

**Measure O**

# **MEASURE O ELIGIBILITY APPLICATION**



CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM



APPLICATION CHECKLIST

*This application will be used to determine a prospective applicant's eligibility to either buy or rent a Measure O unit. Complete the attached Affordable Housing application and compile all required documentation listed on the **application checklist**. Once complete email Elizabeth Hutton from the Housing Authority at [elizabethh@hacosantacruz.org](mailto:elizabethh@hacosantacruz.org) to schedule an application intake appointment. Please note that incomplete applications or applications with missing documentation will not be accepted and the intake appointment will be rescheduled. Application packets will only be accepted during the scheduled intake appointment. No email attachments will be accepted, and no dropped-off application packets will be accepted.*

Check all documents submitted:

1.  **Referral Letter:** Seller/landlord must fill out, sign and date; and provide the letter to the applicant prior to the scheduled intake appointment.
2.  **Processing Fee:** Submit a check in the amount of \$250.00 made payable to the Housing Authority. The check must be from the seller or landlord of the property - no checks will be accepted from the applicant. More time for review and processing may be necessary if additional information is required and/or if application is incomplete upon submittal. HA will notify applicant and owner/agent if additional processing time is required.
  - o If more than 1 hour is required, HA retains the right to track additional time and charge Property Owner accordingly. Any additional charges shall be paid by Property Owner prior to the HA's issuance of the Certification Letter. For each quarter of an hour (15 mins) over the initial 1 hour, \$33.50 may be charged.
3.  **Eligibility Application:** Fill out, date and sign. Provide all requested information.
4.  **Authorization to Release Information:** Fill out, date and sign. This form authorizes the Housing Authority to collect information necessary to determine your eligibility.
5.  **Verification of Employment (VOE):** The applicant must submit the **three (3) most recent, consecutive months'** paystubs and/or benefit paystubs, with year-to-date gross income for each adult (ages 18 or older) in the household. If a household member has two or more jobs, submit wage statements for each employer. Additional statements can be requested at the discretion of the Housing Authority. If a household member does not have pay wage statements they must submit the Verification of Employment Affidavit that they do not have income. Submit an affidavit for every adult household member who does not have earned income.
6.  **Profit and Loss Statement:** Required only if self-employed; must be prepared by a certified accountant or bookkeeper on their letterhead. Must also submit complete, signed copies of **three (3) most recent** federal income tax returns - must be signed in ink by applicant, no photocopied signatures.
7.  **Verification of Deposit (VOD):** A VOD must be provided for each depository. The applicant must submit the household's total assets according to monthly statements and other valuations for the **three (3) months prior to the application date**. Additional statements can be requested at the discretion of the Housing Authority. If you do not provide this documentation when submitting your application, this will cause a delay in processing your application.

The following sources require verification forms:

- |   |  |
|---|--|
| <input type="checkbox"/> Interest                 | <input type="checkbox"/> Retirement benefits             |
| <input type="checkbox"/> Dividends                | <input type="checkbox"/> Rental income                   |
| <input type="checkbox"/> Bonuses                  | <input type="checkbox"/> Disability payments             |
| <input type="checkbox"/> Social security payments | <input type="checkbox"/> Unemployment insurance payments |
| <input type="checkbox"/> Checking accounts        | <input type="checkbox"/> Savings Accounts                |

8.  **Alimony or Child Support:** Provide a copy of most recent alimony or child support court decree indicating current payment schedule. If separated, submit legal separation documents showing the payment schedule and amount.
9.  **Stocks and Bonds:** Submit a copy of each or provide a Statement of Value from a broker, bank or certified public accountant.
10.  **Real Estate:** For all real estate owned, submit a Statement of Estimated Value prepared by a real estate broker on letterhead, bank statements or a report from the County Assessor Office.
11.  **Federal Income Tax Returns:** Submit a copy of the three (3) most recent federal income tax returns - must be signed in ink by applicant, no photocopied signatures, tax return transcripts not accepted. Include all appropriate Schedules, W2 and 1099 forms. If any adult member of the household was not required to file a tax return in the most recent filing year, they must complete the attached "Income Tax Affidavit".
12.  **Lender and Title Company Information:** For purchasers of Measure O units only. Also submit copy of draft Purchase Agreement if available.
13.  **Renter Affidavit:** Rental Applicants must provide information regarding their relationship to the landlord of the Measure O unit.
14.  **Buyer Affidavit:** Buyer Applicants must provide information regarding their relationship to the seller of the Measure O unit.

