

HOMEOWNERSHIP APPLICATION

142 North 8th Avenue, Unit ___, Mt. Vernon, NY 10550

I. APPLICANT HOUSEHOLD INFORMATION:

Applicant Name _____

Co-Applicant Name _____

Street Address _____ Apt. # _____

City _____ State _____

Zip _____

Home Phone # () _____ Work Phone # () _____

Mailing address (if different from above) _____

LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF. Since this is a governmentally subsidized unit, the following information is required for all household members:

<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>SEX</u>	<u>ATTENDING SCHOOL</u>
a. _____	<u>H.O.H</u>	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
b. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
c. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
d. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			
e. _____	_____	___/___/___	___	___	_____
Social Security # _____		Occupation _____			

f. Do you expect any change (s) in your family size? _____NO _____YES
If "YES", EXPLAIN: _____

2. **STATISTICAL INFORMATION**

- a. **The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority Families.**

RACIAL GROUP IDENTIFICATION: (used for statistical purposes only). (Please check only one from this group for the head of household only.)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American India or Alaska Native &
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Other Multi Racial

- b. **ETHNICITY:** (check **only one** from this group)
 Hispanic Non-Hispanic

3. **RENT:**

What is your Monthly Rent \$ _____

Check Utilities paid by you now:

<input type="checkbox"/> Heat	\$ _____/month
<input type="checkbox"/> Electricity	\$ _____/month
<input type="checkbox"/> Gas	\$ _____/month
<input type="checkbox"/> Water	\$ _____/month
<input type="checkbox"/> Other	\$ _____/month

Contact Information for current Landlord:

Name: _____ Phone #: _____

Address: _____

How long have you lived there? _____ Do you have a lease? _____

(If you have lived there less than 2 years, please list previous address and landlord contact information on the back of this application.)

4. **INCOME:**

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>EMPLOYER'S NAME/ADDRESS</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	
_____	_____	\$ _____	\$ _____
	_____	weekly/biweekly/monthly	
	_____	(circle one)	

5. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-taking, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)

6. ASSETS:

Checking Accounts:

Bank _____ Acct. No. _____ Amt. _____
 Bank _____ Acct. No. _____ Amt. _____

Savings Accounts: (includes Passbook/Statement and Christmas/Vacation Clubs)

Bank _____ Acct. No. _____ Amt. _____
 Bank _____ Acct. No. _____ Amt. _____

Certificates of Deposit (CD's):

Bank _____ Acct. No. _____ Amt. _____
 Bank _____ Acct. No. _____ Amt. _____

Credit Union Shares:

Credit Union Name _____ Amt. _____

Address _____

Stocks/Bonds (Value) \$ _____

Savings Bonds (Value) \$ _____

Other _____ Amt. _____

(includes IRA's, mutual funds, etc.)

Do you **NOW** own real estate: _____ NO _____ YES If "yes", what is the value _____

Have you **EVER** owned real estate? _____ NO _____ YES If "yes", when? _____

I/WE DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Signature

Date