




# Hollyhock Homeownership Program Application

Burbank Housing  790 Sonoma Avenue, Santa Rosa, CA 95404 ♦ (707) 526-9782 ♦ www.burbankhousing.org    
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**BEFORE YOU BEGIN:** Read the accompanying information brochure. Direct your questions to Angela Morgan at (707) 526-9782. Se habla Español.

How did you hear about Hollyhock?  Newspaper  Mailing  Flyer  Website  Friend  Other \_\_\_\_\_

## SECTION 1: CONTACT INFORMATION

Full Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Home address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Other Phone \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

## SECTION 2: CURRENT HOUSING INFORMATION

What is your current monthly rent payment? \_\_\_\_\_ How long have you lived at your current address? \_\_\_\_\_

Do any adult household members own a home now? \_\_\_\_\_ Have any adult household members owned a home in the past three years? \_\_\_\_\_

Do any adult household members currently own a mobile home? \_\_\_\_\_

## SECTION 3. HOUSEHOLD MEMBERS INFORMATION

	NAME	SOCIAL SECURITY #	DATE OF BIRTH	FULL-TIME STUDENT? YES - NO	RESIDENT ALIEN? YES - NO	US CITIZEN? YES - NO
ADULTS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
CHILDREN	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

## SECTION 4 EMPLOYMENT INFORMATION – List all household members who are over 18 years of age AND employed. Also list previous employer if employed in current job less than one year.

Name of Household Member \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Job/Title \_\_\_\_\_

Gross Monthly Income (Net income if self-employed) \_\_\_\_\_ Years Employed in this Type of Work \_\_\_\_\_

Name of Household Member \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Job/Title \_\_\_\_\_

Gross Monthly Income (Net income if self-employed) \_\_\_\_\_ Years Employed in this Type of Work \_\_\_\_\_

Name of Household Member \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Date(s) Employed \_\_\_\_\_ Job/Title \_\_\_\_\_

Gross Monthly Income (Net income if self-employed) \_\_\_\_\_ Years Employed in this Type of Work \_\_\_\_\_

