

# **CITY OF ROCKLIN**

## **AFFORDABLE HOUSING PROGRAM**

Thank you for your interest in the City of Rocklin's Affordable Housing Program. Upon submitting the attached documents, City staff will review the forms and determine your household income level.

To qualify, the household income cannot exceed 80% of the 2014 Placer County median income.

For a two (2) bedroom unit, the household's maximum income cannot exceed \$54,850.

For a three (3) bedroom unit, the household's maximum income cannot exceed \$60,900.

### **PLEASE COMPLETE**

- Owner Occupancy Declaration and Verification Form**
- Certification of Qualified Purchaser Eligibility Form**

### **PLEASE PROVIDE**

- Pay Stubs** (at least 2 months)
- Tax Returns** (2013)
- Form 1003, if applicable** (Uniform Residential Loan Application)

**Please complete the forms including a signature** and return your completed forms to the City of Rocklin, 3970 Rocklin Road, Rocklin, CA 95677.

If you have any questions, please contact **Leslie Woodman, Housing and Community Revitalization Manager (916) 625-5130**.

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**AFFORDABLE HOUSING PROGRAM**

**OWNER OCCUPANCY DECLARATION AND  
VERIFICATION FORM**

Property Address: \_\_\_\_\_  
\_\_\_\_\_

1. I/we, \_\_\_\_\_, declare the following:
2. I/we plan to buy the residence (“Home” or “Property”) shown above with the intent to occupy the Home as my primary residence; and
3. I/we agree not to rent or lease the Home to any individual or household, including renting or leasing the property to any of my family members.

I declare under penalty of perjury under the laws of California that the foregoing is true and correct.

Dated: \_\_\_\_\_

Purchaser(s): \_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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**CERTIFICATION OF QUALIFIED  
PURCHASER ELIGIBILITY**

I/we have read and answered truthfully, fully frankly and personally each of the following questions for all persons who are to purchase the Home being applied for in the above Subdivision project. Listed below are the names of all persons who intend to reside in the Home:

Name of Members of the Household	Relationship to head of Household	Age	Social Security Number	Place of Employment

**Income Computation**

The total anticipated income calculated in accordance with this Paragraph 1, of all persons (except children under the age of 18 years) listed above for the 12-month period beginning the date that I/we plan to move into a Home, is \$\_\_\_\_\_.

**Included** in the total anticipated income listed above are:

- a. All wage and salaries, overtime pay, commissions, fees and other compensation for personal services, before payroll deductions.

**Excluded** from such anticipated income are:

- a. Gifts;
- b. Reimbursement of medical expenses;
- c. Family assets, such as inheritances and insurance payments;

- d. Scholarships paid directly to the student or the educational institution;
- e. Hazardous duty pay to a family member in the Armed Forces; and
- f. Foster child care payments.

Purchasers exceeding a 20% downpayment, cash assets in excess of \$100,000, receiving a gift, qualifying with a co-mortgagor and/or exceeding the income limit set forth in this affordable housing program will be qualified on a case-by-case basis. The City reserves the right to deny any applicants if they do not meet the "spirit" of the affordable purchase program.

I/we declare under penalty of perjury that the foregoing is true and correct.

Applicant	Date	Applicant	Date
Applicant	Date	Applicant	Date

[All persons listed as Members of the Household who intend to reside in the Home, except children under the age of 18 years, must sign this form.]

***For Official Use Only***

FOR COMPLETION BY City of Rocklin:

1. Calculation of eligible income:
 

a.	Enter amount for entire household:	\$ _____
b.	Deduct the amount which is excluded from such anticipated income according to Paragraph 1.	\$ _____
c.	Total Eligible Income (line 1a less 1b):	\$ _____
  
2. The amount entered in 1c:
 

a.	_____ Qualifies the applicant to the guidelines of not more than 80% of the median Placer County household income based on family size.
b.	Was verified by use of:
	_____ Employer income verification.
	_____ Copies of tax returns.
	_____ Other
  
3. Address of Affordable Home to be conveyed: \_\_\_\_\_  
 Affordable Purchase Price: \_\_\_\_\_