

# 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](mailto:hac@affordablehomes.org)**

**[www.housingactioncouncil.org](http://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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