

**Housing Assistance Program of
Essex County, Inc.
CLINTON & ESSEX COUNTIES
ADIRONDACK COMMUNITY HOUSING TRUST
HOME PURCHASE PROGRAMS INTAKE FORM**

File # _____

The information provided on this form shall be kept confidential and shall be used for the purpose of determining eligibility for homeownership funding or to include in Homebuyer Education Class.

A. Applicant Information

B.
Name: _____
Mailing Address: _____
Town _____ Zip _____
Home Phone No.: _____ Other Phone No.: _____
Email _____

B. Family Composition

List each family member who will live in the new dwelling..

	Name	Relationship to Applicant	Age	Birthdate	Sex	Social Security Number
1		Applicant				
2		Co-Applicant				
3						
4						
5						
6						
7						
8						

Total number of persons to live in the new home: _____

Check all that apply:

Applicant	US Citizen	US Veteran
Co-Applicant	_____	_____
	_____	_____

C. Income

Provide information for each family member, who will receive income during the next twelve (12) months. For Minors or other family member, other income section may be filled out.

Employment - Complete for each job held by each family member. Please provide information for where you are employed now, or if seasonal, please note .

Name: _____ Position/Title: _____ Started _____
Employer: _____ Employer Phone No.: _____
Rate or Monthly Gross Salary: \$ _____ Annual Amount: \$ _____

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Rate or Monthly Gross Salary: \$ _____ Annual Amount: \$ _____

Name: _____ Position/Title: _____
Employer: _____ Employer Phone No.: _____
Rate or Monthly Gross Salary: \$ _____ Annual Amount: \$ _____

Other Income - If a single family member has more than one source of income, use a separate line for each source.

<i>Name</i>	<i>Source of Income</i>	<i>Amount per (.Mo/Yr/Wk)</i>	<i>AnnualAmount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. ASSETS

Please list assets such as checking accounts, savings accounts, stock, real estate owned, that are not considered income .

Institution	Type of account	Balance at present time
_____	_____	_____
_____	_____	_____

E. Housing

How long have you lived in your current home? _____ years _____ months

Have you been a home owner in the past three years? ___ yes ___ no

How much do you pay in monthly rent? \$ _____

Provide information for utilities *not included in your rent and that you pay.*

Electric \$ _____ per month

Oil \$ _____ per month

Gas \$ _____ per month

Water \$ _____ per month

Other \$ _____ per month

Are you currently receiving Section 8 rental assistance _____

List your addresses and landlords for the past five years.

Address

Landlord

F. Mortgage Information

Complete for property you presently own.

Date purchased: _____ Purchase price: \$ _____

Are tax payments current? ___ yes ___ no

First Mortgage:

Original Amount: \$ _____ Balance Due: \$ _____

Terms: _____ % _____ for _____ years.

Are mortgage payments current? _____ yes or no

Mortgage Holder:

Land Contract: Original Amount: \$ _____ Balance Due: \$ _____

Terms: _____ % _____ for _____ years.

Are mortgage payments current? _____ yes or no

Contract Holder and Address:

Identify any other Real Estate you own:

Type of Household: _____ Single/non-Elderly _____ Elderly
_____ Related/Single Parent _____ Related/Two Parent _____ Other

I, THE UNDERSIGNED, HEREBY CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. The Housing Assistance Program of Essex County, Inc., is hereby authorized to perform such verifications of this information as may be necessary.

I HEREBY CONSENT TO THE RELEASE OF CREDIT INFORMATION (at no cost to me) that may be available from a credit reporting agency. Such information will be delivered directly to the Housing Assistance Program of Essex County, Inc.\

Applicant's Signature

Date

Co-Applicant's Signature

Date

PLEASE RETURN THIS APPLICATION FORM TO:

Home Purchase Manager
Housing Assistance Program
of Essex Co., Inc.
P O Box 157
Elizabethtown NY 12932\

Clinton County (518) 565-4456
Essex County (518) 873-6888

IMPORTANT - READ BEFORE SIGNING

I/we certify that to the best of my (our) knowledge and belief the above data is true and correct.

Date

Applicant

Date

Co-Applicant Signature

WARNING - Federal Law makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.