CITY OF SAN BUENAVENTURA
AFFORDABLE HOUSING PROGRAM
STANDARD APPLICATION AND INSTRUCTIONS

1. **Important! Please complete, sign and return this application with all necessary documentation, including copy of accepted purchase offer from seller (the application will not be accepted without the accepted purchase contract offer) to**:

   Housing Authority of the City of San Buenaventura C/O Affordable Housing Program, 995 Riverside Street, Ventura CA 93001

   If the requested Information does not apply, write "None" or "N/A".

2. The applicant and all other adult household members (18 years of age or older) must sign the final page of this application including the General Release form certifying truth and accuracy of disclosed information and authorizing release of information.

3. All information on this application must be true, complete, and accurate. Incomplete applications will not be accepted. **Applications deemed to contain incomplete, misleading, or false information will be rejected.**

4. Submission of this application does not guarantee that you will be approved for the purchase of an income-restricted, affordable home. The City of San Buenaventura (Ventura) will verify the household income and assets to determine if program guidelines are being met.

*****IMPORTANT*****

DOCUMENTS REQUESTED BELOW ARE REQUIRED FOR SUBMISSION OF THIS APPLICATION AND MUST BE PROVIDED FOR ALL ADULT HOUSEHOLD MEMBERS (18 YEARS OR OLDER).
INCOMPLETE OR FALSE INFORMATION WILL CAUSE YOUR APPLICATION TO BE DENIED.

REQUIRED:

- ✓ Personal Federal Tax Returns including all schedules for the last 2 or 3 years depending on tract/development and its requirements; 2023, 2024 ,2025; last two (2) or three (3) years
- ✓ W-2 statements from all employers; 2023, 2024, 2025; last two (2) or three (3) years
- ✓ Pay stubs; two (2) or four (4) (a total of one (1) months worth) most recent/consecutive
- ✓ Bank statements (ALL pages) for ALL bank accounts; three (3) most recent/consecutive
- ✓ Landlord Information (name, address, contact information)
- ✓ Valid Driver's License or Identification Card
- ✓ Social Security Cards for all applicants

IF APPLICABLE:

- ➢ Three (3) recent consecutive IRA/401K statements / mutual fund / stock broker statements
- ➢ Current business or corporate P&L and Balance Sheet
- ➢ Three (3) years 1099 forms and copy of Business License for the past 2 years.
- ➢ Three (3) years corporate tax returns including all schedules
- ➢ Most recent Social Security Benefit Letter and copy of original award letter
- ➢ Copy of Divorce Decree (Marital settlement & final recorded copy)
- ➢ Bankruptcy FILING AND DISCHARGE documents explaining bankruptcy reason
- ➢ Original VA Certificate of Eligibility and copy of DD214 or Statement of Service, if Active
- ➢ Gift letter, copy of cancelled check, copy of deposit slips showing proof of deposit. If gift paid by cashier's check\money order, statement showing funds available in donor account

2026 Income Limits for Low and Moderate Income Households in Ventura County*

Number of Persons in Household								
Income Level	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
50%	$54,950	$62,800	$70,650	$78,500	$84,800	$91,100	$97,350	$103,650
80%	$87,950	$100,500	$113,050	$125,600	$135,650	$145,700	$155,750	$165,800
**110%	$104,400	$119,350	134,250	$149,150	$161,100	173,050	$184,950	$196,900
**120%	$113,900	$130,150	$146,450	$162,700	175,700	$188,750	$201,750	$214,750

* Adjusted for Household Size **Moderate Income Level will depend on Tract income restrictions

Purchase Property Address

Address		No.
City	State	Zip Code

Escrow Contact Information

Escrow Company	Escrow Officer	Phone
Address	Email	Escrow No.
City	State	Zip Code

Applicant(s) Information

Applicant Name:_____ Co-Applicant Name: _____

Address: _____
Street City State Zip

Applicant Phone No.:_____ Cell Phone No.: _____

Email address: _____

Household Composition

HH Member No.	Last Name	First Name / Middle Initial	Relationship to Primary Applicant	Date of Birth (MM/DD/YYYY)	Full-Time Student (Y or N)	Social Security Number
1			**Primary**			
2						
3						
4						
5						
6						
7						
8						

Employment Information

Complete this section with income information for each household member over 18 years of age. Monthly gross income includes wages, salaries, overtime pay, commissions, tips, bonuses, and other compensation.

