



CITY OF PERRIS

HOUSING AUTHORITY
135 N. "D" STREET, PERRIS, CA 92570-220
TEL: (951) 943-5003 FAX: (951) 956-2179

HOMEBUYERS ASSISTANCE PROGRAM PROPERTY RE-SALE FORM

NOTE TO POTENTIAL BUYER: The Homebuyer Assistance Program was funded to assist low to moderate income first time homebuyers by the City of Perris through Redevelopment Funds. Sales are restricted to qualified buyers whose household income does not exceed 120% of the median income for Riverside County, as established by HUD and pursuant to the recorded HAP Declaration of Covenants, Conditions, and Restrictions on the property.

2016 Income Limits	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Extremely Low Income 30%	\$14,100	\$16,100	\$20,090	\$24,250	\$28,410	\$32,570	\$36,760	\$40,890
Very Low Income 50%	\$23,450	\$26,800	\$30,150	\$33,500	\$36,200	\$38,900	\$41,550	\$44,250
Low Income 80%	\$37,550	\$42,900	\$48,250	\$53,600	\$57,900	\$62,200	\$66,500	\$70,800
Low-Moderate Income 100%	\$45,500	\$52,000	\$58,500	\$65,000	\$70,200	\$75,400	\$80,600	\$85,800
Moderate Income 120%	\$54,600	\$62,400	\$70,200	\$78,000	\$84,250	\$90,500	\$96,700	\$102,950

In order to process your request for re-sale, please complete the following form and submit the requested documents. Incomplete submissions will be returned unprocessed.

- Tax Returns for previous 3 yrs for **ALL** adults who will occupy the home. *Must be signed.*
- W2's for **ALL** adults who will occupy the home.
- 1 month current paycheck stubs for **ALL** adults who will occupy the home.
- 3 months recent consecutive bank statements from all sources for **ALL** adults who will occupy the home. Any deposits over \$100 (cash or check) that are not direct deposit must have an accompanying letter of explanation.
- Title Report dated within the last 60 days
- Household Member Worksheet - This form **MUST** be notarized.

**If an adult is a part/full time student, he/she does not need to supply income documentation. Instead, documentation of current enrollment from the school registrar's office on school letter head must be provided. If adult is not attending school or working, a signed letter of explanation from that individual is required.*

Name of Buyer(s): _____

Mailing Address: _____
City/Zip Code

Telephone: _____ Gross Annual Household Income \$ _____

Co-Signer: No Yes Name: _____

Status of Prior Home Ownership: Never Owned a Home Last Date of Ownership _____

Address of Residence to be Purchased: _____
Zip Code

Lender/Realtor _____ Company _____
(Contact Person)

Email: _____ Tel: _____ Fax: _____

Signature _____ Your signature attests that all City requirements listed above have been met.

Effective: 7/14/2016



CITY OF PERRIS

HOUSING AUTHORITY
135 N. "D" STREET, PERRIS, CA 92570-220
TEL: (951) 943-5003 FAX: (951) 956-2179

HOMEBUYER ASSISTANCE PROGRAM

PROPERTY RE-SALE HOUSEHOLD MEMBER WORKSHEET

I (we) the undersigned, as part of my (our) Homebuyer Assistance Program Property Re-Sale application to the City of Perris, and pursuant with the recorded program documents consisting of the Second Deed of Trust, Loan Agreement and Declaration of Covenants, Conditions and Restrictions; and I (we) acknowledge the income and owner-occupied restrictions aforementioned in the program documents in connection with the purchasing of the property located at _____,

being first duly sworn, state the following:

I (we) certify that only the following Household Members will be occupying the home:

Name	Relationship	Date of Birth	Age

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

*** The signature(s) on this form MUST be notarized.