



CITY OF CAPITOLA  
420 CAPITOLA AVENUE  
CAPITOLA CALIFORNIA 95010  
TELEPHONE/ TDD 831 475-7300  
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## **CITY OF CAPITOLA AFFORDABLE (INCLUSIONARY) HOUSING PROGRAM ELIGIBILITY APPLICATION PACKET**

### **Overview**

The sales price of an inclusionary unit and maximum incomes of potential buyers are established in Chapter 18.02 of the Capitola Municipal Code, "Affordable (Inclusionary) Housing in the City of Capitola." Owners must occupy the unit as their principal place of residence.

### **Notice of Unit Available for Sale**

The owner of an inclusionary unit must submit to the City a Notice of Unit for Sale. The City establishes a maximum allowable sales price, and authorizes the owner to sell the property to an eligible buyer.

### **How to Buy an Inclusionary Unit**

Potential buyers of inclusionary units may not have incomes greater than 120% of median income for their household size, and assets no greater than 1 ½ times the income limits. (Please see current income and assets limits in this packet.) Buyers of inclusionary units should review these limits, and determine that their income and assets are below the maximum allowed. If the seller agrees to consider a potential buyer, the buyer must submit an Eligibility Application to the Housing Authority of the County of Santa Cruz, in order to verify that their income and assets do not exceed the maximum allowable under the Inclusionary Ordinance.

The application includes a letter of referral from the seller to the Housing Authority requesting that the buyer be verified as income eligible. The seller must also pay an application processing fee to the Housing Authority, which must be included with the application. The seller (as well as the City and the buyer) will receive a letter of eligibility from the Housing Authority confirming the buyer is eligible to purchase the unit.

To complete the sale and close escrow on an inclusionary unit, the buyer is required to sign an Affordable Housing Declaration of Restrictions to be recorded against the property during escrow. The buyer must also sign a Performance Deed of Trust and other title documents, many of which are also recorded against the property.

### **Subsequent Resale of an Inclusionary Unit**

All subsequent sellers and buyers of inclusionary units must comply with the above information and procedures for as long as the unit is governed by the applicable Affordable Housing Declarations of Restrictions.

**CITY OF CAPITOLA  
AFFORDABLE (INCLUSIONARY) HOUSING PROGRAM  
2015 INCOME & ASSETS LIMITS**

**2015 Maximum Allowable Household  
Gross Annual INCOME & ASSETS**

*Based on the 2015 HCD Income Limits*

Family Size	Moderate Income Limit (120% of Median Income)	Assets Limit* (1½ x Income Limit)
1	\$73,100	\$109,650
2	\$83,500	\$125,250
3	\$93,950	\$140,925
4	\$104,400	\$156,600
5	\$112,750	\$169,125
6	\$121,100	\$181,650
7	\$129,450	\$194,175
8	\$137,800	\$206,700

\*Funds used to purchase the unit are not counted as assets.



## CITY OF CAPITOLA AFFORDABLE HOUSING PROGRAM



### APPLICATION CHECKLIST

*This application will be used to determine your eligibility to purchase an affordable housing unit located in the City of Capitola. The following items must be submitted to the Housing Authority of the County of Santa Cruz at 2931 Mission Street, Santa Cruz, CA 95060, in order to process this application.*

1.  **Processing Fee:** Seller to submit a check in the amount of \$135.00 made payable to the Housing Authority.
  2.  **Letter of Referral for Affordable Housing Unit Buyer:** (Attached) Seller or seller's agent to fill out, date and sign. Provide all requested information
  3.  **Eligibility Application:** (Attached) Fill out, date and sign. Provide all requested information.
  4.  **Authorization to Release Information:** (Attached) Fill out, date and sign. This form authorizes the Housing Authority to collect information necessary to determine your eligibility.
  5.  **Verification of Employment:** (Attached) The employer of each adult member of your household must complete and submit this form directly to the Housing Authority –make copies of the form as needed. If a household member has two jobs, each employer must submit a form. Forms may be mailed to the Housing Authority at 2931 Mission St., Santa Cruz, CA 95060 or may be faxed to 831-469-3712. Also submit a copy of all employed household members' most recent pay stub for all employment
  6.  **Profit and Loss Statement:** Required only if self-employed; must be prepared by a certified accountant or bookkeeper on their letterhead.
  7.  **Verification of Deposit:** (Attached) Use one form for each depository - make copies of the form as needed. Fill-in your name, address, social security number; sign and date. Give to your depository with instructions to fill out and return directly to Housing Authority. You must provide a verification form for the following sources:

