

5. Select County of Interest. – You may select more than one.

- Suffolk Nassau Westchester

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. Household Type:

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

8. **Race (Head of Household):

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaska Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black or African American & White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Other Multi Racial | |

* Community Housing Innovations, Inc. Homeownership Grants Program requires that you occupy the home that you purchase as your principal residence. This residency requirement applies for the duration of the grant.

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

13. **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:	

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 the New York State Affordable Housing Corporation Home Ownership and Revitalization Program and/or the New York State HOME Program 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)
- 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 2010 adjusted gross income from my/our Federal returns 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 dependent on 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 HUD, the NYS Affordable Housing Corporation, the NYS Housing Trust Fund, NYS Division of Housing and Community Renewal, or Community Housing Innovations, Inc.

Applicant Signature

Date

Co-Applicant Signature

Date

23.

REQUIRED DOCUMENTATION
ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!

APPLICANT CO-APPLICANT

Application form completed **With All Signatures?** Yes 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. **Federal** Income tax transcripts (Use 4506-T) for **ALL applicants** 2009/2008 2009/2008
- B. Copies of Federal Returns W-2 for the last **(2) years** 2009 / 2008 2009 / 2008
- C. Copy of Birth Certificate (**All household members listed on page 2**) Yes Yes
- D. Copies of **ONE MONTH’S CONSECUTIVE MOST RECENT PAY STUBS**, Award Letters, Pension Letters, Disability Award Letters, Child Support received, Alimony, etc. Yes Yes
- E. Notarized Affidavit(s) if:
 - (1) No Child Support is received Yes
 - (2) Non-working adult (18 yrs or older) Yes
 - (3) Full-time/Part-time Student (18 yrs or older and not working) Yes
- F. Copies of ALL PAGES for the **LAST (3) MONTH’S BANK STATEMENTS** for Checking, savings, 401(k), IRA accounts, and any other assets, etc. Yes Yes
- G. If Self-employed, please provide copies of most recent audited Profit & Loss statement for your business
(must be prepared by an accountant) Yes Yes
- H. **Verification of Employment** from employer for **all working household members** – Letter must include salary projection for the current year and initial date of hire. Yes Yes
- I. **\$12.00 Per person** for Credit Report (Applicant / Co-Applicant) Yes Yes
- J. Proof of Grant Assistance, as indicated on page 1. Yes Yes
- K. Proof of Homebuyer Education (*if N/A please contact CHI to assist*) Yes 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 / (914) 683-1010 Ext. 289
Attn: Homeownership Department



COMMUNITY HOUSING INNOVATIONS, INC.

www.chigrants.org

190 East Post Rd. Suite 401, White Plains, NY 10601
Tel: (914) 683-1010 Fax: (914) 683-6158

DISCLOSURE STATEMENT

This statement describes the various types of services provided by Community Housing Innovation, Inc. (CHI), and any financial relationship between CHI organization and any other industry partners. Further, it states that any client of CHI is not obligated to receive or use any other services offered by CHI, its branches and/or affiliates.

- **Foreclosure Prevention Counseling:** CHI provides free counseling to families that are in danger of losing their homes because of a default or potential default on their mortgage payments. Assistance is provided with the following mitigations options: loan forbearance, loan modification, partial claim, pre-foreclosure sale, deed-in-lieu of foreclosure, and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one home ownership counseling to first time homebuyers who are interested in knowing the facts about buying a home and about low interest rate loan programs. CHI offers free workshops for prospective homebuyers.
- **Homeownership Grants:** CHI provides grants of up to \$30,000 per home to income qualified first time homebuyers.
- **Permanent Rental Housing:** CHI owns and manages 600 units of homeless and affordable housing, including senior housing. CHI staff is dedicated to assisting tenants with housing retention.
- **Scattered Site Transitional Housing:** CHI manages transitional and emergency housing for homeless families and singles under contract with the Suffolk County Department of Social Services, Westchester County Department of Social Services and Nassau County Department of Social Services. These programs include case management that emphasizes self-reliance and teaches families the skills they need to succeed once they are living in permanent housing.
- **Rental Subsidy Program** - CHI administers the Westchester County Rental Assistance Program. This program offers a rental subsidy to the family whose head-of-household is employed, on public assistance and living in emergency housing simply as the result of an inability to pay unaffordable rents.
- **Case Management & Supportive Services** - CHI offers case management services to all residents in the properties it owns and manages. CHI's programs are supervised by Certified Social Workers. Whether emergency, transitional or permanent housing, the primary goal is to assist individuals in achieving personal and economic independence and self-sufficiency.
- **Career Services Program** - CHI's Career Services program offers free skills enhancement classes so that earnings can be increased, which are a necessity to complete in the current housing market in this region. The training is hands-on, and job oriented. Participants can become proficient in computer applications through an office administrator course or learn medical billing, a sought after skill.
- **Housing Development:** CHI purchases abandoned and foreclosed properties under the Neighborhood Stabilization Program and renovate them to market standards. Renovated properties are offered for sale to qualified buyers.

Anti Discrimination Policy

CHI is committed to providing equal opportunities to all clients and does not discriminate against individuals on the basis of race, creed, color, religion, gender, sexual orientation, nationality, marital status, age, or disability in the administration and provision of services to the public. CHI will not tolerate acts deemed to constitute discrimination or harassment based on gender, sexual orientation, race, creed, color, religion, national origin, marital status, age, disability, or any other characteristic protected by law.

Community Housing Innovations, Inc. is a HUD approved counseling agency

_____ Date: _____
Housing Counseling Client

_____ Date: _____
Housing Counseling Co-Applicant