



City of San Carlos
Downpayment Assistance Loan (DAL) Program
Administered By:
 San Mateo County, Office of Housing
 262 Harbor Blvd., Bldg. A, Belmont, CA. 94002



Eligibility and Loan Application

Borrower				Co-Borrower			
Name _____		Age _____		Name _____		Age _____	
Present Address: No. Years ____ <input type="checkbox"/> Own <input type="checkbox"/> Rent				Present Address: No. Years ____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Street: _____				Street: _____			
City/State/Zip: _____				City/State/Zip: _____			
Previous Address: (if less than 2 years at present address)				Previous Address: (if less than 2 years at present address)			
Street: _____				Street: _____			
City/State/Zip: _____				City/State/Zip: _____			
Years at Previous Address: ____ <input type="checkbox"/> Own <input type="checkbox"/> Rent				Years at Previous Address: ____ <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, Divorced, widowed)		Dependants other than listed by co-borrower Number _____ Age(s) _____		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, Divorced, widowed)		Dependants other than listed by borrower Number _____ Age(s) _____	
Name and Address of Employer		Number of Years with this Employer _____ <input type="checkbox"/> Self Employed		Name and Address of Employer		Number of Years with this Employer _____ <input type="checkbox"/> Self Employed	
Position/Title		Type of Business		Position/Title		Type of Business	
Social Security Number		Home Phone	Business Phone	Social Security Number		Home Phone	Business Phone
Name, Address and Telephone Number of Previous Employer: (If employed by current employer less than 2 years)		Number of Years with this Employer _____		Name, Address and Telephone Number of Previous Employer: (If employed by current employer less than 2 years)		Number of Years with this Employer _____	
Gross Monthly Income				Monthly Housing Expense			
Item	Borrower	Co-Borrower	Total	Rent	\$ _____		
Base Employment	\$ _____	\$ _____	\$ _____	Mortgage	\$ _____		
Overtime							
Bonuses							
Commissions							
Dividends/Interest							
Net Rental Income							
Other (from following section)							
Total	\$ _____	\$ _____	\$ _____				

HOUSEHOLD COMPOSITION

List below **ALL** of the individuals who will be living in the home you are buying

#	Name	Age	Relationship to Applicant
1			
2			
3			
4			
5			
6			
7			
8			

Please Complete the Following Survey: Your response is voluntary and it will not be used in determining eligibility for this program. The information will be used ONLY by the City and County staff to complete statistical data for monitoring and testing program effectiveness. Individual respondents will not be identified in any reports issued.

BORROWER:

- Race/National Origin
- American Indian or Alaskan Native
- White – not of Hispanic Origin
- Hispanic
- Other (specify _____)
- Sex Female Male

CO-BORROWER:

- Race/National Origin
- American Indian or Alaskan Native
- White – not of Hispanic Origin
- Hispanic
- Other (specify _____)
- Sex Female Male

Any and all information (I/we) provide to the San Mateo County Office of Housing to establish (my/our) eligibility for participation in the San Carlos Downpayment Assistance Loan (DAL) Program will be held in strict confidence but will be shared between the County and the City for monitoring, auditing and establishing (my/our) eligibility for and compliance with the Program requirements. (I/we) therefore certify that all the information provided herein is true and correct to the best of (my/our) knowledge, and that if such information is later found to be to the contrary or otherwise misrepresented, (I/we) will suffer the loss of benefits obtained under this program and will be subject to any civil and criminal liability. (I/we) further certify that (I/we) have read and understand the qualifications, priority, method of selection and conditions described on the preceding pages.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

This program is being administered by the San Mateo County Office of Housing for the City of San Carlos

Return your completed application and **ALL** supporting documentation to:

San Mateo County
 Housing & Community Development
 262 Harbor Blvd., Bldg. A
 Belmont, CA. 94002

If you have any questions about the program, the completion of your application or the documents you are required to provide, please call the San Mateo County Home Buyer Information Line at (650) 802-5033.