

ELIGIBILITY WORKSHEET FOR COUNTY OF RIVERSIDE FIRST TIME HOMEBUYER PROGRAM

APPLICANT INFORMATION

Borrower		Co-Borrower	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Date of Birth		Date of Birth	
Home Number		Home Number	
Work Number		Work Number	
Social Security		Social Security	
Email		Email	

GROSS MONTHLY INCOME (include income for ALL persons in household)

	Borrower	Co-Borrower	Other Household Member	Other Household Member
Gross monthly income	\$	\$	\$	\$
Overtime	\$	\$	\$	\$
Bonuses	\$	\$	\$	\$
Commissions	\$	\$	\$	\$
Dividends/Interest	\$	\$	\$	\$
Alimony/Child Support	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Disability	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Other monthly income	\$	\$	\$	\$
TOTAL MONTHLY INCOME	\$	\$	\$	\$

HOUSEHOLD ASSETS

Name	Savings	Checking	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Assets	\$	\$	\$

PERSONS TO OCCUPY HOUSEHOLD (OTHER THAN APPLICANTS)

Name	Age	Relationship
TOTAL PERSONS IN HOUSEHOLD:		

- Have you owned real property in the last three years? ' Yes ' No
- Are you a U.S. citizen? ' Yes ' No
- Are you a permanent resident alien? ' Yes ' No
- Have you attended a homebuyer seminar? ' Yes ' No

OFFICE USE ONLY
Qualifying Income for Household Size:

' Income qualifies