The above information is required of all adult household members - eligibility is calculated based upon income from all household members. The information must be verified by supporting documentation.

Lack of documentation will delay processing of your application and require that the intake appointment be rescheduled until the application is complete.

Submission of incomplete applications may result in additional processing fees.

The completed application and the seller/landlord's check must be present during the intake appointment at the Housing Authority of the County of Santa Cruz at 2160 41st Avenue, Capitola, CA 95010.

*continued next page*

## ***SPECIAL NOTICES:***

- 1. APPLICANTS MUST SIGN THE APPLICATION IN INK.**
- 2. APPLICANTS MUST RE-SIGN PHOTOCOPIES OF PRIOR YEARS' FEDERAL TAX IN INK.**
- 3. ALL SCHEDULES, W2S, AND 1099S SUBMITTED WITH THE ORIGINAL RETURNS MUST BE INCLUDED WITH THIS APPLICATION.**
- 4. EMAILS WITH TENANT ELIGIBILITY DOCUMENTS ATTACHED WILL NOT BE ACCEPTED BY THE HOUSING AUTHORITY. ALL SUCH DOCUMENTS MUST BE PRESENT DURING THE INTAKE APPOINTMENT WITH THE HOUSING AUTHORITY.**
- 5. THE HOUSING AUTHORITY IS UNABLE TO RETURN ORIGINAL DOCUMENTS TO YOU.**



**CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM**



**LETTER OF REFERRAL FOR MEASURE O BUYER/RENTER**

Date: \_\_\_\_\_

Housing Authority of the County of Santa Cruz  
2160 41st Avenue  
Capitola, CA 95010

**RE: Letter of Referral for Measure O Buyer/Renter**  
**Measure O Unit Address:** \_\_\_\_\_

This letter is to refer \_\_\_\_\_ (“Applicant”) as a potential buyer or renter of the Measure O unit listed above. Please verify that this Applicant’s income and assets do not exceed the maximum allowed by the applicable City of Santa Cruz resolution governing the unit.

Enclosed is my \$250.00 check for processing the eligibility application.

<b>Name of Seller/Landlord:</b>	
<b>Seller/Landlord Mailing Address:</b>	
<b>Seller/Landlord Email Address:</b>	
<b>Seller/Landlord Phone: Fax:</b>	
<b>Applicant Status:</b>	Please check the appropriate box: <input type="checkbox"/> Buyer <input type="checkbox"/> Renter
<b>Applicant Name:</b>	
<b>Applicant Mailing Address:</b>	
<b>Applicant Phone:</b>	

\_\_\_\_\_  
Signature of Seller/Landlord



**CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM**



**ELIGIBILITY APPLICATION**

*This application will be used to determine your eligibility to either buy or rent a Measure O unit. Provide all information requested and email Elizabeth Hutton from the Housing Authority to schedule an intake appointment: [elizabethh@hacosantacruz.org](mailto:elizabethh@hacosantacruz.org). Application packets will only be accepted during the scheduled intake appointment. No email attachments will be accepted, and no dropped-off application packets will be accepted.*

