

Lottery Number: _____
Unit #: _____

HCO Case Number: _____
Lender: _____

HOMEOWNERSHIP APPLICATION

Quarry Pond, Cold Spring, NY

1. PRIMARY APPLICANT HOUSEHOLD INFORMATION:

Applicant Name _____

Co-Applicant Name _____

Street Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone # () _____ Work Phone # () _____

Mailing address (if different from above) _____

LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF. Since this unit uses income criteria for eligibility, the following information is required for all household members:

<u>FULL NAME</u>	<u>RELATION- SHIP</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>ATTENDING SCHOOL</u>
a. _____	<u>H.O.H</u>	___/___/___	___	_____
Social Security # _____		Occupation _____		
b. _____	_____	___/___/___	___	_____
Social Security # _____		Occupation _____		
c. _____	_____	___/___/___	___	_____
Social Security # _____		Occupation _____		
d. _____	_____	___/___/___	___	_____
Social Security # _____		Occupation _____		

Lottery Number: _____
Unit #: _____

HCO Case Number: _____
Lender: _____

2. INCOME:

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>EMPLOYER'S NAME/ADDRESS</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
_____	_____ _____ _____	\$ _____ weekly/biweekly/monthly (circle one)	\$ _____ weekly/biweekly/monthly (circle one)
_____	_____ _____ _____	\$ _____ weekly/biweekly/monthly (circle one)	\$ _____ weekly/biweekly/monthly (circle one)
_____	_____ _____ _____	\$ _____ weekly/biweekly/monthly (circle one)	\$ _____ weekly/biweekly/monthly (circle one)

3. OTHER SOURCES OF INCOME:

(EXAMPLES: social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-taking, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____ weekly, biweekly, monthly (circle one)
_____	_____	\$ _____ weekly, biweekly, monthly (circle one)
_____	_____	\$ _____ weekly, biweekly, monthly (circle one)
_____	_____	\$ _____ weekly, biweekly, monthly (circle one)

Lottery Number: _____
Unit #: _____

HCO Case Number: _____
Lender: _____

4. ASSETS:

Checking Accounts:

Bank _____ Acct. No. _____ Amt. _____
Bank _____ Acct. No. _____ Amt. _____

Savings Accounts: (includes Passbook/Statement and Christmas/Vacation Clubs)

Bank _____ Acct. No. _____ Amt. _____
Bank _____ Acct. No. _____ Amt. _____

Certificates of Deposit (CD's):

Bank _____ Acct. No. _____ Amt. _____
Bank _____ Acct. No. _____ Amt. _____

Credit Union Shares:

Credit Union Name _____ Amt. _____

Address _____

Stocks/Bonds (Value) \$ _____

Savings Bonds (Value) \$ _____

Other _____ Amt. _____

(includes IRA's, mutual funds, etc.)

Do you **NOW** own real estate: _____NO _____YES If "yes", what is the value _____

I/WE CERTIFY UNDER PENALTY OF DISQUALIFICATION THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Signature

Date

Office Use Only:

Application Received: _____

Date reviewed & processed: _____

Application Status: Approved / Denied