



Housing Authority Program Interest Form

Name: _____

Address: _____ Zip Code: _____

Home Number: () _____ - _____ Cell Number: () _____ - _____

Email: _____

Is the Home owner-occupied: Yes No

Number of People in Household: _____

Please circle your household size and annual gross income level (from all sources).

Riverside County Maximum Gross Income Limits Effective April, 2017
Income limits subject to change without notice

Household Cannot Exceed the Following:								
Number of Persons in Household	1	2	3	4	5	6	7	8
80% of AMI	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

What year was your home built? _____ How long have you owned your home? _____ years

What program(s) were you interested in receiving updates?

- | | |
|--|--|
| <input type="checkbox"/> Green Light for Savings Program
<i>(Energy & Water Efficiency Grant)</i> | <input type="checkbox"/> Residential Beautification Program
<i>(Exterior Façade Grant)</i> |
| <input type="checkbox"/> Senior Home Repair Program
<i>(Interior Health & Safety Grant)</i> | <input type="checkbox"/> Owner Occupied Rehabilitation Loan Program
<i>(Deferred, 2% Interest Loan)</i> |
| <input type="checkbox"/> First Time Homebuyer Program
<i>(Deferred, 0% Interest Loan)</i> | |

How did you hear about the City of Perris Housing Authority's Programs?

- | | |
|--|---|
| <input type="checkbox"/> City of Perris Event | <input type="checkbox"/> City of Perris Website |
| <input type="checkbox"/> Housing Division Outreach | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Farmers Market | <input type="checkbox"/> Family |
| <input type="checkbox"/> Program Flyer | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Channel 3 | <input type="checkbox"/> Other |
| <input type="checkbox"/> Newsletter | |
-

Ethnic Background:

Racial Background
Mark X next to the category that best describes your origin.

Single Categories
__ American Indian/Alaska Native
__ Asian
__ Black/African American
__ Native Hawaiian/Other Pacific Islander
__ White

Double Categories
__ American Indian or Alaska Native AND White
__ Asian AND Black
__ Black or African American AND White
__ American Indian or Alaskan Native AND Black or African American

Other – for individuals not identified above

Ethnic Background
Mark X next to the category that best describes your ethnicity.

__ Yes, Hispanic/Latino
__ No, not Hispanic/Latino

Household Information – Check one

__ A female heads the household where this client resides.
__ A male heads the household where this client resides.

I understand that City of Perris Housing Authority Interest List is for internal use and grants permission by the resident to be contacted regarding future City of Perris Housing Program updates. This does not guarantee resident qualification or program funding. When program's funds are available, completed applications will be accepted on a first-come, first-serve basis.

Signed: _____ **Date:** _____

Thank You for your interest in the City of Perris Housing Authority Programs.



For Office Use Only:

Date Received: _____ **By:** _____