

City of Perris
Housing Authority



101 North D Street
Perris, CA 92570
(951) 943-5003

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 2019

Income limits subject to change without notice

Household Size	1	2	3	4	5	6	7	8
80% of AMI	\$40,250	\$46,000	\$51,750	\$57,450	\$62,2050	\$66,650	\$71,250	\$75,850

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

Senior Home Repair Program
(Interior Health & Safety Grant)

First Time Homebuyer Program
(Deferred, 0% Interest Loan)

Other: _____

Residential Beautification Program
(Exterior Facade Grant)

Owner Occupied Rehabilitation Loan Program
(Deferred, 2% Interest Loan)

Please complete and sign reverse side

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

- City of Perris Event
- Housing Division Outreach
- Program Flyer
- Channel 3
- Newsletter
- City of Perris Website

- Neighbor
- Family
- Friend
- Other

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:** _____