

Housing Assistance Program of Essex County, Inc. File# _____
HOME PURCHASE ELIGIBILITY FORM
Where would you like to buy – Town/County _____

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

Name: _____

Mailing Address: _____ Town _____ Zip _____

Home Phone: _____ 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: _____

	US Citizen	US Veteran
Applicant	_____	_____
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: \$ _____

How many years in this type of work _____

Name: _____ Position/Title: _____
 Employer: _____ Employer Phone No.: _____
 Rate or Monthly Gross Salary: \$ _____ Annual Amount: \$ _____
 How many years in this type of work _____

Name: _____ Position/Title: _____
 Employer: _____ Employer Phone No.: _____
 Rate or Monthly Gross Salary: \$ _____ Annual Amount: \$ _____
 How many years in this type of work _____

Name: _____ Position/Title: _____
 Employer: _____ Employer Phone No.: _____
 Rate or Monthly Gross Salary: \$ _____ Annual Amount: \$ _____
 How many years in this type of work _____

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>Annual Amount</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 which *are 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

MortgageHolder: _____

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: _____

G. Liabilities and Fixed Debts

List all liabilities such as car payments, recreational equipment loans, credit cards, child support, alimony, judgements, and any other scheduled payments.

<i>Debt type</i>	<i>Balance</i>	<i>Mo. Payment</i>	<i>Mo. Remaining</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you pay for child care yes____ no

If yes, please provide the following:

Child's Name	Age	Hr/Wk	Rate per hour	Cost per week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Voluntary Information for Monitoring Purposes:

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race/National Origin:

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

Marital Status:

- Married
- Separated
- Unmarried (Single, divorced, or widowed)

Handicapped: Yes No

Type of Household:

- Single/non-Elderly
- Elderly
- Related/Single Parent
- Related/Two Parent
- Other

IMPORTANT - READ BEFORE SIGNING

I/we certify that to the best of my (our) knowledge and belief the above data is true and correct. I further consent to the release of credit information (at no cost to me) that may be available from a credit reporting agency and delivered directly to Housing Assistance Program of Essex Co., Inc.. Such information may be shared with financial institutions for the purpose of pre-approval or financing/purchasing a home.

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.