**A. Applicant Information**

1. Legal Name: \_\_\_\_\_  
Applicant Name Social Security Number
  
2. Current Residence: \_\_\_\_\_  
Street Address City, State, Zip
  
3. Applicant Telephone: \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**B. Co-Applicant Information**

1. Legal Name: \_\_\_\_\_  
Applicant Name Social Security Number
  
2. Current Residence: \_\_\_\_\_  
Street Address City, State, Zip
  
3. Applicant Telephone: \_\_\_\_\_  
Home Phone Work Phone Cell Phone

**C. Unit Information:**

1. Unit Type: *(check one)*       For Purchase       For Rent
  
2. Address: \_\_\_\_\_  
Street Address  
  
\_\_\_\_\_  
City, State, Zip
  
3. Assessor's Parcel Number: \_\_\_\_\_

- 4. Approximate square footage: \_\_\_\_\_
- 5. Number of bedrooms: \_\_\_\_\_
- 6. Number of bathrooms: \_\_\_\_\_

**D. Applicant Employer Information**

- 1. Employer Name: \_\_\_\_\_
- 2. Employer Address: \_\_\_\_\_
- 3. Employer Phone: \_\_\_\_\_
- 4. Employment Start Date: \_\_\_\_\_
- 5. Number of Hours Worked Per Week: \_\_\_\_\_
- 6. Gross Monthly Income (before deductions): \$ \_\_\_\_\_

**E. Co-Applicant Employer Information**

- 1. Employer Name: \_\_\_\_\_
- 2. Employer Address: \_\_\_\_\_
- 3. Employer Phone: \_\_\_\_\_
- 4. Employment Start Date: \_\_\_\_\_
- 5. Number of Hours Worked Per Week: \_\_\_\_\_
- 6. Gross Monthly Income (before deductions): \$ \_\_\_\_\_

**F. Family Composition - list all members of household, including Applicant and Co-Applicant**


Household Member	Birth Date	Social Security	Relation to Applicant
			Applicant
			Co-Applicant

**G. Applicant Income and Assets:** (please provide income and asset information requested in table below)

Applicant eligibility is calculated using the gross income of all adult members of the household. Gross income (as defined by Revenue Ruling 86-124 of the Internal Revenue Code) is the applicant's annual gross income. Annual gross income is the sum of gross monthly income multiplied by 12. Gross monthly income is the sum of monthly gross pay plus any additional income from overtime, part-time employment, bonuses, dividends, interest, royalties, pensions, Veterans Administration (VA) compensation, net rental income, etc.; and other income (such as alimony, child support, public assistance, sick pay, social security benefits, unemployment compensation, income received from trusts, and income received from business activities or investments). Income from assets must also be counted.

The income to be taken into account in determining annual gross income is income of the applicant (mortgagors) and any other person who is expected to both (1) live in the residence being financed and (2) to be secondarily liable on the mortgage. If the co-borrower, co-signer, or co-habitor meets both requirements in the sentence above, include his/her income in gross income calculations. Income includes the income of both spouses as well as all household members 18 years of age and over.

**GROSS ANNUAL INCOME WORKSHEET**

<b>Gross Annual Income - see Exhibit "A" for list of income inclusions/exclusions</b>				
<b>Household Member</b>	<b>a. Wages/Salaries</b>	<b>b. Benefits/Pensions</b>	<b>c. Other Income</b>	<b>d. Asset Income</b>
				<b>Enter line 4 amount from Gross Annual Asset Table (below) here.</b> 
<b>1 Totals</b>	a. \$ _____	b. \$ _____	c. \$ _____	d. \$ _____
<b>2. Gross Annual Income: (Enter total of Box 1a through 1d)</b>				<b>2.\$ _____</b>

<b>Gross Annual Assets - see Exhibit "B" for list of asset inclusions</b>			
<b>Household Member</b>	<b>Asset Description</b>	<b>Current Cash Value</b>	<b>Actual Income From Asset</b>



3. Total Cash Value of Assets		3. \$ _____	
4. Total Actual Income From Assets			4. \$ _____

<b>Checking, Saving, Money Market Accounts Etc.</b>			
<b>Depository Name/Address</b>	<b>Account Type</b>	<b>Account No.</b>	<b>Balance/Value</b>

