

6. HOUSEHOLD INFORMATION – List each and every person who will live with you in the household, starting with yourself.

	Last Name	First Name	Date of Birth	Sex	Relationship
1					self
2					
3					
4					
5					
6					
7					
8					
9					
10					

7. Household Type:

- Single, non-elderly Elderly Single Parent
 Two Parents Other _____

8. **Race (Head of Household):

- American Indian or Alaska Native Asian
 Black or African American American Indian or Alaska Native & White
 Asian & White Black or African American & White
 American Indian or Alaska Native & Black or African American Hispanic
 Other Multi Racial White

* Community Housing Innovations, Inc. Homeownership Grants Program requires that you occupy the home that you purchase as your principal residence.

** This question is being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.

APPLICANT

CO-APPLICANT

9. Are you a U.S. Citizen(s)? YES NO YES NO
 If "NO", please provide Proof of Residency.

10. Do you or your co-Applicant/Spouse presently own a home? YES NO YES NO

11. Have you or your Co-Applicant/Spouse owned a home within the last three (3) years of the date of this application?
 YES NO YES NO

11a. If "YES", explain the circumstances under which you no longer own a home:

12. **CURRENT EMPLOYMENT INFORMATION:** List each **current** employer for each member of the household over the age of eighteen (18) and employed. List the number from question No. 7 in the left hand column that corresponds with the household member whose employment you are listing. CHI reserves the right to obtain third party verification from the Internal Revenue Service for all adults in the household.

Household Member	Name and Address of Employer	Employer's Telephone	Date Started Employment & Position	Gross Annual Income
			Date: Job Title:	
			Date: Job Title:	
			Date: Job Title:	
			Date: Job Title:	
			Date: Job Title:	

Additional Income Verification

13. Do you or anyone in your household receive Social Security and/or Pension Income? YES NO

13a. If "YES", please provide the following information: *(Please submit copies of Award Letters and/or check stubs.)*

NAME	AMOUNT	HOW OFTEN (monthly, weekly)
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14. Do you or anyone in your household receive Public Assistance
(aid to families with dependent children, AFDC, SSI, etc.)?: YES NO

14a. If "YES", please provide the following information: *(Please submit copies of Award Letters and/or check stubs.)*

NAME	AMOUNT	HOW OFTEN (monthly, weekly)
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15. Do you or anyone in your household receive income from operating a business or Real Estate? YES NO

15a. If "YES", please provide the following information:

NAME	AMOUNT (net income)
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16. Do you or anyone in your household receive Alimony and/or Child Support? YES NO

16a. If "YES", please provide the following information: *(Please submit copies of Court Order and/or payment coupons)*

NAME	AMOUNT	HOW OFTEN (monthly, weekly)
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17. If "NO", and you have custody of children under the age of 18, please provide a Notarized Affidavit stating that you do not receive Alimony and/or Child Support.

18. Do you or anyone in your household receive Unemployment Compensation? YES NO

18a. If "YES", please provide the following information: *(Please submit copies of check stubs.)*

NAME	AMOUNT
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19. Do you or anyone in your household receive and other income not specified above? YES NO

19a. If "YES", please provide the following information:

NAME	AMOUNT	HOW OFTEN (monthly, weekly)
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20. **Credit Report Authorization and Privacy Disclosure Form**

I/We hereby authorize Community Housing Innovations, Inc. to obtain and review my/our credit report in relation to an application for the Home Purchase Grants. I/We understand Community Housing Innovations, Inc. intends to use the credit report for the purpose of evaluating my/our financial readiness to purchase a home.

I/We understand that providing false information may disqualify me/us for consideration or represent a criminal offence. If any of the information provided herein changes prior to closing, it is my/our responsibility to notify Community Housing Innovations, Inc., so that an updated determination can be made on my status.

This authorization includes the release to Community Housing Innovations, Inc., by any lender, to which I have applied for a mortgage, of all financial information and documentation relating to my application for the grants administered by Community Housing Innovations, Inc.

PLEASE CHECK ONE BELOW:

 *I/We understand and agree to **pay a fee of \$12.00 per person per each credit report.** (Please enclose a check or money order made payable to Community Housing Innovations, Inc.)*

 I/We Authorize Community Housing Innovations, Inc. to share my/our credit report and any information that I/we have provided with potential mortgage lenders for the purpose of qualifying for a mortgage loan. These lenders may contact me/us to discuss loans for which I/we may be eligible.

 I/We Do Not Authorize Community Housing Innovations, Inc. to share my/our credit report and any information that I/we have provided with potential mortgage lenders for the purpose of qualifying for a mortgage loan.

I/We understand that I/we may revoke my/our consent to these disclosures by notifying Community Housing Innovations, Inc. in writing.

