



----- City Use Only -----

Date application mailed: _____

Date disqualified/declined: _____

Reason: _____

**CITY OF FORT BRAGG
HOME Investments Partnership
OWNER OCCUPIED REHABILITATION PROGRAM
INTEREST FORM**

Date:

Name of Applicant:

Age: Sex: M F

Name of Co-Applicant:

Age: Sex: M F

Mailing address:

Phone Number(s):

Email:

Applicant Race and Ethnicity (for statistical purposes only)

RACE

White

American Indian or Alaska Native AND White

Black/African American

Black/African American AND White

Asian

Asian AND White

American Indian or Alaska native

American Indian/Alaska Native AND Black/African American

Native Hawaiian or Other Pacific Islander

Other

HISPANIC/LATINO ETHNICITY: Yes No

Yes, Mexican/Chicano Yes, Cuban Yes, Puerto Rican Yes, Other Hispanic/Latino:

Age of Applicants' children that will live in the home:

Ages & relationships of all other persons living in the home:

Is Applicant disabled? Yes No How many others living in home are disabled?

Total number of people in household:

Income of ALL persons living in the home (total MONTHLY amount): \$

Names of Employers for all members of household:

Signature of Applicant:

Print name:

Signature of Co-Applicant:

Print name:

City of Fort Bragg 2016 Income Limits for Owner Occupied Rehabilitation Program

1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
\$33,700	\$38,500	\$43,300	\$48,100	\$51,950	\$55,800	\$59,650	\$63,500

Please fax, mail, email, or bring this form in person to:

City of Fort Bragg, Community Development Department, 416 N. Franklin Street, Fort Bragg CA 95437;

Fax (707) 961-2802; email cdd@fortbragg.com