*Submit a Verification of Deposit for all accounts shown above. Use separate Verification of Deposit form if more than one depository.*

**H. Applicant Certifications - Purchase of a Measure O Unit** *(if applying for rental eligibility, skip this section and move on to Section I)*

**The undersigned (“Applicant” and “Co-Applicant”), in conjunction with this Eligibility Application to purchase a Measure O unit hereby certifies the following:**

1. Applicant understands and agrees that the Measure O unit contemplated for purchase by Applicant will be used as Applicant’s principal place of residence within sixty days after close of escrow. Applicant certifies that the unit will not be used as an investment property or a vacation home.
2. Applicant will notify the City of Santa Cruz in writing if the unit ceases to be Applicant’s principal place of residence.
3. Applicant understands and agrees that the City of Santa Cruz will impose conditions on the occupancy of the unit set forth in the Affordable Housing Declaration of Restrictions or the Affordable Housing Developer Agreement governing the unit.
4. Applicant’s gross annual income as stated above is \$ \_\_\_\_\_.
5. The total purchase price of the unit, including land, and if applicable, commissions, builders fees, hook-up fees, architectural fees, site improvements, discount points paid by seller, work credit, subcontracted items, or construction loan interest, but excluding any closing costs and permanent financing charges is \$ \_\_\_\_\_.
6. No additional agreement, either verbal or written, or understood, is presently contemplated for the completion of or the addition to the unit unless the estimated cost of the completion and/or addition is included in the purchase price.
7. No portion of Applicant’s acquisition financing of the unit is or will be provided from the proceeds of a qualified mortgage bond.

8. No person related to Applicant has or is expected have an interest as a creditor in the acquisition loan for the unit.
9. Applicant understands that Applicant may seek financing from any lender of Applicant's choosing.
10. Applicant understands that the decision to provide acquisition financing is completely within the discretion of the lender to whom Applicant applies for a loan. Neither the City of Santa Cruz nor the Housing Authority of the County of Santa Cruz play a role in the lender's decision to make a loan to Applicant nor the amount of said loan.
11. Applicant understands and agrees that this Application will be relied upon for purposes of determining Applicant's eligibility for the purchase of a Measure O unit.
12. Applicant understands and agrees that a material misstatement negligently made in this Application or in any other statement made by Applicant in connection with this Application will constitute a federal violation punishable by a fine, in addition to any criminal penalty imposed by law.
13. Applicant understands and agrees that, in addition, any material misstatement or false statement which affects Applicant's eligibility will result in a denial of Applicant's Application.

**I declare under penalty of perjury in the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Printed Name

**Additional Certification:**

**Applicant(s) has signed all copies of federal tax returns in ink, and all schedules, W2s, and 1099s originally submitted to the Internal Revenue Service have been included with this Measure O Eligibility Application.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**I. Applicant Certifications - Rental of a Measure O Unit** *(skip this section if applying for purchase eligibility)*

**The undersigned (“Applicant” and “Co-Applicant”), in conjunction with this Eligibility Application to rent a Measure O unit hereby certifies the following:**

1. Applicant understands and agrees that the City of Santa Cruz will impose conditions on the occupancy of the unit as set forth in the Affordable Housing Declaration of Restrictions or Affordable Housing Development Agreement governing the unit.
2. Applicant’s gross annual income as stated above is \$ \_\_\_\_\_.
3. Applicant understands and agrees that this Application will be relied upon for purposes of determining Applicant’s eligibility for the rental of a Measure O unit.
4. Applicant understands and agrees that a material misstatement negligently made in this Application or in any other statement made by Applicant in connection with this Application will constitute a federal violation punishable by a fine, in addition to any criminal penalty imposed by law.
5. Applicant understands and agrees that, in addition, any material misstatement or false statement which affects Applicant’s eligibility will result in a denial of Applicant’s Application.

