**Westwater Financial, Inc**
8979 Conde Ln., Suite A
Windsor, CA 95492
(707) 419-3070
www/westwaterfinancial.org

## IDA APPLICATION

### SECTION A: INDIVIDUAL/JOINT APPLICANT INFORMATION

| | | | | | | |
|---|---|---|---|---|---|---|
| NAME/S (Last, First, Middle) | Ethnicity: ☐ Caucasian ☐ Hispanic/Latin ☐ African American ☐ Native American ☐ Asian/Other Pacific Islander Tribal affiliation? | | | | | |
| Email Address | Goal: ☐ First-Time Home Buyer ☐ Education ☐ Business | | | | | |
| BIRTHDATE | TELEPHONE NO. | DRIVER'S LICENSE | SOCIAL SECURITY NO. | NO. OF DEPENDANTS | AGES OF DEPENDENTS | |
| ADDRESS (Street, City, State, Zip Code) | COUNTY | DO YOU OR | ☐ Own ☐ Rent | HOW LONG? | | |
| PREVIOUS ADDRESS (Street, City, State, Zip Code) | COUNTY | DID YOU OR | ☐ Own ☐ Rent | HOW LONG? | | |
| EMPLOYER (Company name and address) DEPARTMENT SUPERVISOR CONTACT #-SUPERVISOR | | | | HOW LONG? | | |
| BUSINESS PHONE | EXT | POSITION OR TITLE | SALARY PER MONTH Gross $ Net$ | | | |
| Other income (Employment, SSI, Per Capita, etc…Please describe) | AMOUNT PER MONTH $ | | | | | |
| SPOUSAL INCOME | AMOUNT PER MONTH $ | | | | | |

**SIGNATURES**: I certify that everything I have stated in the application an on any attachment is correct. You may keep this application whether or not it is approved.

Savers Signature _____ Date _____ Co-Saver's Signature _____ Date _____

**If you have any questions, please call Shellie Ramazzotti at (707) 419-3070**