<input type="checkbox"/> Interest	<input type="checkbox"/> Retirement benefits
<input type="checkbox"/> Dividends	<input type="checkbox"/> Rental income
<input type="checkbox"/> Bonuses	<input type="checkbox"/> Disability payments
<input type="checkbox"/> Social security payments	<input type="checkbox"/> Unemployment insurance payments
<input type="checkbox"/> Checking accounts	<input type="checkbox"/> Savings Accounts
- Verifications of Deposits must be returned to the Housing Authority by the depositories. Forms may be mailed to the Housing Authority of the County of Santa Cruz at 2931 Mission St., Santa Cruz, CA 95060 or may be faxed to 831-469-3712.*
- Submit a copy of the most recent Award or Benefit Notification letter, earnings statement, account statement, lease agreement etc. related to the above-listed sources of income.*
8.  **Alimony or Child Support:** Provide a copy of most recent alimony or child support court decree indicating current payment schedule. If separated, submit legal separation documents showing the payment schedule and amount.
  9.  **Stocks and Bonds:** Submit a copy of each or provide a Statement of Value from a broker, bank or certified public accountant.

10.  **Real Estate:** *For all real estate owned, submit a Statement of Estimated Value prepared by a real estate broker on letterhead, bank statements or a report from the County Assessor Office.*
11.  **Federal Income Tax Returns:** *Submit a copy of the three most recent federal income tax returns - must be signed in ink by applicant, no photocopied signatures. Include all appropriate Schedules, W2 and 1099 forms. If any adult member of the household was not required to file a tax return in the most recent filing year, they must complete the attached "Income Tax Affidavit".*
12.  **Lender and Title Company Information:** *(Attached)*

**The above information is required of all adult household members - eligibility is calculated based upon income from all household members. The information must be verified by supporting documentation.**

**Lack of documentation will delay processing of your application.**





**CITY OF CAPITOLA  
AFFORDABLE HOUSING PROGRAM**

**LETTER OF REFERRAL FROM SELLER OR SELLER'S AGENT  
FOR AFFORDABLE HOUSING BUYER**

Date: \_\_\_\_\_

Housing Authority of the County of Santa Cruz  
Attn: Beth Ahlgren  
2931 Mission Street  
Santa Cruz, CA 95060-5709

**RE: Letter of Referral for Affordable Housing Buyer**

**Unit Address:** \_\_\_\_\_

This letter is to refer \_\_\_\_\_ ("Applicant(s)") as a potential buyer of the inclusionary unit listed above. Please verify that this Applicant's income and assets do not exceed the maximum allowed by the applicable City of Capitola resolution governing my property.

Enclosed is my \$135.00 check for processing the eligibility application and a copy of the City of Capitola Buyer Preference Confirmation letter.

<b>Name of Seller/Owner:</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	
<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Phone:</b>	

\_\_\_\_\_  
Signature of Seller/Owner or Seller's/Owner's Agent



**CITY OF CAPITOLA  
AFFORDABLE HOUSING PROGRAM**



**ELIGIBILITY APPLICATION**

*This application will be used to determine your eligibility to buy an affordable housing unit in the City of Capitola. Please provide **all** information requested.*

*Return completed package to: **The Housing Authority of the County of Santa Cruz at 2931 Mission St., Santa Cruz, CA 95060.***