**I declare under penalty of perjury in the State of California that the foregoing is true and correct.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Printed Name

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Printed Name

**Additional Certification:**

**Applicant(s) has signed all copies of federal tax returns in ink, and all schedules, W2s, and 1099s originally submitted to the Internal Revenue Service have been included with this Measure O Eligibility Application.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**J. Lender Certification - (skip this section if applying for rental eligibility)**

*Must be completed by the lender from whom the Applicant is applying for a loan to purchase the Measure O unit;*

Lender hereby certifies that to the best of its knowledge and belief, the information and certifications contained within this application are consistent with the information submitted by Applicant in connection with Applicant's application for acquisition financing from Lender.

\_\_\_\_\_  
Lender/Mortgage Company Name

\_\_\_\_\_  
Signature of Loan Officer/Mortgage Broker

\_\_\_\_\_  
Printed Name of Loan Officer/Mortgage Broker

**K. Applicant Race/Ethnicity** *(please provide information requested)*

<b>Applicant</b>	<b>Co-Applicant</b>
<input type="checkbox"/> Decline to answer	<input type="checkbox"/> Decline to answer
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Black/African American AND White	<input type="checkbox"/> Black/African American AND White
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Asian AND White	<input type="checkbox"/> Asian AND White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> American Indian or Alaska Native AND White	<input type="checkbox"/> American Indian or Alaska Native AND White
<input type="checkbox"/> American Indian or Alaska Native AND Black/African American	<input type="checkbox"/> American Indian or Alaska Native AND Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic/Latino (Mexican/Chicano)	<input type="checkbox"/> Hispanic/Latino (Mexican/Chicano)
<input type="checkbox"/> Hispanic/Latino (Puerto Rican)	<input type="checkbox"/> Hispanic/Latino (Puerto Rican)
<input type="checkbox"/> Hispanic/Latino (Cuban)	<input type="checkbox"/> Hispanic/Latino (Cuban)
<input type="checkbox"/> Hispanic/Latino (Other)	<input type="checkbox"/> Hispanic/Latino (Other)

**EXHIBIT "A"**  
**24 CFR PART 5 ANNUAL INCOME INCLUSIONS AND EXCLUSIONS**

**Part 5 Income Inclusions** - This table presents the Part 5 income inclusions as stated in the Code of Federal Regulations.

General Category	Statement from 24 CFR 5.609 (b) - April 1, 1998
1. Income from wages, salaries, tips, etc.	The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
2. Business Income	Net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness cannot 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 Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.
3. Interest & Dividend Income	Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in number 2 (above). Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. Retirement & Insurance Income	The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic payment (except as provided in number 14 of Income Exclusions).
5. Unemployment & Disability Income	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in number 3 of Income Exclusions).
6. Welfare Assistance	Welfare Assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income shall consist of: the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph is the amount resulting from one application of the percentage.
7. Alimony, Child Support, & Gift Income	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.
8. Armed Forces Income	All regular pay, special day and allowances of a member of the Armed Forces (except as provided in number 7 of Income Exclusions).

**EXHIBIT "A"**  
**(con't)**

**Part 5 Income Exclusions** - This table presents the Part 5 income exclusions as stated in the Code of Federal Regulations.

<b>General Category</b>	<b>Statement from 24 CFR 5.609 (b) - April 1, 1998</b>
1. Income of Children	Income from employment of children (including foster children) under the age of 18 years.
2. Foster Care Payments	Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).
3. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).
4. Medical Expense Reimbursements	Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member.
5. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).
6. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.
7. "Hostile Fire" Pay	The special pay to a family member serving in the Armed Forces who is exposed to hostile fire.
8. Self-Sufficiency Program Income	<ul style="list-style-type: none"> <li>a. Amounts received under training programs funded by HUD.</li> <li>b. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS).</li> <li>c. Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, childcare, etc.) and that are made solely to allow participation in a specific program.</li> <li>d. Amounts received under a resident service stipend (as defined in 24 CFR 5.609(c)(8)(iv)).</li> <li>e. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the family member participates in the employment-training program.</li> </ul>
9. Gifts	Temporary, nonrecurring, or sporadic income (including gifts).
10. Reparation Payments	Reparation payments paid by a foreign government pursuant to claims under the laws of that government by persons who were persecuted during the Nazi era.
11. Income from Full-time Students	Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of household or spouse).
12. Adoption Asst. Payments	Adoption assistance payments in excess of \$480 per adopted child.



