

\_\_\_\_ 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