

ESSEX COUNTY
FIRST-TIME HOME BUYERS
ASSISTANCE PROGRAM APPLICATION

Household Information

Applicant Name: _____
Social Security #: _____ Age: _____
Co-Applicant Name: _____
Social Security #: _____ Age: _____
Street Address: _____ Town _____
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 \$ _____

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
Monthly housing expenses: \$ _____ \$ _____ \$ _____
rent heating electric

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 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:

Community Development Administrator
Housing Assistance Program of Essex Co. Inc.
Church Street
P.O. Box 157
Elizabethtown, NY 12932