



CITY VENTURES
Building It Forward

**Homeownership Program
APPLICATION AND INCOME CERTIFICATION FORM**

An income certification is required as one of the stipulations of purchasing an affordable home inclusionary housing program with the City of San Bruno. In order to ensure compliance, please fill out the following and return it to the onsite Sales Manager.

NAME OF APPLICANT(S):

PRESENT HOME ADDRESS:

Home Phone: _____

Work Address: _____

Cell Phone: _____

Email Address: _____

Work Phone: _____

Names of Members of Household	Relationship to Head of Household	Date of Birth	Employer or Other Source of Income	Annual Gross Income*
	Head			\$
				\$
				\$
				\$
				\$
				\$
				\$
Anticipated gross income of all adults during the next 12month period:				\$ _____

***Annual Gross Income** includes:

- 1) all wages and salaries, overtime, commissions and bonuses **BEFORE** payroll deductions;
- 2) full amount of periodic payment(s) received from Social Security, annuities, insurance policies, retirement funds, pensions, disability of death benefits, alimony, child support and regular contributions/gifts;
- 3) payments in lieu of earnings.

Total value of all assets (excluding personal property): \$ _____

Income expected from assets during next 12month period: (Interest, dividends, etc.)..... \$ _____

TOTAL OF ALL INCOME DURING NEXT 12 MONTH PERIOD:..... \$ _____

THIS IS A PRELIMINARY SELF CERTIFICATION ONLY

The undersigned certifies that all of the above information is a full disclosure of all income and is true and correct.

Date

(Applicant's Signature)

Date

(Applicant's Signature)