



# City of San Pablo

## Community Services Department

13831 San Pablo Avenue, Bldg. #3

San Pablo, CA 94806

[www.ci.san-pablo.ca.us](http://www.ci.san-pablo.ca.us)

510.215.3030 ♦ Fax 510.235.9417

### VERIFICATION OF HOUSEHOLD COMPOSITION

Please list all members of household, including self.

Name	Age	Relationship

To list additional household members, please list names on a separate sheet of paper, and attach that sheet to this form.

**The information that I have provided is true to the best of my knowledge. If any part of this information is incorrect, I understand that my application can be rejected or I may be terminated from participation in the First Time Homebuyer Program.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date