

Affordable Housing Program Application

Return completed application to: Lashonda Denson, NeighborWorks HomeOwnership Center of Dutchess County, 291 Mill Street, Poughkeepsie, NY 12601.
 Please check which home(s) you are applying for:

_____ Four Corners
 _____ East Fishkill

APPLICANT (A)

CO-APPLICANT (C)

 First Middle Initial Last Name

 Mailing Address

 City, State, Zip

 County

 Home Phone Work Phone

 Fax Cell Phone

 E-Mail

 First Middle Initial Last Name

 Mailing Address

 City, State, Zip

 County

 Home Phone Work Phone

 Fax Cell Phone

 E-Mail

Date of Birth: _____ US Citizen: Foreign Born:

Single Married Legally Separated Widowed Divorced

#Years School: _____ Currently in School: Graduated:

Degree: GED/H.S. Diploma 2-Year 4-Year Masters

Owned a Home in the past five years? Disabled:

Date of Birth: _____ US Citizen: Foreign Born:

Single Married Legally Separated Widowed Divorced

Years School: _____ Currently in School: Graduated:

Degree: GED/H.S. Diploma 2-Year 4-Year Masters

Owned a Home in the past three years? Disabled:

RACE/NATIONAL ORIGIN

You are not required to furnish this race/origin information, but are encouraged to do so. You may not be discriminated against on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, it is required by Federal regulations to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

RACE/NATIONAL ORIGIN

I do not wish to furnish this information

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

ETHNICITY

SEX

- Hispanic or Latino
- Not Hispanic or Latino

- Female
- Male

ETHNICITY

SEX

- Hispanic or Latino
- Not Hispanic or Latino

- Female
- Male

LIST HOUSEHOLD MEMBERS AND DEPENDENTS - Family Size: _____

A/C	First and Last Names	Age	DOB	Relationship	Household	Dependant	(if applicable) Annual Income
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

COMMENTS:

APPLICANT EMPLOYMENT

Employer Name _____
 Mailing Address _____
 City, State, Zip _____
 Position _____ Date Started _____
 Contact Name _____ Contact Telephone _____
 Union: Self-Employed:

GROSS Pay per paycheck
How often are you paid?
 Weekly Every Two Weeks Bi-Monthly Monthly

CO-APPLICANT EMPLOYMENT

Employer Name _____
 Mailing Address _____
 City, State, Zip _____
 Position _____ Date Started _____
 Contact Name _____ Contact Telephone _____
 Union: Self-Employed:

GROSS Pay per paycheck
How often are you paid?
 Weekly Every Two Weeks Bi-Monthly Monthly

APPLICANT PART-TIME/SECOND JOB

Employer Name _____
 Mailing Address _____
 City, State, Zip _____
 Position _____ Years on Job _____ Date Started _____
 Contact Name _____ Contact Telephone _____
 Union: Self-Employed:

GROSS Pay per paycheck
How often are you paid?
 Weekly Every Two Weeks Bi-Monthly Monthly

CO-APPLICANT PART-TIME/SECOND JOB

Employer Name _____
 Mailing Address _____
 City, State, Zip _____
 Position _____ Years on Job _____ Date Started _____
 Contact Name _____ Contact Telephone _____
 Union: Self-Employed:

GROSS Pay per paycheck
How often are you paid?
 Weekly Every Two Weeks Bi-Monthly Monthly

PREVIOUS EMPLOYMENT WITHIN PAST TWO YEARS (W-2s)

A/C	Employer Name
A/C	Employer Name
A/C	Employer Name
A/C	Employer Name

Position	Start Date	End Date
Position	Start Date	End Date
Position	Start Date	End Date
Position	Start Date	End Date

OTHER INCOME (Supporting Documentation i.e. Child Support Agreement, Award Letter, Statements, etc.)

Type	A/C	Monthly \$	Remarks	A/C	Monthly \$	Remarks
Alimony				Public Assistance		
Child Support				Social Security		
Disability				Trust Fund		
Insurance/Annuity				Unemployment		
Interest/Dividends				VA Benefits		
Pension				Workers Comp.		

ASSETS (Supporting Documentation i.e. Account Statements. Note: You must also include the value of any assets disposed of in the past 24 months at less than fair market value.)

Type	A/C	Current Value	Penalty to Convert to Cash	Interest Rate	Asset Income
Checking	_____	_____	_____	_____	_____
Checking	_____	_____	_____	_____	_____
Money Market	_____	_____	_____	_____	_____
Mutual Fund	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____
401K	_____	_____	_____	_____	_____
401K	_____	_____	_____	_____	_____
Bonds	_____	_____	_____	_____	_____
Business	_____	_____	_____	_____	_____
CVLI	_____	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____	_____
Stocks	_____	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

STATEMENTS BY ALL ADULT HOUSEHOLD APPLICANTS:

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, the application will be rejected.
2. We authorize Hudson River Housing and/or its agents to make any and all inquiries to verify this information, which may then be released to appropriate local agencies, and to contact previous and current landlords or other sources for verification or confirmation.
3. We authorize Hudson River Housing or its agents to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d) seeking information on our credit worthiness, credit standing, and credit capacity.
4. We understand that in the event our application qualifies for and is considered for homeownership of the subject premises, that our application may be placed in a lottery for the home, that will be drawn on a date to be announced. The selected lottery candidate will then be invited to make an offer on the available home. Submission of a complete and acceptable application is not an offer, or therefore, a promise or guarantee that we will be chosen as the purchasers of the subject property.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

