

_____ CLINTON COUNTY _____ ESSEX COUNTY
**HOME PURCHASE
ASSISTANCE PROGRAM APPLICATION**

Household Information

Applicant Name: _____
Social Security #: _____ Date of Birth: _____

Co-Applicant Name: _____
Social Security #: _____ Date of Birth: _____

Street Address: _____
Town _____ Zip _____

Mailing Address: _____ Town _____

Home Phone No.: _____ Work Phone No.: _____

Number of Dependents Under 18 Years of Age: _____

Number of persons in household: _____

Total **Annual** Household Income \$ _____

Monthly housing expense: rent \$ _____ Heat \$ _____ Electric \$ _____

✍ Employment Information ✍

Applicant's Employer: _____

Address of Employer: _____

Months/Years on this job: _____ months/_____ years

Co-Applicant's Employer: _____

Address of Employer: _____

Months/Years on this job: _____ months/_____ years

✍ Home Purchase Information ✍

Are you a first-time home buyer? Yes _____ No _____

If not, explain: _____

Do you know of any problems with your credit rating? Yes _____ No _____

Explain: _____

Have you been pre-qualified by a bank? Yes _____ No _____

Have you applied for a home loan in the past? Yes _____ No _____

Were you denied a home loan? Yes _____ No _____

Do you have excessive medical bills? Yes _____ No _____

If yes, then monthly amount: \$ _____

Other information: _____

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

Sex of Applicant: Male Female

Sex of Co-Applicant: Male Female

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

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 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 Buyer Counselor
Housing Assistance Program of Essex Co., Inc.
P O Box 157
Elizabethtown NY 12932

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