

# Greene County Workforce Homeownership Program

Please return to Catskill Mountain Housing Development Corporation, P.O. Box 473, 448 Main Street, Catskill, NY 12414 Phone: (518) 943-6700 FAX: (518) 943-0113

Please complete the application fully and accurately, sign and date in the appropriate places, and attach copies of all documentation required as stated on the last page of this application. Incomplete applications will not be processed.

## ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Name of Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## EMPLOYMENT INFORMATION

**Applicant:** Employer Name: \_\_\_\_\_ **Co-Applicant (if any):** Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Years on this job: \_\_\_\_\_ Years on this job: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Average hours per week \_\_\_\_\_ Average hours per week \_\_\_\_\_

Average weeks per year \_\_\_\_\_ Average weeks per year \_\_\_\_\_

If employment is less than full-year, please list the months working: \_\_\_\_\_

Please list any other jobs, either second jobs or other employment if the current job has been held for less than two years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**INCOME FROM EMPLOYMENT AND OTHER REGULAR SOURCES**

List all **monthly regular gross income** before deductions, and attach the three most current pay stubs, or year to date information.

**Applicant:**

Employment Income: \$ \_\_\_\_\_  
 Regular Overtime: \$ \_\_\_\_\_  
 Bonuses: \$ \_\_\_\_\_  
 Commissions/Tips: \$ \_\_\_\_\_  
 Business Income: \$ \_\_\_\_\_  
 Dividends/Interest: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**Total monthly income: \$ \_\_\_\_\_**

**Co-Applicant:**

Employment Income: \$ \_\_\_\_\_  
 Regular Overtime: \$ \_\_\_\_\_  
 Bonuses: \$ \_\_\_\_\_  
 Commissions/Tips: \$ \_\_\_\_\_  
 Business Income: \$ \_\_\_\_\_  
 Dividends/Interest: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_  
**Total monthly income: \$ \_\_\_\_\_**

**OTHER INCOME RECEIVED BY THE HOUSEHOLD**

Describe all other income derived from all sources including but not limited to Social Security (including payments for household members under the age of 18 years), unemployment compensation, disability, pensions, annuities, royalties, partnerships, trusts, alimony, child support and maintenance, IRA or retirement distributions. Attach documentation to support this income, such as annual statements, court decrees and checks, and 1099 forms. (Attach additional sheets if necessary):

**Applicant:**

<i>Source</i>	<i>Monthly Amount</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Co-Applicant:**

<i>Source</i>	<i>Monthly Amount</i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

**AUTOMOBILES OWNED (please add additional vehicles for more than two vehicles)**

**Applicant:**

\_\_\_\_\_  
 Year/Make/Model

\_\_\_\_\_  
 Bank/Financial Institution Owed  
 \$ \_\_\_\_\_ / \_\_\_\_\_  
 Original Loan Amount      Balance Owed  
 \$ \_\_\_\_\_ / \_\_\_\_\_  
 Monthly Payment              Months Left

**Co-Applicant:**

\_\_\_\_\_  
 Year/Make/Model

\_\_\_\_\_  
 Bank/Financial Institution Owed  
 \$ \_\_\_\_\_ / \_\_\_\_\_  
 Original Loan Amount      Balance Owed  
 \$ \_\_\_\_\_ / \_\_\_\_\_  
 Monthly Payment              Months Left

**HOUSEHOLD INFORMATION**

List all persons, including children, who will be living in the house to be purchased, other than the applicant and co-applicant:

<b>Name</b>	<b>Date of Birth</b>	<b>Social Security Number</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MONEY OWED/DEBTS OUTSTANDING**

List the creditor's name, address and account number for ALL OUTSTANDING DEBTS AND OBLIGATIONS other than automobile loans, including credit cards, bank loans, student loans, lines of credit, alimony, and child support. Attach additional sheets if necessary.

**Applicant:**

Name & Address of Creditor:

\_\_\_\_\_  
\_\_\_\_\_  
Monthly Payment:   \$ \_\_\_\_\_  
Months left to pay: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Balance:               \$ \_\_\_\_\_

Name & Address of Creditor:

\_\_\_\_\_  
\_\_\_\_\_  
Monthly Payment:   \$ \_\_\_\_\_  
Months left to pay: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Balance:               \$ \_\_\_\_\_

Name & Address of Creditor:

\_\_\_\_\_  
\_\_\_\_\_  
Monthly Payment:   \$ \_\_\_\_\_  
Months left to pay: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

**Co-Applicant:**

Name & Address of Creditor:

\_\_\_\_\_  
\_\_\_\_\_  
Monthly Payment:   \$ \_\_\_\_\_  
Months left to pay: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Balance:               \$ \_\_\_\_\_

Name & Address of Creditor:

\_\_\_\_\_  
\_\_\_\_\_  
Monthly Payment:   \$ \_\_\_\_\_  
Months left to pay: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Balance:               \$ \_\_\_\_\_

Name & Address of Creditor:

\_\_\_\_\_  
\_\_\_\_\_  
Monthly Payment:   \$ \_\_\_\_\_  
Months left to pay: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Balance: \$ \_\_\_\_\_

**CURRENT MONTHLY HOUSEHOLD EXPENSES**

Please estimate to the best of your ability for your household. Please state if the rent includes utilities.

