

Robinson Rancheria Housing Department
Down Payment Assistance/ Off Reservation Home Ownership Application

Applicant Name _____ Daytime Phone _____

Co-Applicant _____ Home Phone _____

Mailing Address _____

Street/PO Box City State Zip Code

Physical Address _____

Street City State Zip Code

Family Information _____ Social Security _____ Date of Birth _____ Sex _____

_____ Applicant _____

_____ Co-Applicant _____

_____ Child _____

_____ Child _____

_____ Child _____

_____ Child _____

Employment Information (Provide information regarding all household members who are employed) this information will be entered into the Tribal Data Resources (TDR) system. This will determine what your percentage is based on the HUD's median household income guidelines. Please attach all income verifications to your application.

Applicant's Employer _____ Position/Title _____

Employer's Address _____ Length of Employment _____

Gross Monthly Income (income before deductions) _____ Hourly Rate _____

Previous Employer (If less than two years at current job) _____

Co-Applicant's Employer _____ Position/Title _____

Employer's Address _____ Length of Employment _____

Gross Monthly Income (income before deductions) _____ Hourly Rate _____

Previous Employer (If less than two years at current job) _____

Any other Household members employed? _____ Yes _____ No (if yes, on separate sheet of paper provide same information as shown above)

Escrow Information

(Attach a copy of Title/Escrow paper form title company.)

Name of title company _____ Escrow # _____

Address _____

Street/Po Box _____ City _____ State _____ Zip Code _____
Contact Person _____ Phone _____

Applicant Housing Information

How long have you lived at your current address? _____ Current Monthly Rent _____

Have you or your co-applicant owned a house in the past three (3) years? ___Yes ___No
If yes, how long ago and where was the property located? _____

Please list all places you have resident for at least a five year period.

Years at Address	Address	Landlord Name & Address	Contact Number

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

For Office Use Only

Date Application Received _____ By _____

Approved _____ Denied _____

Reason for Decision
