



**MONO COUNTY**  
**P.O. Box 347**  
**437 Old Mammoth Road, Suite P**  
**Mammoth Lakes, CA 93546**

**Phone: (760) 924-1836**  
**Fax: (760) 924-1801**

**CHECKLIST FOR OWNERSHIP APPLICATION**  
**PLEASE READ**

*You will need to provide and/or complete the following information before submitting your application to Mammoth Lakes Housing, Inc. Only complete applications will be processed. Documents may be emailed to [info@mammothlakeshousing.org](mailto:info@mammothlakeshousing.org). Please make sure the following items are completed and attached or submitted electronically:*

	<u>Primary Applicant</u>	<u>Other Household Members</u>
1. Copy of two (2) months pay stubs, most current.	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of two (2) months benefits statements of any type	<input type="checkbox"/>	<input type="checkbox"/>
3. Copy of previous three (3) years' FEDERAL Income Tax Returns	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of previous three (3) years' W-2's or 1099's.	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of six (6) months checking statements and current month savings or any retirement or other asset accounts statements.	<input type="checkbox"/>	<input type="checkbox"/>

**The following documents are contained within this application and MUST be completed:**

6. Application for ownership unit (pages 1-3)	<input type="checkbox"/>	<input type="checkbox"/>
7. Certification of Accuracy Statement (page 4)	<input type="checkbox"/>	<input type="checkbox"/>
8. Authorization for Release of Information (page 5)	<input type="checkbox"/>	<input type="checkbox"/>
9. Statement of Income and Assets	<input type="checkbox"/>	<input type="checkbox"/>
10. Pre-Qualification Letter from Mortgage Lender	<input type="checkbox"/>	
11. Equal Opportunity Input and Marketing Survey (Voluntary)	<input type="checkbox"/>	

**For MLH Use Only:**

Date submitted to MLH: \_\_\_\_\_

Application reviewed by: \_\_\_\_\_

Date returned to applicant to complete: \_\_\_\_\_

Income Level \_\_\_\_\_ at \_\_\_\_\_% AMI Waitlist # \_\_\_\_\_ Income Waitlist # \_\_\_\_\_



MLH believes that it is absolutely vital that we protect your privacy by keeping the information we have about you secure and confidential. We have policies and procedures in place to ensure the safety of your personal and financial information. We restrict access to your personal and account information to only those persons who need to know in order to process your application. We are providing you with this notice so that you are comfortable with the way we handle the information you provide us.

## Application for Ownership Unit



<b>Section 1 Household Information (legal names of all who will occupy home)</b>				
Name	Social Security Number	Date of Birth (mm/dd/yy)	Relationship (spouse, son, partner, etc)	Sex (M or F)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

<b>Section 2 Contact Information</b>	
Current Physical Address:	
Current Mailing Address:	
Current Phone Number(s):	
E-mail address	

(At least one member of the household must have worked the previous six months in Mono County for an average of 30 (thirty) hours per week or have lived in Mono County for the previous six months. Preference, excluding the HOME program, will be given to households who have at least one member of the household who has worked the previous six months in Mono County for an average of 30 (thirty) hours per week.)

<b>Section 3 Employment Information (for all working applicants 18 years of age and older)</b>					
Current Employer(s)	Employment Dates From/To	Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month
Previous Employer(s)					



**Section 4 Income Sources (for ALL household members 18 years old and older)**

W=wages    B=own business    M=military pay    CS=child support    P=pension  
SS=social security    U=unemployment    AI=asset income    O=other source (please specify)

Source of Income (use code above)	Gross amount Per month	Gross amount Per year	Received by (Applicant's name)
<b>Total income</b> (add all rows vertically)	<b>\$</b> per month	<b>\$</b> Per year	

*Please attach an additional page with income source if necessary*

*Applicant hereby verifies that the above information is accurate and complete. Any misrepresentation will disqualify the applicant.*

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (print or type)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**CERTIFICATE OF ACCURACY**  
**MAMMOTH LAKES HOUSING, INC.**  
**PO BOX 260, MAMMOTH LAKES, CA 93546**

I (We) hereby verify that all information provided is accurate and true. It is understood that if the documentation that I (We) have provided is found to be inaccurate or unverifiable, I (We) may be disqualified and face additional penalties as allowed by law. I (We) shall be notified by MLH as to my/our subsequent disqualification and the reasons thereof.