Applicant Name (Print)

Co-Applicant's Name (Print)

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Date

Social Security Number

Date

21. **HOW DID YOU HEAR ABOUT US?**

TV (PLEASE SPECIFY CHANNEL/ DATE): _____

RADIO STATION (PLEASE SPECIFY STATION /DATE): _____

PRINT MEDIA (PLEASE SPECIFY): _____

FRIEND/RELATIVE (PLEASE NAME): _____

OTHER: (PLEASE SPECIFY): _____

APPLICANT(S) CERTIFICATION

I/We, _____, currently residing at _____, hereby certify that all of the information I/we have provided to Community Housing Innovations, Inc. (“CHI”) and others in applying for HOME funding from Orange County is factual and accurate. I acknowledge that CHI is relying upon this certification in providing financial assistance.

I/We understand that after review of my/our financial status, CHI may determine that I/we do not qualify for grant assistance based on my/our ability to qualify for and/or carry a mortgage sufficient to purchase a property in the applicable county within acceptable debt to income ratios.

I/We understand it is my/our responsibility to submit to CHI immediately any changes in status that may affect my/our eligibility for grants.

I/We understand that I/we will be required to submit complete new current financial information and documentation as needed and requested to ascertain that I/we still meet the eligibility requirements of the program.

- 1) I/We certify that I/we are over the age of eighteen years. _____(Initials)
- 2) I/We certify that I/we are First Time Homebuyers. _____(Initials)
- 3) I/We certify that currently and as of a potential closing date, my household (including all persons related by blood, marriage or adoption as well as unrelated persons) will consist of the following:
 - 1. _____(Self)
 - 2. _____(Co-applicant)
 - 3. _____(relationship) _____(age)
 - 4. _____(relationship) _____(age)
 - 5. _____(relationship) _____(age)
 - 6. _____(relationship) _____(age)
 - 7. _____(Relationship) _____(age)
 - 8. _____(Relationship) _____(age)
- 4) I/We certify that the above listed household members are the only persons that will occupy the unit upon closing and that no other person(s) will become a member of my/our household.
- 5) I/We certify that total Income cap for a family of _____ in _____ County is \$ _____ - See Income guidelines for county that you will be purchasing in.
- 6) I/We certify that my/our 2008 annualized income is projected to be \$ _____.

I/We understand that providing false information may disqualify me/us for consideration in any grant programs administered by CHI and may represent a criminal offense.

Grants are awarded based on need. I/We understand that if it is determined that because of my/our assets, the household would be able to purchase a home without assistance and if no relevant extenuating circumstances exist, the household will be deemed ineligible for grant assistance.

Grants are awarded based on need. I/We understand that the exact amount of award and funding source may change depending upon the purchase price, down payment requirement, mortgage amount and projected renovations of the identified eligible property.

Grants are awarded based on need. I/We understand that Program and eligibility criteria to receive CHI funding entails that I must contribute a minimum of 3% of my own funds into the purchase of an eligible property with appropriate debt to income ratios.

I/we understand that this not an offer and that the terms and conditions of the program may be changed at any time by Orange County or Community Housing Innovations, Inc.

Applicant Signature

Date

Co-Applicant Signature

Date

23.

REQUIRED DOCUMENTATION

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!

(Please make sure that ALL documents listed below are included before submission)

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Application form completed <u>With All Signatures?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

(Before submitting your application the following documents must be included with your application. Applications cannot be processed without list of following documents.)

INCOME DOCUMENTATION:

- | | | |
|---|--|--|
| A. Copies of Signed Federal and State Income Tax Returns for the <u>last (2) years</u> | <input type="checkbox"/> 2007
<input type="checkbox"/> 2006 | <input type="checkbox"/> 2007
<input type="checkbox"/> 2006 |
| B. W-2 Forms <u>last (2) years</u> | <input type="checkbox"/> 2007 / 2006 | <input type="checkbox"/> 2007 / 2006 |
| C. Copy of Birth Certificate (<u>All</u> household members listed on page 2) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| D. Copies of <u>ONE MONTH'S CONSECUTIVE MOST RECENT PAY STUBS</u> , Award Letters, Pension Letters, Disability Award Letters, Child Support received, Alimony, etc. | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| E. Notarized Affidavit(s) if:
(1) No Child Support is received
(2) Non-working adult (18 yrs or older)
(3) Full-time/part-time Student (18 yrs or older and not working) | <input type="checkbox"/> Yes
<input type="checkbox"/> Yes
<input type="checkbox"/> Yes | |
| F. Copies of <u>LAST (3) MONTH'S BANK STATEMENTS FOR CHECKING & SAVINGS AND ANY OTHER ASSETS.</u>
(Checking, savings, 401(k), IRA accounts, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| G. If Self-employed, please provide copies of most recent audited Profit and Loss statement for your business. | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| H. Verification of Employment from employer for <u>all working household members</u> – Letter must include salary projection for the current year and initial date of hire. | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| I. <u>\$12.00 per person</u> for Credit Report (Applicant / Co-Applicant) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

Please enclose all the required documentation with the completed application and mail it to:

*Community Housing Innovations, Inc.
190 East Post Road Suite #401
White Plains, NY 10601
Attn: Homeownership Department
(914) 683-1010 X 225*