



----- 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**