**EXHIBIT “A”  
(con’t)**

**Part 5 Income Exclusions**

13. Family Support Act Income	For public housing only, the earnings and benefits to any family member resulting from the participation in a program providing employment training and supportive services in accordance with the Family Support Act of 1988, section 22 of the 1937 Act (43 U.S.C. 1437t), or any comparable federal, state or local law during the exclusion period.
14. Social Security & SSI Income	Deferred periodic amounts from SSI and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts.
15. Property Tax Refunds	Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit.
16. Home Care Assistance	Amounts paid by a state agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep this developmentally disabled family member at home.
17. Other Federal Exclusions	<p>Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions of 24 CFR 5.609(c) apply, including:</p> <ul style="list-style-type: none"> <li>• The value of the allotment made under the Food Stamp Act of 1977;</li> <li>• Payments received under the Domestic Volunteer Service Act of 1973 (employment through VISTA, Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);</li> <li>• Payments received under the Alaskan Native Claims Settlement Act;</li> <li>• Payments from the disposal of funds of the Grand River Band of Ottawa Indians;</li> <li>• Payments from certain submarginal U.S. land held in trust for certain Indian tribes;</li> <li>• Payments, rebates or credits received under Federal Low-Income Home Energy Assistance Programs (includes any winter differentials given to the elderly);</li> <li>• Payments received under the Main Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 9z Stat. 1785);</li> <li>• The first \$2,000 of per capita shares received from judgements awarded by the Indian Claims Commission or the Court of Claims or from funds the Secretary of Interior holds in trust for an Indian tribe;</li> <li>• Amounts of scholarships funded under Title IV of the Higher Education act of 1965, including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs, or veterans benefits;</li> <li>• Payments received under Title V of the Older Americans Act (Green Thumb, Senior Aides, Older American Community Service Employment Program);</li> <li>• Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.);</li> <li>• Earned income tax credit;</li> <li>• The value of any child care provided or reimbursed under the Child Care and Development Block Grant Act of 1990; and</li> </ul> <p>Payments received under programs funded in whole or in part under the Job Training Partnership Act (employment and training programs for native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, State job training programs and career intern programs).</p>



**EXHIBIT "B"**  
**ASSET INCLUSIONS**

<b>Inclusions</b>	<ol style="list-style-type: none"><li>1. Cash held in savings accounts, checking accounts, safe deposit boxes, etc. For savings accounts, use the current balance. For checking accounts, use the average 6-month balance.</li><li>2. Marketable securities, stocks, bonds, and other forms of capital investment.</li><li>3. Equity in real estate.</li><li>4. Other personal property which is readily convertible to cash.</li><li>5. Inheritance already received</li><li>6. Lump sum insurance payments already received.</li><li>7. Settlements for personal property damage already received.</li></ol>
-------------------	--



**CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM**



**AUTHORIZATION TO RELEASE INFORMATION**

**Applicant Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

Signature of Applicant below (use of the term “Applicant” herein includes both Applicant and Co-Applicant) authorizes the Housing Authority of the County of Santa Cruz to obtain any and all information concerning Applicant’s employment, benefits, income and assets, and any other sources of income and any other information in connection with Applicant’s City of Santa Cruz Measure O Eligibility Application.

This form may be reproduced or photocopied and that copy shall be as effective a consent as the original of this form as signed by Applicant.

