

**CITY OF YORBA LINDA**  
**Initial Application for Mortgage Assistance Program (MAP)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please answer the following questions to confirm your eligibility in MAP:**

1. Have you ever owned or been partial owner of a residence? \_\_\_\_\_  
If yes, please indicate the date of last ownership? \_\_\_\_\_
2. Indicate the number of persons in your household? \_\_\_\_\_
3. What is your estimated combined annual household income? \_\_\_\_\_

**Please answer the following informational questions for the home you have selected and the lender that has qualified your loan application:**

1. Is the residence you wish to buy a home, condo or townhouse? \_\_\_\_\_
2. Is it newly constructed or a resale unit? \_\_\_\_\_
3. What is the address of the residence? \_\_\_\_\_
4. What is the anticipated first loan amount to be requested from your lender based upon the residence you have selected? \_\_\_\_\_
5. Please provide the contact information for the lending institution that you have initiated this process through:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I do affirm that the information provided in this application is true and factual according to the best of my knowledge. I understand that any falsification of information or records could result in a denial of MAP funds from the City of Yorba. Furthermore, I understand that full eligibility to qualify for a home loan and to participate in this program is at the discretion of the lending agent. Nothing in this application should be construed as a guarantee of a home loan or the guarantee of home purchase. Every applicant will need to be approved for an underlying first mortgage loan by a participating lender. Applicants may be disqualified on the basis of too much or too little income, credit history, insufficient cash available, employment history, etc. Application will not be processed without a signature.*

**Please return application to Pam Stoker at City of Yorba Linda, P.O. Box 87014, Yorba Linda, CA 92885-8714, fax to (714) 993-7530, or e-mail at [Pstoker@Yorba-Linda.org](mailto:Pstoker@Yorba-Linda.org)**

\_\_\_\_\_  
**Applicant(s) Signature**

\_\_\_\_\_  
**Date**