



Coastal Housing Partnership Application for
Letter of Authorization

The information in this application will not in any way impact your eligibility to use Coastal Housing Partnership financial assistance programs. You are eligible for our programs if you are an employee of a member company. It is necessary for us to collect this data to provide our funding sources with an overall picture of whom we are serving. Coastal Housing Partnership will not link your name with any of this information.

Application for: _____ Home Purchase
_____ Mortgage Refinance
_____ Rental Assistance Program

Name: _____

Employer: _____

Job title: _____

Length of employment: _____ years

Home address: _____

Phone number: _____

Fax number: _____

(Please let us know whether you would like your letter of authorization faxed or mailed to you)

How long have you lived in the area? _____ years

Annual individual Income:

_____ \$10,000 – \$25,000
_____ \$26,000 – \$40,000
_____ \$41,000 – \$60,000
_____ \$61,000 – \$80,000
_____ \$80,000 – \$110,000
_____ \$111,000 – \$135,000
_____ \$136,000 – \$175,000
_____ Over \$175,000

Annual household income:

_____ \$10,000 – \$25,000
_____ \$26,000 – \$40,000
_____ \$41,000 – \$60,000
_____ \$61,000 – \$80,000
_____ \$80,000 – \$110,000
_____ \$111,000 – \$135,000
_____ \$136,000 – \$175,000
_____ Over \$175,000

Gender: _____ female _____ male

Ethnicity: _____

Age: _____

Marital Status: _____ single _____ married _____ divorced _____ widowed
_____ living with partner

Number of children under 18: _____

Please return by fax to 882-1496, e-mail attachment to julia@coastalhousing.org or mail to
Coastal Housing Partnership Post Office Box 50807, Santa Barbara, California 93150
www.coastalhousing.org