Rent	
Electric/Propane	
Heat/Hot Water	
Groceries	
Food Eaten Out	
Gasoline	
Telephone	
Cable TV/Internet	
Car Repairs	
Garbage Pickup	
Child Care	
Car/Life/Renter's Insurance	
Water/Sewer	
Health Care	
Clothing	
Entertainment/Recreation	
Tuition	
Debt Payments	
Transportation	
Cigarettes	
Household Items	
Savings	
<b>Total</b>	<b>\$</b>

**CASH ASSETS**

Cash assets include all savings and checking accounts, credit union accounts, money market accounts, other cash equivalents and cash on hand.

**Applicant:**

Name & Address of financial institution:

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name & Address of financial institution:

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Cash on hand: \$ \_\_\_\_\_

**Co-Applicant:**

Name & Address of financial institution:

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

Name & Address of financial institution:

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Account Number: \_\_\_\_\_

**SOURCE OF DOWN PAYMENT**

Applicant/co-applicant(s) must have satisfactory credit, be able to obtain mortgage financing and must have a combined minimum of \$1,500 toward the required 2% down payment in your own funds (not derived from a loan or gift) in an account at the time of this application documented by a attached copy of a current bank account statement.

Please identify where down payment is held (must be included in above cash asset information):

Name of financial institution \_\_\_\_\_  
 Account Number: \_\_\_\_\_

**NON-CASH ASSETS**

Non-cash assets include stocks, bonds, savings certificates, mutual funds, trusts, IRA, Keogh, or other Retirement Savings Accounts, jewelry, coin collections, antique cars, life insurance policies, or real property.

**Applicant:**

**Co-Applicant:**

_____	_____	_____	_____
Type	Value	Type	Value
_____	_____	_____	_____
Type	Value	Type	Value
_____	_____	_____	_____
Type	Value	Type	Value

Have you disposed of any assets in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe the asset (s): \_\_\_\_\_

Value received for the asset(s): \$ \_\_\_\_\_

What purpose were the funds used for?: \_\_\_\_\_

**ADDITIONAL INFORMATION**

*Please answer the following questions Yes and No. If you answer "yes" to any question please give a brief explanation below in the comment area.*

	<b><u>Applicant</u></b>	<b><u>Co-Applicant</u></b>
Are there any outstanding judgments against you?	_____	_____
Have you been declared bankrupt within the past 7 years?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu of foreclosure within the last 7 years?	_____	_____
Are you a party to a lawsuit?	_____	_____
Are you obligated to pay alimony, child support, or separate maintenance?	_____	_____

**COMMENTS**

Please use this space to provide any additional information that might assist us in determining your eligibility for this program.

**Applicant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD CHARACTERISTICS**

The following information is requested by the Federal Government for statistical information purposes only for each number of your household. You are not required to furnish this information but are encouraged to do so. This information will not affect your participation in the program. Please fill in the appropriate number in the appropriate category.

White \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_  
Black/African American \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ Asian & White \_\_\_\_\_  
American Indian/Alaska Native and White \_\_\_\_\_ Other Multi-Racial \_\_\_\_\_  
Black/African American & White \_\_\_\_\_ American Indian/Alaska Native and Black \_\_\_\_\_

**CONFLICT OF INTEREST INFORMATION**

Has anyone in the household had any personal interest, business or family ties with employees, or members of the board of directors of Catskill Mountain Housing Development Corporation or with Greene County? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

I certify that the above statements are true, accurate, and complete to the best of my knowledge and belief. I understand that false statements made by the applicant/co-applicant will result in rejection of the grant application. I understand that Catskill Mountain Housing Development Corporation (CMHDC) and Greene County will verify all information listed on this application and I hereby authorize all agencies, individuals, employer and financial sources listed on this application to release all information requested by CMHDC and Greene County. Additionally, a consumer/credit report may be requested/obtained on me/us by CMHDC and/or Greene County.

\_\_\_\_\_  
**Applicant's Signature** **Date**

\_\_\_\_\_  
**Co-Applicant's Signature** **Date**

**APPLICANT CHECKLIST**

The following documentation must be attached for your application to be considered:

- \* Proof of all sources of income reported in this application.
- \* IRS 1040 Tax Returns for past three years (2006, 2007, 2008)
- \* Bank Statement showing a minimum of 2% down payment or \$1,500, whichever is greater.

**Note: Have you filled out all information completely and accurately?  
Have you signed/dated the application (applicant/co-applicant as applicable?)  
Have you attached copies of the all required documentation?**

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Proof of Income - three consecutive pay stubs, bank statement(s), etc. \_\_\_\_\_  
Proof of First Time Homebuyer status - Tax Returns for three years. \_\_\_\_\_  
Proof of source of down payment.(deposit/account statement) \_\_\_\_\_  
Number in Household \_\_\_\_\_ Gross Annual Income \$ \_\_\_\_\_ Low Income Household Yes \_\_\_ No \_\_\_

\_\_\_\_\_/\_\_\_\_\_  
(Program Administrator) (Date)