



TOWN OF PARADISE

5555 Skyway * Paradise, California 95969

FAX: 872-5914

Attn: Kate Anderson

Phone: 872-6986

First Time Homebuyer Program Interest Form

Lender Name: _____
Address: _____
Loan Officer: _____
Phone Number: _____ FAX Number: _____

Applicant Information

Household Name: _____
Current Address: _____
Home Phone: _____ Cell: _____
Work Phone (#1): _____ Work Phone (#2): _____

Name	Female Head of Household (Y/N)	Age	Relationship	Sex M/F	Disabled Y/N	Race (See Key Below)	Hispanic or Latino Y/N

Race Key: Please check **ONLY** one category

- 1) American Indian or Alaska Native, 2) Asian, 3) Black or African American, 4) Native Hawaiian/Other Pacific Islander, 5) White, 6) American Indian or Alaska Native *and* White, 7) Asian *and* White, 8) Black or African American *and* White, 9) American Indian or Alaska Native *and* Black or African American, 10) Balance/Other

The Town of Paradise Community Services Department desires to ensure equal treatment to all housing applicants, including women, minority and handicapped applicants. The following questions are designed to aid in that purpose, are optional, and requested only to help the Town maintain an equal opportunity system. They will not be used as consideration for eligibility for housing assistance. PLEASE PRINT.

Lender: This document to be submitted to Town of Paradise within 5 days of Application