

ROUND 3

Fair & Affordable Purchase Assistance Program

Condos and Single Family Homes for Sale

Round 3 Application Deadline: August 19, 2016



The Fair & Affordable Purchase Assistance Program is an opportunity for eligible households to purchase designated one and two family homes and condominiums in certain areas of Westchester County. The County has provided financial assistance to buy the properties, renovate the properties in some cases, and reduce the sale prices to prices affordable to households of moderate income. The Housing Action Council will accept applications through August 19, 2016 after which a lottery will be held. Qualified applicants by lottery number will select the home in which they are interested. Income and occupancy guidelines apply.

Housing Action Council, Inc. - 55 South Broadway, Tarrytown, NY 10591

Applications available through Housing Action Council

914-332-4144 or hac@affordablehomes.org

www.housingactioncouncil.org



FAIR AND AFFORDABLE HOUSING APPLICATION

APPLICATION FOR PURCHASE ASSISTANCE PROGRAM

Check Round(s) in Which Your Interested

- Round One** - (Round One Applications postmarked after February 29, 2016 will be considered first come, first serve after the lottery list is exhausted)
- Round Two** (Application Deadline: **May 10, 2016**)
- Round Three** (Application Deadline: **August 19, 2016**)

1. Only one (1) application per household. If your name appears on more than one application you will be disqualified and the application will not be considered.
2. Applications must be signed in all requested places.
3. Applications must be returned by mail or hand delivered with supporting documentation.

Mail or Hand Deliver Completed Application to:
Housing Action Council at 55 South Broadway, Tarrytown, NY 10591
Phone: 914-332-4144

No payment should be given to anyone in connection with the preparation or filing of this application.

This information is to be filled out by the APPLICANT!

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

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2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____



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3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX	ATTENDING SCHOOL
a. _____	___H.O.H___	_____	_____	_____
Social Security #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
f. Do you expect any change (s) in your family size?		___YES	___NO	

If **YES**, EXPLAIN: _____

4. STATISTICAL INFORMATION

a. The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by people of different racial & ethnic backgrounds.

RACIAL GROUP IDENTIFICATION: Used for statistical purposes only. (Please check only one from this group for the head of household only).

Single Race

- ___ White
- ___ Black or African American
- ___ Asian
- ___ American Indian or Alaska Native
- ___ Native Hawaiian or Other Pacific Islander

Multi-Race

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

b. **ETHNICITY:** (check **only one** from this group) _____ Hispanic _____ Non-Hispanic



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5. ACCESSIBILITY/ADAPTABILITY

Do you need a handicapped accessible/adaptable apartment? ____ YES ____ NO

6. RENT:

What is your Current Monthly Rent \$ _____

Check Utilities paid by you now:

- Heat \$ _____ per month
- Electricity \$ _____ per month
- Gas \$ _____ per month
- Water \$ _____ per month
- Other \$ _____ per month

7. 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.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	GROSS EARNINGS (Pre-Tax)	
		CURRENT	ANTICIPATED
_____	_____	\$ _____	\$ _____
	_____	Weekly/ biweekly/ monthly (circle one)	

_____	_____	\$ _____	\$ _____
	_____	Weekly/ biweekly/ monthly (circle one)	

_____	_____	\$ _____	\$ _____
	_____	Weekly/ biweekly/ monthly (circle one)	



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8. OTHER SOURCES OF INCOME:

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

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____ \$ _____ Weekly/ biweekly/ monthly (circle one)

9. HOUSEHOLD 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.: _____

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

Certificates of Deposit (CD's):

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

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.) \$ _____

Does the applicant or co-applicant **NOW** own real estate: _____ YES _____ NO

If "yes", what is the value: _____

Has the applicant or co-applicant **EVER** owned real estate? _____ YES _____ NO



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If "yes", when? _____

10. **DOCUMENTATION**

All household members must submit **COPIES** of the following documents with their application:

- _____ 2015 & 2014 & 2013 **W2's**
- _____ 2015 & 2014 & 2013 **Federal Tax Returns** with all Schedules
- _____ One Month's Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, child support
- _____ 3 Months of all Bank, Credit Union, and Investment Statements (**all pages**)
- _____ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- _____ \$25 Credit Report Fee (Non-refundable – Made payable to Housing Action Council)

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE.

_____	_____
Applicant Signature	Date
_____	_____
Co-Applicant Signature	Date

CONSUMER CREDIT INFORMATION

I/ We hereby authorize Housing Action Council to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to Housing Action Council, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

_____	_____	_____
Applicant Signature	Co-Applicant Signature	Date



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11. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend If friend, how did your friend hear about this? _____
- Employer
- Sign Posted on Site
- Website/ Internet _____ (list site)
- Newspaper (Identify): _____ On-line Version? _____
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____

Maximum Income Limits as of June 1, 2016
(Income limits are subject to change)

No. of Persons	Income Limit
1	\$ 60,400
2	\$ 69,000
3	\$ 77,650
4	\$ 86,250
5	\$ 93,150
6	\$100,050
7	\$106,950
8	\$113,850



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