**A. Applicant Information**

1. Legal Name: \_\_\_\_\_  
Applicant Name Social Security Number
  
2. Current Residence: \_\_\_\_\_  
Street Address City, State, Zip
  
3. Applicant Telephone: \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**B. Co-Applicant Information**

1. Legal Name: \_\_\_\_\_  
Applicant Name Social Security Number
  
2. Current Residence: \_\_\_\_\_  
Street Address City, State, Zip
  
3. Applicant Telephone: \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**C. Unit Information:**

1. Address: \_\_\_\_\_  
Street Address  
  
\_\_\_\_\_  
City, State, Zip
  
2. Assessor's Parcel Number: \_\_\_\_\_
  
3. Approximate square footage: \_\_\_\_\_
  
4. Number of bedrooms: \_\_\_\_\_
  
5. Number of bathrooms: \_\_\_\_\_

**D. Applicant Employer Information**

- 1. Employer Name: \_\_\_\_\_
- 2. Employer Address: \_\_\_\_\_
- 3. Employer Phone: \_\_\_\_\_
- 4. Employment Start Date: \_\_\_\_\_
- 5. Number of Hours Worked Per Week: \_\_\_\_\_
- 6. Gross Monthly Income (before deductions): \$ \_\_\_\_\_

**E. Co-Applicant Employer Information**

- 1. Employer Name: \_\_\_\_\_
- 2. Employer Address: \_\_\_\_\_
- 3. Employer Phone: \_\_\_\_\_
- 4. Employment Start Date: \_\_\_\_\_
- 5. Number of Hours Worked Per Week: \_\_\_\_\_
- 6. Gross Monthly Income (before deductions): \$ \_\_\_\_\_

**F. Family Composition** - list all members of household, including Applicant and Co-Applicant

Household Member	Birth Date	Social Security	Relation to Applicant
			Applicant
			Co-Applicant

**G. Applicant Income and Assets:** (please provide income and asset information requested in table below)

Applicant eligibility is calculated using the gross income of all adult members of the household. Gross income (as defined by Revenue Ruling 86-124 of the Internal Revenue Code) is the applicant's annual gross income. Annual gross income is the sum of gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay plus any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc.; and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Income from assets must also be counted.

The income to be taken into account in determining annual gross income is income of the applicant (mortgagors) and any other person who is expected to both (1) live in the residence being financed and (2) to be secondarily liable on the mortgage. If the co-borrower, co-signer, or co-habitor meets both requirements in the sentence above, include his/her income in gross income calculations. Income includes the income of both spouses as well as all household members 18 years of age and over.

**GROSS ANNUAL INCOME WORKSHEET**

<b>Gross Annual Income - see Exhibit "A" for list of income inclusions/exclusions</b>				
<b>Household Member</b>	<b>a. Wages/Salaries</b>	<b>b. Benefits/Pensions</b>	<b>c. Other Income</b>	<b>d. Asset Income</b>
				<b>Enter line 4 amount from Gross Annual Asset Table (below) here.</b> 
<b>1 Totals</b>	a. \$ _____	b. \$ _____	c. \$ _____	d. \$ _____
<b>2. Gross Annual Income: (Enter total of Box 1a through 1d)</b>				<b>2. \$ _____</b>

<b>Gross Annual Assets - see Exhibit "B" for list of asset inclusions</b>			
<b>Household Member</b>	<b>Asset Description</b>	<b>Current Cash Value</b>	<b>Actual Income From Asset</b>
<b>3. Total Cash Value of Assets</b>		<b>3. \$ _____</b>	
<b>4. Total Actual Income From Assets</b>			<b>4. \$ _____</b>

<b>Checking, Saving, Money Market Accounts Etc.</b>			
<b>Depository Name/Address</b>	<b>Account Type</b>	<b>Account No.</b>	<b>Balance/Value</b>

*Submit a Verification of Deposit for all accounts shown above. Use separate Verification of Deposit form if more than one depository.*

#### **H. Applicant Certifications**

**The undersigned (“Applicant” and “Co-Applicant”), in conjunction with this Eligibility Application to purchase an affordable housing unit hereby certifies the following:**