1. Head of Household

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: ☑ Full-Time ☐ Part Time ☐ Seasonal/Temporary ☐ Self-Employed ☐ Retired

HR Representative: _____ Fax: _____

2. Co-Applicant

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: ☐ Full-Time ☐ Part Time ☐ Seasonal/Temporary ☐ Self-Employed ☐ Retireddd

HR Representative: _____ Fax: _____

3. Additional Adult Household Member

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: ☐ Full-Time ☐ Part Time ☐ Seasonal/Temporary ☐ Self-Employed ☐ Retired

HR Representative: _____ Fax: _____

4. Additional Adult Household Member

First and Last Name: _____

Employer: _____ Phone: _____

Employer Address: _____
Street City State Zip

Occupation: _____

Length of Employment: _____ Years _____ Months Gross Monthly Income: _____

Employment Status: ☐ Full-Time ☐ Part Time ☐ Seasonal/Temporary ☐ Self-Employed ☐ Retired

HR Representative: _____ Fax: _____

Declaration of Intent to Reside and Certification of Continued Occupancy

We/I hereby declare that we/I understand the real property being purchased is subject to the City of San Buenaventura Affordable Home Program restrictions outlined in Declaration of Covenants, Conditions and Restrictions. Upon the purchase of the property we/ I will occupy the home as our/my principal place of residence and at no time will lease or rent the property in whole or in part without the prior written approval of the City of San Buenaventura.

We/I acknowledge that lease or rental of a City of San Buenaventura Income-Restricted Affordable Housing Program home is a violation of the San Buenaventura Municipal Code, the Affordable Housing Program, and Declaration of Covenants, Conditions and Restrictions and may result in enforcement of the Municipal Code Sec 24.580.080.

We/I also acknowledge that the City of San Buenaventura will require a response to a certification of continuing occupancy mailed annually to the Affordable Home.

Signature, Head of Household	Date
Signature, Spouse/Co-Applicant	Date
Signature, Additional Household Member	Date

Cerification Statement and Authorization For Release of Information By All Household Members

For myself/ourselves, the undersigned, and for the minor children in my/our care, I/We certify the following:

I/We have read and understand the Instructions for Head of Household in the application for the City of San Buenaventura's Affordable Housing Program. All information we have given in this application is true, complete and accurate.

I/We understand that if the information provided on this application is deemed incomplete, City of San Buenaventura may not accept it.

I/We CERTIFY that the information provided on this application is true and accurate to the best of my/our knowledge. I/we further understand that providing false or incomplete representations on this application constitutes an act of fraud. False, misleading or incomplete information will result in the denial of this application for Affordable Housing Program.

I/We authorize, direct and give consent to the City of San Buenaventura to make any and all inquiries to verify the information in this application. We understand that pursuant to this Statement the City of San Buenaventura may request information which includes but is not limited to my sources of personal and business income and Social Security numbers. Further, I/we understand that such information regarding other household members included on this application may be requested. I/We understand that this Statement and Authorization cannot be used to obtain information not relevant to this application.

I/We authorize, direct and consent to the release of any information known by any federal, state or local agency, organization, business, or individual to the City of San Buenaventura which is necessary to complete and verify this application for the Affordable Housing Program. I/We understand that information obtained pursuant to this authorization may be used by the City of San Buenaventura in administering and enforcing the rules and policies of the Affordable Housing Program.

The sources that may be asked to release information may include but are not limited to your present employers, sources of credit information which produce "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. Code & 1681 a(d), state and federal offices which administer programs such as welfare, unemployment, Social Security, and assistance to veterans and schools.

I/We agree that a photocopy of this authorization may be used for the purposes stated herein. The original of this Statement and Authorization will be included in my file at the City of San Buenaventura and will have full effect for a year and one month from the date below. I/We understand I/we have the right to review our file and correct any information which we can show as incorrect.

I/We agree to notify the City of San Buenaventura in writing regarding any changes in our current household information, which would make incorrect any of the information given in this application including, but not limited to our address, telephone numbers, income sources and amounts, and household composition.

"The City of San Buenaventura is committed to providing equal housing opportunity for all people regardless of race, color, gender, religion, national origin, familial status or disability. If you believe you have been a victim of discrimination, contact the U.S. Department of Housing and Urban Development's Fair Housing Hotline at 1 (800) 669-9777."

Names and Signatures of <u>all Adult Household Members 18 years of age or older</u>.

1. **Printed Name:** _____ **Signature:** _____ **Date:** _____
2. **Printed Name:** _____ **Signature:** _____ **Date:** _____
3. **Printed Name:** _____ **Signature:** _____ **Date:** _____
4. **Printed Name:** _____ **Signature:** _____ **Date:** _____