**All individuals to live in the home, 18 years of age or older, MUST sign this Certificate of Accuracy**

<hr/> Applicant's Name (print or type)	<hr/> Applicant's Signature	<hr/> Date
<hr/> Applicant's Name (print or type)	<hr/> Applicant's Signature	<hr/> Date
<hr/> Applicant's Name (print or type)	<hr/> Applicant's Signature	<hr/> Date
<hr/> Applicant's Name (print or type)	<hr/> Applicant's Signature	<hr/> Date





**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Mammoth Lakes Housing, Inc.**  
PO Box 260, Mammoth Lakes, CA 93546  
760-934-4740 Fax: 760-934-4724  
[www.mammothlakeshousing.com](http://www.mammothlakeshousing.com)

**CONSENT:**

I/We hereby authorize and direct any Federal, State or Local agency, organization, business or individual to release to Mammoth Lakes Housing, Inc. (MLH), on behalf of Mono County, any information or materials needed to complete and verify my/our application for housing.

I/We understand that depending on program policies and requirements, previous or current information regarding me/us or my/our household may be needed. Verification and inquires that may be requested include, but are not limited to employment, income, social security numbers, credit inquires, financial institutions, current and prior housing.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation in any Mono County program.

I/We understand I/We have the right to review my/our file and correct any information that I/We can prove is incorrect.

Failure to Sign Consent: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits or both. Denial of eligibility or termination of benefits is subject to the housing authority's grievance procedures and informal procedures.

**ALL APPLICANTS 18 YEARS OF AGE OR OLDER MUST SIGN THIS FORM**

_____ Print Name	_____ Signature	_____ Social Security Number
_____ Print Name	_____ Signature	_____ Social Security Number
_____ Print Name	_____ Signature	_____ Social Security Number
_____ Print Name	_____ Signature	_____ Social Security Number



**Statement of Income and Assets**

**MONO COUNTY**

**HOME Investment Partnerships Program (HOME): Income & Asset Inclusions**

Type of Income	Y/N	Type	Received from whom?	Amount Received Annually
<b>1 Salary:</b> The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees tips, and bonuses etc				
<b>2 The net income from the operation of a business of profession.</b> Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Services Regulations. Any withdrawal of cash or assets from the operation or business will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.				
<b>3 Interest, dividends, and other net income of any kind from real or personal property.</b> Expenditures for amortization of capital indebtedness shall not be used in determining net income. An allowance for depreciation and cash withdrawal as in number 2 (above).				
<b>4 Retirement and Insurance:</b> The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount.				
<b>5 Unemployment and Disability:</b> Payments in lieu of earnings, such as unemployment and disability compensation, and severance pay.				
<b>6 Welfare assistance:</b> Inc. welfare assistance made under the Temporary Assistance for Needy Families (TANF 45 CFR 260.31) program.				
<b>7 Alimony, Child Support, Gift Income:</b> Periodic and determinable allowances such as alimony and child support payments, and regular contributions or gift received organizations or from persons not residing in the dwelling.				
<b>8 Armed Forces Income:</b> All regular pay, special pay, and allowances of a member of the Armed Forces.				

<b>Type of Assets:</b>		<b>Y/N</b>	<b>Source</b>	<b>Total Value of Asset</b>	<b>Interest Earned Annually</b>
<b>1a</b>	Cash held in savings accounts (current balance)				
<b>1b</b>	Cash held in checking accounts (avg. balance for last 6 mos.)				
<b>1c</b>	Cash held in safe deposit boxes				
<b>1d</b>	Other cash				
<b>2</b>	Cash value of revocable trusts available to the applicant.				
<b>3</b>	Equity in rental property or other capital investments.				
<b>4</b>	Cash value of stocks or bonds.				
<b>5a</b>	Cash value of Treasury bills, certificates of deposit and money market accounts.				
<b>5b</b>	Individual retirement, 401(K), and Keogh accounts (even though early withdrawal could result in a penalty).				
<b>6</b>	Retirement and pension funds.				
<b>7</b>	Cash value of life insurance policies available before death.				
<b>8</b>	Personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.				
<b>9</b>	Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.				
<b>10</b>	Mortgages or deeds of trust held by applicant.				
<b>11</b>	Assets (cash, property, etc.) gifted or sold below market value in last 24 months.				