1. Applicant understands and agrees that the affordable housing unit contemplated for purchase by Applicant will be used as Applicant’s principal place of residence within sixty days after close of escrow. Applicant certifies that the unit will not be used as an investment property or a vacation home.
2. Applicant will notify the City of Capitola in writing if the unit ceases to be Applicant’s principal place of residence.
3. Applicant understands and agrees that the City of Capitola may impose conditions on the occupancy of the unit set forth in the Affordable Housing Declaration of Restrictions required by this program.
4. Applicant’s gross annual income as stated above is \$ \_\_\_\_\_.
5. The total purchase price of the unit, including land, and if applicable, commissions, builders fees, hook-up fees, architectural fees, site improvements, discount points paid by seller, work credit, subcontracted items, or construction loan interest, but excluding any closing costs and permanent financing charges is \$ \_\_\_\_\_.
6. No additional agreement, either verbal or written, or understood, is presently contemplated for the completion of or the addition to the unit unless the estimated cost of the completion and/or addition is included in the purchase price.
7. No portion of Applicant’s acquisition financing of the unit is or will be provided from the proceeds of a qualified mortgage bond.
8. No person related to Applicant has or is expected to have an interest as a creditor in the acquisition loan for the unit.

9. Applicant understands that Applicant may seek financing from any lender of Applicant's choosing.
10. Applicant understands that the decision to provide acquisition financing is completely within the discretion of the lender to whom Applicant applies for a loan. Neither the City of Capitola nor the Housing Authority of the County of Santa Cruz play a role in the lender's decision to make a loan to Applicant nor the amount of said loan.
11. Applicant understands and agrees that this Application will be relied upon for purposes of determining Applicant's eligibility for the purchase of an affordable housing unit.
12. Applicant understands and agrees that a material misstatement negligently made in this Application or in any other statement made by Applicant in connection with this Application will constitute a federal violation punishable by a fine, in addition to any criminal penalty imposed by law.
13. Applicant understands and agrees that, in addition, any material misstatement or false statement which affects Applicant's eligibility will result in a denial of Applicant's Application.

**I declare under penalty of perjury in the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Printed Name

**I. Lender Certification** - (must be completed by the lender from whom the Applicant is applying for a loan to purchase the affordable housing unit.)

Lender hereby certifies that to the best of its knowledge and belief, the information and certifications contained within this application are consistent with the information submitted by Applicant in connection with Applicant's application for acquisition financing from Lender.

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Lender/Mortgage Company Name

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Signature of Loan Officer/Mortgage Broker

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Printed Name of Loan Officer/Mortgage Broker

**J. Applicant Race/Ethnicity** *(please provide information requested)*

Applicant	Co-Applicant
<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Decline to answer
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Black/African American AND White	<input type="checkbox"/> Black/African American AND White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Asian AND White	<input type="checkbox"/> Asian AND White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> American Indian or Alaska Native AND White	<input type="checkbox"/> American Indian or Alaska Native AND White
<input type="checkbox"/> American Indian or Alaska Native AND Black/African American	<input type="checkbox"/> American Indian or Alaska Native AND Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic/Latino (Mexican/Chicano)	<input type="checkbox"/> Hispanic/Latino (Mexican/Chicano)
<input type="checkbox"/> Hispanic/Latino (Puerto Rican)	<input type="checkbox"/> Hispanic/Latino (Puerto Rican)
<input type="checkbox"/> Hispanic/Latino (Cuban)	<input type="checkbox"/> Hispanic/Latino (Cuban)
<input type="checkbox"/> Hispanic/Latino (Other)	<input type="checkbox"/> Hispanic/Latino (Other)

**EXHIBIT "A"**  
**24 CFR PART 5 ANNUAL INCOME INCLUSIONS AND EXCLUSIONS**

**Part 5 Income Inclusions** - This table presents the Part 5 income inclusions as stated in the Code of Federal Regulations.

<b>General Category</b>	<b>Statement from 24 CFR 5.609 (b) - April 1, 1998</b>
1. Income from wages, salaries, tips, etc.	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business Income	Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness cannot be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Retirement & Insurance Income	The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except as provided in number 14 of Income Exclusions).
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in number 3 of Income Exclusions).
6. Welfare Assistance	Welfare Assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of: · the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus · the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph is the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gift Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. Armed Forces Income	All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).

**EXHIBIT "A"**  
**(con't)**

**Part 5 Income Exclusions** - This table presents the Part 5 income exclusions as stated in the Code of Federal Regulations.

