



Housing Assistance Program
of Essex County, Inc.
103 Hand Avenue, P.O. Box 157
Elizabethtown, New York 12932



How can we help?

Why are you interested in meeting with a Housing Counselor? Check all that Apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Want to purchase a home | <input type="checkbox"/> To Build emergency Savings Fund | <input type="checkbox"/> To Create a Budget/Spending plan |
| <input type="checkbox"/> To Establish Credit | <input type="checkbox"/> To Save for a large purchase | <input type="checkbox"/> Access New/ Better Financial Products |
| <input type="checkbox"/> To Improve Credit | <input type="checkbox"/> To Rent an Apartment | <input type="checkbox"/> Foreclosure prevention |
| <input type="checkbox"/> To Better Manages Debt | <input type="checkbox"/> Other Housing Goals | <input type="checkbox"/> Other: _____ |

Where would you like to purchase a home? – Town & County _____

Applicant – General Information *Please Print Clearly*

Name: _____
First *MI* *Last*

Home Address: _____
City *State* *Zip Code*

Mailing Address: _____
City *State* *Zip Code*

Home Phone: (____) ____-____ **Cell Phone:** (____) ____-____ **Work Phone:** (____) ____-____

____-____-____ **Social Security Number** ____/____/____ **Date of Birth** **Email:** _____

Race / National Origin:

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

Foreign Born: Yes No **Permanent resident:** Yes No **U.S Citizen:** Yes No

Marital Status: Single Married Divorced Separated Widowed

Gender: Male Female **Disabled:** Yes No **Veteran:** Yes No

Highest Level of Education: Below High School High School/GED 2 yr. College
 Bachelor's Degree Master's Degree

Special Needs Assistance Requests: Language Translation (type): _____ Hear Impaired
 Accessibility Other: _____ Visual Impairment

Referred to by:

- | | | | |
|----------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> Bank | <input type="checkbox"/> Government | <input type="checkbox"/> Print Advertisement | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio | <input type="checkbox"/> Staff/Board Member |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> TV | <input type="checkbox"/> Other please specify _____ | |

Co-Applicant – General Information**Please Print Clearly**

Name: _____
First MI Last

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Work Phone: (____) ____-____

____-____-____ / ____/____ Email: _____
Social Security Number Date of Birth

Race / National Origin:

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

Foreign Born: Yes No **Permanent resident:** Yes No **U.S Citizen:** Yes No

Marital Status: Single Married Divorced Separated Widowed

Gender: Male Female **Disabled:** Yes No **Veteran:** Yes No

Highest Level of Education: Below High School High School/GED 2 yr. College
 Bachelor's Degree Master's Degree

Relationship to Applicant: _____

Household- Information**Please Print Clearly**

Have either applicant(s) owned a home in the last 3 years: Yes No

Household Type (please select the most accurate)

Female/single parent household Married with children Single adult Other: _____
 Male/single parent household Married without children Two or more unrelated adults

No. of People living in household: _____ List household members: _____

Applicant – Employment Information (please list all employment in the past 2 years)**Please print clearly**

Current Primary Employer: _____

Address: _____

City State Zip Code
 Title: _____ Hire Date: _____ Phone: (____) ____-____ Part-Time Full-Time

Gross Income (before taxes): \$_____ Is this amount paid Weekly Bi-weekly Twice a month Monthly

Other sources of income for ALL members of the household: (list monthly amount)

Social Security \$_____ Child Support \$_____ Pension/Retirement \$_____ Disability \$_____

Unemployment \$_____ Other (Name) _____ Amount \$_____

Annual Family or Household Income: \$_____ (Total from ALL Sources)

Co-Applicant – Employment Information (please list all employment in the past 2 years)

Please print clearly

Current Primary Employer: _____

Address: _____
City State Zip Code

Title: _____ Hire Date: _____ Phone: (_____) _____-_____
 Part-Time Full-Time

Gross Income (before taxes): \$_____ Is this amount paid Weekly Bi-weekly Twice a month Monthly

Other sources of income for ALL members of the household: (list monthly amount)

Social Security \$_____ Child Support \$_____ Pension/Retirement \$_____ Disability \$_____

Unemployment \$_____ Other (Name) _____ Amount \$_____

Annual Family or Household Income: \$__(Total from ALL Sources)

Section 8 Voucher Information

Do you currently receive Housing Choice Voucher (Section 8) rental assistance from HAPEC or another agency?

Yes No

If yes, what agency? _____

Name of case worker? _____

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 Signature

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.