**APPLICANT'S CERTIFICATION**

I/we certify that all information on this **Mono County HOME Investment Partnerships Program (HOME): Income and Asset Inclusions** form is true and correct to the best of my/our knowledge and I/we understand that any deliberate falsifications are grounds for rejection of the application. I/we consent to all verification of any information herein contained.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Print Name

Print Name



**\*SAMPLE\***  
**PRE-QUALIFICATION FOR MORTGAGE**

*A Pre-qualification letter from a lender of your choice for your primary mortgage is an essential part of your application. A standard pre-qualification letter from your lending institution may be substituted for this form.*

I, \_\_\_\_\_  
(Print full name)

On this date, \_\_\_\_\_  
(day, month, year)

Do hereby declare that:

- I am approved for a mortgage of: \$ \_\_\_\_\_
- I have a down payment of: \$ \_\_\_\_\_
- The name of my Financial Institution is: \_\_\_\_\_
- Financial Institution Address: \_\_\_\_\_  
\_\_\_\_\_
- Financial Institution Phone Number \_\_\_\_\_
- Signature of Financial Institution Representative \_\_\_\_\_
- Printed Name of Financial Representative \_\_\_\_\_
- I acknowledge that this mortgage pre-approval is only valid based upon my current employment and income status.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# SURVEY QUESTIONS



## EMAIL NEWSLETTERS

Would you like your email address added to the Mammoth Lakes Housing mailing list for periodic, housing related, newsletters?  YES  NO

## CURRENT LIVING SITUATION

Is your current housing arrangement any of the following? Are you:

- Living somewhere, like a car or campground, not meant for full time living
- Sharing someone else's home, overcrowded
- More than 15 miles from your work location
- Living in a home that is not available year round
- Other: \_\_\_\_\_

## AFFIRMATIVE MARKETING

How did you hear about the housing opportunity? Please check all which apply.

- Newspaper ad (which newspaper? \_\_\_\_\_)  Site signs
- Radio ad (which radio station? \_\_\_\_\_)  Brochure/Flyer/Handout
- Friend/Relative  Acquaintance  Other: \_\_\_\_\_

## EQUAL OPPORTUNITY INPUT SURVEY

*\*\*Please note: Completing the following survey is voluntary. The information is confidential and may only be used by the collecting agency for government reporting purposes to monitor compliance with equal opportunity laws. The information you provide may not be used to screen applicants for residency.*

### HEAD OF HOUSEHOLD INFORMATION

- Single Head of Household:**  Yes  No
- Gender:**  Male  Female
- Age:**  20 or under  21-29  30-39  40-49  50-59  60 or over
- Yearly Income:**  under \$20,000  \$20,000 - \$29,999  \$30,000 - 39,999  
 \$40,000 - \$49,999  \$50,000 - \$59,999  \$60,000 or more

**Disability Information:** Do you have a disability?  Yes  No  
Do you require special accommodations?  Yes  No If yes, what type? \_\_\_\_\_

### RACE AND ETHNICITY INFORMATION

#### **RACE**

- White/Caucasian  American Indian or Alaska Native AND White/Caucasian
- Black/African American  Black/African American AND White/Caucasian
- Asian  Asian AND White/Caucasian
- American Indian or Alaska Native  American Indian/Alaska Native AND Black/African American
- Native Hawaiian or Other Pacific Islander  Other \_\_\_\_\_

#### **LATINO/HISPANIC ETHNICITY**

- Yes, Mexican/Chicano  Yes, Cuban  Yes, Puerto Rican
- Yes, Other Latino/Hispanic: \_\_\_\_\_  NO Latino/Hispanic Ethnicity