<b>General Category</b>	<b>Statement from 24 CFR 5.609 (b) - April 1, 1998</b>
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
7. "Hostile Fire" Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
8. Self-Sufficiency Program Income	<ul style="list-style-type: none"> <li>a. Amounts received under training programs funded by HUD.</li> <li>b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).</li> <li>c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and that are made solely to allow participation in a specific program.</li> <li>d. Amounts received under a resident service stipend (as defined in 24 CFR 5.609(c)(8)(iv)).</li> <li>e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program.</li> </ul>
9. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
10. Reparation Payments	Reparation payments paid by a foreign government pursuant to claims under the laws of that government by persons who were persecuted during the Nazi era.
11. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
12. Adoption Asst. Payments	Adoption assistance payments in excess of \$480 per adopted child.

**EXHIBIT "A"**  
**(con't)**

**Part 5 Income Exclusions**

13. Family Support Act Income	For public housing only, the earnings and benefits to any family member resulting from the participation in a program providing employment training and supportive services in accordance with the Family Support Act of 1988, section 22 of the 1937 Act (43 U.S.C. 1437t), or any comparable federal, state or local law during the exclusion period.
14. Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	<p>Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including:</p> <ul style="list-style-type: none"> <li>• The value of the allotment made under the Food Stamp Act of 1977;</li> <li>• Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);</li> <li>• Payments received under the Alaskan Native Claims Settlement Act;</li> <li>• Payments from the disposal of funds of the Grand River Band of Ottawa Indians;</li> <li>• Payments from certain submarginal U.S. land held in trust for certain Indian tribes;</li> <li>• Payments, rebates or credits received under Federal Low-Income Home Energy Assistance Programs (includes any winter differentials given to the elderly);</li> <li>• Payments received under the Main Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 9z Stat. 1785);</li> <li>• The first \$2,000 of per capita shares received from judgments awarded by the Indian Claims Commission or the Court of Claims or from funds the Secretary of Interior holds in trust for an Indian tribe;</li> <li>• Amounts of scholarships funded under Title IV of the Higher Education act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs, or veterans benefits;</li> <li>• Payments received under Title V of the Older Americans Act (Green Thumb, Senior Aides, Older American Community Service Employment Program);</li> <li>• Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.);</li> <li>• Earned income tax credit;</li> <li>• The value of any child care provided or reimbursed under the Child Care and Development Block Grant Act of 1990; and</li> </ul> <p>Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for native Americans and migrant and seasonal farm workers, Job Corps, veterans' employment programs, State job training programs and career intern programs).</p>

**EXHIBIT "B"**  
**ASSET INCLUSIONS**

<b>Inclusions</b>	<ol style="list-style-type: none"><li>1. Cash held in savings accounts, checking accounts, safe deposit boxes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.</li><li>2. Marketable securities, stocks, bonds, and other forms of capital investment.</li><li>3. Equity in real estate.</li><li>4. Other personal property which is readily convertible to cash.</li><li>5. Inheritance already received</li><li>6. Lump sum insurance payments already received.</li><li>7. Settlements for personal property damage already received.</li> <li>8. <i>Please note: If you are cashing out any of the above assets in order to complete the purchase of the affordable unit, please attach the <u>estimated</u> closing cost statement from the Title Company in order to verify the amount to be used for the purchase.</i></li></ol>
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**CITY OF CAPITOLA  
AFFORDABLE HOUSING PROGRAM**



**AUTHORIZATION TO RELEASE INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Signature of Applicant below (use of the term "Applicant" herein includes both Applicant and Co-Applicant) authorizes the Housing Authority of the County of Santa Cruz to obtain any and all information concerning Applicant's employment, benefits, income and assets, and any other sources of income and any other information in connection with Applicant's City of Capitola Affordable Housing Eligibility Application.

This form may be reproduced or photocopied and that copy shall be as effective a consent as the original of this form as signed by Applicant.

