



CITY OF OAKDALE
First Time Home Buyer
Down Payment Assistance Program
Program Interest Form

Date: _____ Owned a home in the last 3 years? Yes No
 Applicant's Name _____ Age _____ Are You Disabled? Yes No
 Co-Applicant's Name _____ Age _____ Are You Disabled? Yes No
 Mailing Address: _____
 Telephone: _____

Number of People In Household: _____

Name(s)	Age	Sex	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ethnicity of Applicant		
For statistical purposes only		Check one:
1	American Indian/Alaska Native	
2	Asian	
3	Black/African American	
4	Native Hawaiian/Pacific Islander	
5	White	
6	American Indian/Alaska Native AND White	
7	Asian AND White	
8	Black/African American AND White	
9	American Indian/Alaska Native AND Black/African American	
10	Other	
Ethnicity: If Hispanic/Latino, check one of the following:		
<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban <input type="checkbox"/> Other Latino

Income of All Persons Living in the Home (Specify Total Gross *Monthly* Amount): _____

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

Fax or Mail Form to:
 City of Oakdale
 455 South Fifth Avenue
 Oakdale, CA 95361
 Phone: (209) 845-3625
 (866) 735-0193 TDD
 Fax: (209) 847-8903

For Official Use Only	
If Qualified:	Date Assistance Provided: _____
If Not Qualified:	Reason: _____

INCOME LIMITS (HUD 2008)

1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
\$31,650	\$36,150	\$40,700	\$45,200	\$48,800	\$52,450	\$56,050	\$59,650

