

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 2019 Placer County median income.

For a two (2) bedroom unit, the household's maximum income cannot exceed \$60,250.

For a three (3) bedroom unit, the household's maximum income cannot exceed \$66,900.

PLEASE COMPLETE

- Owner Occupancy Declaration and Verification Form**
- Certification of Qualified Purchaser Eligibility Form**

PLEASE PROVIDE

- Pay Stubs** (at least 2 months)
- Bank Statements** (at least 2 months)
- Tax Returns** (2018)
- Anticipated Amount of Down Payment** and source of down payment funds
- Form 1003, if applicable** (Uniform Residential Loan Application)

Please complete the forms including a signature.

Note – A current credit report may also be requested depending upon the nature of the information provided.

Please contact Sharon Cohen, Housing Specialist at (916) 625-5592 or sharon.cohen@Rocklin.ca.us before submitting your application if you have any questions.

Completed forms may be submitted via e-mail at the address above, or mailed/delivered to the City of Rocklin, Attn: Sharon Cohen - Housing, 3970 Rocklin Road, Rocklin, CA 95677

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**OWNER OCCUPANCY DECLARATION AND
VERIFICATION FORM**

Property Address: _____

1. I/we, _____, declare the following:
2. I/we plan to buy the residence (“Home” or “Property”) shown above with the intent to occupy the Home as my primary residence; and
3. 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.
4. 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.

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

Dated: _____

Purchaser(s): _____
(Type or Print Name)

(Type or Print Name)

Current Address: _____

Home Phone: _____

Work Phone: _____

Email Address: _____

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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 |
|----------------------------------|-----------------------------------|-----|------------------------|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 \$_____.

Included in the total anticipated income listed above 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. Reimbursement 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.

Purchasers exceeding a 20% downpayment, 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 "spirit" of the affordable purchase program.

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

| | | | |
|-----------|------|-----------|------|
| Applicant | Date | Applicant | Date |
| Applicant | Date | Applicant | Date |

[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.]

For Official Use Only

FOR COMPLETION BY City of Rocklin:

1. Calculation of eligible income:

| | | |
|----|--|----------|
| a. | Enter amount for entire household: | \$ _____ |
| b. | Deduct the amount which is excluded from such anticipated income according to Paragraph 1. | \$ _____ |
| c. | Total Eligible Income (line 1a less 1b): | \$ _____ |

2. The amount entered in 1c:

| | |
|----|---|
| a. | _____ Qualifies the applicant to the guidelines of not more than 80% of the median Placer County household income based on family size. |
| b. | Was verified by use of: |
| | _____ Employer income verification. |
| | _____ Copies of tax returns. |
| | _____ Other |

3. Address of Affordable Home to be conveyed: _____
 Affordable Purchase Price: _____