Applicant understands that this information is being collected by the Housing Authority of the County of Santa Cruz for the purposes of determining Applicant's eligibility to purchase an affordable housing unit and may be shared with the City of Capitola.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Applicant



**CITY OF CAPITOLA  
AFFORDABLE HOUSING PROGRAM**



**VERIFICATION OF EMPLOYMENT**

The Housing Authority of the County of Santa Cruz administers the City of Capitola Affordable Housing Program. To determine applicant eligibility, the Housing Authority must verify the Applicant's income and assets. Your cooperation is requested in supplying this information for the Applicant named below. This information will be held in strict confidence, and shall only be used in determining the Applicant's eligibility for this program.

The undersigned Applicant hereby authorizes and requests the Employer named below to furnish the information requested on this form directly to the Housing Authority of the County of Santa Cruz at 2931 Mission St., Santa Cruz, CA 95060 or by fax to 831-469-3712.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

EMPLOYER	APPLICANT
_____ Employer Name	_____ Applicant Name
_____ Employer Address	_____ Applicant Address
_____ City, State, Zip	_____ City, State, Zip
	_____ Social Security Number

THIS SECTION TO BE COMPLETED BY EMPLOYER					
Applicant's Date of Employment:	Current Base Pay: \$ _____		For Military Personnel Only		
Present Position:	<input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other : _____		Pay Grade:		
			TYPE	MONTHLY AMT.	
Probability of Continued Employment:	EARNINGS		Base Pay:	\$	
If Overtime or Bonus pay is applicable, is its continuance likely?  Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No  Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No			Rations:	\$	
	TYPE	YR. TO DATE SINCE	PAST YEAR	Flight or Hazard:	\$
	Base Pay:			Clothing:	\$
	Overtime:			Quarters:	\$
	Commissions			Pro Rate:	\$
	Bonus			Overseas and/or Combat:	\$
Remarks (if paid hourly, please indicate average hours worked each week during current and past year):					
Signature of Employer:		Title:		Date:	



**CITY OF CAPITOLA  
AFFORDABLE HOUSING PROGRAM**



**VERIFICATION OF DEPOSIT**

The Housing Authority of the County of Santa Cruz administers the City of Capitola Affordable Housing Program. To determine applicant eligibility, the Housing Authority must verify the Applicant's income and assets. Your cooperation is requested in supplying this information for the Applicant named below. This information will be held in strict confidence, and shall only be used in determining the Applicant's eligibility for this program.

The undersigned Applicant hereby authorizes and requests the Depository named below to furnish the information requested on this form directly to the Housing Authority of the County of Santa Cruz at 2931 Mission St., Santa Cruz, CA 95060 or by fax to 831-469-3712.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date

DEPOSITORY	APPLICANT
_____ Depository Name	_____ Applicant Name
_____ Depository Address	_____ Applicant Address
_____ City, State, Zip	_____ Social Security Number

VERIFICATION OF DEPOSITORY					
Deposit Accounts of Applicant(s) These two columns completed by Applicant		These four columns completed by Depository			
Account Type	Account #	Current Balance	Interest Rate	Average Balance For Previous Two Months	Date Opened
		\$			
		\$			
		\$			
		\$			

Loans Outstanding to Applicant(s) - These four columns completed by Applicant				These three columns completed by Depository		
Loan #	Date of Loan	Original Amount	Current Balance	Installments (Month/Quarter)	Secured By:	Late Pays

Additional information which may be assistance in determination of Applicant's credit worthiness: (this section completed by Depository; please include information on any loans paid-in-full as noted above)		
Signature of Depository	Title and Phone Number	Date



**CITY OF CAPITOLA  
AFFORDABLE HOUSING PROGRAM**



**LENDER AND TITLE COMPANY INFORMATION**

<b>LENDER/MORTGAGE BROKER</b>	
<b>Name of Lender/Broker:</b> _____	<b>Name of Loan Officer/Broker:</b> _____
<b>Address of Lender/Broker:</b>  <b>Street Address</b> _____  <b>City, State, Zip</b> _____	<b>Loan Officer/Broker Telephone Number:</b> _____

<b>TITLE COMPANY</b>	
<b>Name of Title Company:</b> _____	<b>Name of Title Officer:</b> _____
<b>Address of Title Company:</b>  <b>Street Address</b> _____  <b>City, State, Zip</b> _____	<b>Title Company Telephone Number:</b> _____  <b>Escrow Number:</b> _____