Applicant understands that this information is being collected by the Housing Authority of the County of Santa Cruz for the purposes of determining Applicant’s eligibility to purchase or rent a Measure O unit and may be shared with the City of Santa Cruz.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Applicant



**CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM**



**VERIFICATION OF EMPLOYMENT AFFIDAVIT**

*(Complete this form only if you did not file a federal income tax return for any of the past three years)*

I, the undersigned, do hereby swear, certify, and affirm that:

1. I did not earn income within the last 90 days:
  
2. The reason I did not earn income in the last 90 days identified above was:

---



---



---



---



---

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

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in Santa Cruz, CA

\_\_\_\_\_  
*Signature of Tenant*

\_\_\_\_\_  
*Printed Name of Tenant*



**CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM**



**LENDER AND TITLE COMPANY INFORMATION**  
*(Skip this section if applying for rental eligibility)*

LENDER/MORTGAGE BROKER	
<b>Name of Lender/Broker:</b>	<b>Loan Number:</b>
<b>Address of Lender/Broker:</b>  _____ <i>Street Address</i>  _____ <i>City, State, Zip</i>	<b>Lender/Broker Telephone:</b>
	<b>Lender/Broker Email:</b>

TITLE COMPANY	
<b>Name of Title Company:</b>	<b>Name of Escrow Officer:</b>
<b>Address of Title Company:</b>  _____ <i>Street Address</i>  _____ <i>City, State, Zip</i>	<b>Escrow Number:</b>
	<b>Escrow Officer Telephone:</b>
	<b>Escrow Officer Email:</b>

**Note: This form does not need to be completed by Applicants seeking to rent a Measure O unit.**



CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM



**RENTAL APPLICANT AFFIDAVIT**

*(complete this form only if you are a renter of a Measure O unit)*

I, the undersigned, do hereby swear, certify, and affirm that:

1. *(check all boxes that apply below)*

- a.  I am currently a resident of the city of Santa Cruz and have been so for at least the last 12 month period.
- b.  I work in the city of Santa Cruz.
- c.  I do not reside in the city of Santa Cruz but am a current resident in the county of Santa Cruz, and have been so for at least the last 12 month period.
- d.  I work in the county of Santa Cruz.
- e.  Other: \_\_\_\_\_

2. *(check appropriate box below)*

- a.  I am
- b.  I am not

an immediate family member or employee of a person who has any equity interest in this Measure O unit. Such a person includes but is not limited to the owner, developer, partner, or investor of the project or unit.

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

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in Santa Cruz, CA

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

**Note to Housing Authority Processor: Contact the City of Santa Cruz Housing Program Specialist if box 2a above is checked.**





CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM



**BUYER APPLICANT AFFIDAVIT**

*(complete this form only if you are a buyer of a Measure O unit)*

I, the undersigned, do hereby swear, certify, and affirm that:

1. *(check appropriate box below)*

- a.  I do
- b.  I do not

currently live or work in the city of Santa Cruz.

2. *(check appropriate box below)*

- a.  I am
- b.  I am not

an immediate family member or employee of a person who has any equity interest in this Measure O unit. Such a person includes but is not limited to the owner, developer, partner, or investor of the project or unit.

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

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in Santa Cruz, CA

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*

**Note to Housing Authority Processor: Contact the City of Santa Cruz Housing Program Specialist if box 2a above is checked.**



CITY OF SANTA CRUZ  
MEASURE O  
AFFORDABLE HOUSING PROGRAM



**APPLICANT INCOME TAX AFFIDAVIT**

*(Complete this form only if you did not file a federal income tax return for any of the past three years)*

I, the undersigned, do hereby swear, certify, and affirm that:

1. I did not file a federal income tax return for the following years:

\_\_\_\_\_ *(insert year)*

\_\_\_\_\_ *(insert year)*

\_\_\_\_\_ *(insert year)*

2. The reason I did not file a federal income tax return in the years identified above was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in Santa Cruz, CA

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name of Applicant*