



**CITY OF HOLLISTER  
400 SAN BENITO STREET AFFORDABLE HOUSING  
APPLICATION PROCESS**

- 1) Complete the 400 San Benito Street Application
  - Receive a copy online at: <https://hollister.ca.gov/government/city-departments/development-services/housing/>
  - Receive a hard copy at: 400 San Benito St. (Lobby)  
Hollister, CA 95023
- 2) Complete and include all required items from application check-list
- 3) Submit completed application and attachments by deadline Friday May 1, 2024 at 4 pm to:  
400 San Benito St. (Lobby)  
Hollister, CA 95023  
Office open Wednesday through Sunday 11:00-4:00pm

Sales Contact Team Name	Contact Email	Contact Phone
Darin Del Curto	<a href="mailto:delcurtodarin@yahoo.com">delcurtodarin@yahoo.com</a>	831.902.5454
Christine Morrell	<a href="mailto:chrismorrell224@aol.com">chrismorrell224@aol.com</a>	831.801.0474
Kailey Morrell	<a href="mailto:kaileymorrell@gmail.com">kaileymorrell@gmail.com</a>	408.310.1252
Dana Pucket	<a href="mailto:danaprealty@gmail.com">danaprealty@gmail.com</a> (Saturdays Only)	916.708.2237

- 4) All applicants will be entered into lottery
- 5) Public Lottery Drawing
  - Details to be released
  - After the deadline is passed, a random ranking is held, and all applicants submitted before the deadline are ranked.
  - Once the ranking is complete the results will be published and applicants will be notified.
- 6) Application review of eligibility
  - Applicants provided additional time to provide any missing documents has part of completed applicants and attachments
- 7) Applicants reviewed based on ranking



## CITY OF HOLLISTER 400 SAN BENITO ST AFFORDABLE HOUSING CHECK LIST FOR HOMEBUYERS

### Items Required for Application

- \_\_\_ Completed and signed Program Application with all applicable disclosures.
- \_\_\_ A copy of the Lender's Mortgage Loan Application (Form 1003), Good Faith Estimate (GFE), Mortgage Form (Form 1008), and Pre-Approval Letter.

### Items Required Post-Lottery Selection

- \_\_\_ A completed and signed copy of the Purchase Agreement (if applicable at the time) showing all terms of sale and addendums.
- \_\_\_ A copy of all proposed purchaser's tax returns for the last consecutive **three (3) years**. \*
- \_\_\_ A copy of all proposed purchaser's W-2 (s) for the last consecutive **two (2) years**. \*
- \_\_\_ A copy of all proposed purchaser's pay stub(s) showing Y-T-D Gross Income for the last consecutive **two (2) months**. \*
- \_\_\_ A copy of all proposed purchaser's checking statements (all pages) for last **consecutive six (6) months** or a **six (6) month** checking account balance printout. \*
- \_\_\_ A copy of all proposed purchaser's savings statements (all pages) for last **one (1) month**. \*
- \_\_\_ A copy most recent 401K/Retirement/C.D./Annuity statements (all pages). \*

**\* This information must be provided for all household members 18 years of age and older\***

**For Further Information, Contact:**  
400 San Benito Sales Team  
Darin Del Curto  
delcurtodarin@yahoo.com  
Direct Phone Contact: 831-902-5454





# City of Hollister Development Services



## 400 SAN BENITO ST. APPLICATION FOR HOMEBUYERS

Loan Processors \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ File # \_\_\_\_\_

NOTE PLEASE READ "CERTIFICATION" PAGE 5 BEFORE FILLING OUT THIS APPLICATION

### Applicant Information

Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address, if different \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Applicant cell phone: (\_\_\_\_) \_\_\_\_\_

### Co-Applicant Information

Co-Applicant's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Street Address, if different than above \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address, if different \_\_\_\_\_  
 Home phone (\_\_\_\_) \_\_\_\_\_ Applicant cell phone: (\_\_\_\_) \_\_\_\_\_

Are any residents of the household employed by the Jurisdiction or its Program Operator (City of Hollister)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are any residents of the household a member of the governing body or agency of government who exercises housing policy?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes to either, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### FAMILY DETAILS

Please complete and list all individuals, who are currently part of the household and intend to live in the residence.

NAME	RELATIONSHIP TO APPLICANT	AGE	SEX
	Applicant		

**EMPLOYMENT & INCOME INFORMATION**

List employment information in the space provided below.

Sources included in gross family income would include income from any of the following sources or any other source of income. Wages, Self-Employment, Farming Income, Public Assistance, Social Security, Retirement Pensions, Veteran's or GI Benefits, Child/Spousal Support, Unemployment/Disability Insurance, Worker's Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Foster Child Care, Interest, Dividends. Royalties, Scholarships, Grants and Loans for School.

**APPLICANT NAME:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Years on Job/Years employed in this line of work: \_\_\_\_\_

Pay Period (Monthly, Semi-monthly, Bi-weekly, Weekly): \_\_\_\_\_

Source of Income (i.e. Wages, Self-Employment, Social Security): \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

**CO-APPLICANT NAME:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Years on Job/Years employed in this line of work: \_\_\_\_\_

Pay Period (Monthly, Semi-monthly, Bi-weekly, Weekly): \_\_\_\_\_

Source of Income (i.e. Wages, Self-Employment, Social Security): \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

OTHER HOUSEHOLD MEMBER NAME: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Years on Job/Years employed in this line of work: \_\_\_\_\_

Pay Period (Monthly, Semi-monthly, Bi-weekly, Weekly): \_\_\_\_\_

Source of Income (i.e. Wages, Self-Employment, Social Security): \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

OTHER HOUSEHOLD MEMBER NAME: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Years on Job/Years employed in this line of work: \_\_\_\_\_

Pay Period (Monthly, Semi-monthly, Bi-weekly, Weekly): \_\_\_\_\_

Source of Income (i.e. Wages, Self-Employment, Social Security): \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

**ASSET INFORMATION**

Checking & Savings

Account Holder(s)	Bank or Credit Union	Account No.	Type	Balance
			Ckg____ Svg____	
Account Holder(s)	Bank or Credit Union	Account No.	Type	Balance
			Ckg____ Svg____	
Account Holder(s)	Bank or Credit Union	Account No.	Type	Balance
			Ckg____ Svg____	

Asset (cash, property, etc.) gifted or sold below market value in the last 24 months.

Asset Owner(s)	Asset Description	Value	Sales Price, or Gift (\$0)

**LIABILITIES**

List the creditor's name and account number for all outstanding debts, including but not limited to automobile loans, revolving charge accounts, alimony, child support, stock pledges, etc.

Creditor Name	Account No.	Monthly Payments	Payments Left	Approximate Balance
<b>Total of Liabilities</b>		\$		\$

COMMENTS:

**ADDITIONAL INFORMATION**

CERTIFICATION--READ BEFORE SIGNING

I certify that this will be my primary residence of occupancy.

I certify that the information given on this form is true and accurate to the best of my knowledge. I certify that I have no additional income or assets and that there are no persons living in or contributing to my household other than those described here. I am aware that there are penalties for willfully and knowingly giving false information on an application. I understand that the information on this form is subject to verification.

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Applicant's Signature

Co-Applicant's Signature

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Print Name

Print Name

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

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