. To qualify, the household income cannot exceed 80% of the 2025 Placer County median income.

Please complete all forms in this packet, including a signature.

Questions? Please contact our Housing Division at housing@rocklin.ca.us or (916) 625-5592 before submitting your application.

Completed forms may be submitted via e-mail at the address above, or mailed/delivered to the City of Rocklin:

Attn: City Manager's Office – Housing Division
3970 Rocklin Road
Rocklin, CA 95677

Income Qualification Threshold

For a two (2) bedroom unit, the household's maximum income cannot exceed: **\$92,650**

For a three (3) bedroom unit, the household's maximum income cannot exceed: **\$102,900**

CITY OF ROCKLIN, CITY MANAGER'S OFFICE

3970 Rocklin Road, Rocklin, CA 95677

rocklin.ca.us | P. 916.625.5000 | F. 916.625.5095 | TTY. 916.632.4013



City of Rocklin Affordable Housing Program

City of Rocklin Affordable Housing Program Application Instructions

PLEASE COMPLETE THE FOLLOWING FORMS:

- ☐ Owner Occupancy Declaration and Verification Form (Page 2)
- ☐ Certification of Qualified Purchaser Eligibility Form (Page 3)
- ☐ Statement of Basic Financial Information (Page 5)

PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

- ☐ Pay Stubs (at least 2 months, most recent)
- ☐ Bank Statements (at least 2 months, most recent)
Includes Checking, Savings, Crypto, Venmo, etc.
- ☐ Most Recent Tax Returns (2024)



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Owner Occupancy Declaration and Verification Form

Desired Property Address: _____
Street City State Zip

I/we, _____, declare the following:

- I/we plan to buy the residence ("Home" or "Property") shown above with the intent to occupy the Home as my primary residence; and
- I/we agree not to rent or lease the Home to any individual or household, including renting or leasing the property to any of my family members.
- I/we understand that the City of Rocklin may require documentation including but not limited to utility and tax bills, as frequently as on an annual basis to verify that the property is owner occupied. I/we will provide this information promptly upon request.

Current Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____

Email Address: _____

I/we declare under penalty of perjury under the laws of California that the foregoing is true and correct.

Applicant Signature

Applicant Signature

Applicant Name

Date

Applicant Name

Date



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Certification of Qualified Purchaser Eligibility

I/we have read and answered truthfully, fully frankly and personally each of the following questions for all persons who are to purchase the Home being applied for in the above Subdivision project.

Listed below are the names of all persons who intend to reside in the Home:

Name of Members of the Household	Relationship to Head of Household	Age	Social Security Number	Place of Employment

Citizenship Status

☐ US Citizen ☐ Permanent Resident Alien ☐ Non-Permanent Resident Alien

Income Computation

The total anticipated income calculated in accordance with this Paragraph 1, of all persons (except children under the age of 18 years) listed above for the 12-month period beginning the date that I/we plan to move into a Home, is:

Estimated Income

Included in the total anticipated income are:

- a. All wage and salaries, overtime pay, commissions, fees and other compensation for personal services, before payroll deductions.

Excluded from such anticipated income are:

- a. Gifts;
- b. Reimbursements of medical expenses;
- c. Family assets, such as inheritances and insurance payments
- d. Scholarships paid directly to the student or the educational institution;
- e. Hazardous duty pay to a family member in the Armed Forces; and
- f. Foster child care payments



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Certification of Qualified Purchaser Eligibility

Purchasers exceeding a 20% down payment, cash assets in excess of \$100,000, receiving a gift, qualifying with a co-mortgagor and/or exceeding the income limit set forth in this affordable housing program will be qualified on a case-by-case basis. The City reserves the right to deny any applicants if they do not meet the qualifications of the affordable purchase program.

I/we declare under penalty of perjury under the laws of California that the foregoing is true and correct.

*All persons listed as Members of the Household who intend to reside in the Home, except children under the age of 18 years, must sign this form.

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date

Applicant Signature Date



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Statement of Basic Financial Information

Anticipated Amount of Down Payment

Please include the source of down payment funds.

Estimated Down Payment: _____

Source of Funding: _____

*If the source is a gift of funds, you must provide a signed letter from the gifter with the amount of funds.

Co-Signer

Please indicate if a co-signer is anticipated: ☐ Yes ☐ No

Anticipated Lender

☐ Conventional ☐ VA ☐ Other (Specify) _____

Form 1003 (Uniform Residential Loan Application)

Please attach Form 1003 (Uniform Residential Loan Application) to this application.