



Incorporated Village of Hempstead Community Development Agency
CDBG Down Payment Assistance
Applicant Intake Form

APPLICANT	Print Clearly
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Name: _____
First MI Last

Address: _____
Street

_____ City State Zip Code

Home Tele: _____-_____-_____
Cell: _____-_____-_____ **Email:** _____

_____-_____-_____
Social Security Number

_____/_____/_____
Birth Date

Driver License ID#

Race (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black/African American and White | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Hispanic/Latin American |
| <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White | <input type="checkbox"/> Mexican | <input type="checkbox"/> Other: Multiple Race |

I do not wish to furnish this information

Ethnicity (please select) “yes” or “no” for Hispanic Origin. Hispanic: Yes No

I do not wish to furnish this information

Immigrant Status (please select one):

- You are U.S. born and 1 or both of your parents are foreign born
- Permanent Resident
- You are foreign born

Marital Status (please check): Single Married Separated Divorced Widowed

Gender (please check): Male Female Other/Non-Conforming

Disabled Yes No **I do not wish to furnish this information**

Preferred Language (please check): English Spanish Other: _____

Current Housing Arrangement (please check):

- Rent Living with family member and not paying rent Living with family member and pay rent Other



Are you a first Time Buyer (you do not currently own a home and/or have not owned a home in the past three years)?

Yes No

Education (please check one):

High School Diploma or Equivalent Two-Year College Bachelor's Degree Master's Degree Above Master's Degree

I do not wish to furnish this information

Household Type (please select the most accurate)

Single adult Female headed single parent household Male headed single parent household Two or more unrelated adults

Married with Children Married without Children Other

Rural Status – (please check one):

Do Not Live in Rural Area Live in Rural Area

Referred to by (please check all that apply):

Print Advertisement Website Government Bank Realtor Walk-In Friend Another Agency

If you were referred by a bank, which one? _____

Annual Family or Household Income: \$ _____

Family/Household Size: _____ **How many dependents (other than those listed by any co-borrower)?** _____

What ages are they? _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship Age Relationship Age

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

	First Name	Last Name	Date of Birth	Gender	Relationship
1					Self
2					
3					
4					
5					
6					
7					
8					



Name: _____
First MI Last

Address: _____
Street

City State Zip Code

Home Tele: _____ - _____ - _____ **Cell:** _____ - _____ - _____ **Email:** _____

_____-_____-_____
Social Security Number

_____/_____/_____
Birth Date:

Driver License ID#

Race (please check all that apply):

- Black or African American
- American Indian/Alaskan Native
- Asian
- I do not wish to furnish this information
- Black/African American and White
- American Indian/Alaskan Native and White
- Asian and White
- Mexican
- White
- Hispanic/Latin American
- Other: Multiple Race

Ethnicity (please select) "yes" or "no" for Hispanic Origin. Hispanic: Yes No I do not wish to furnish this information

Immigrant Status (please select one):

- You are U.S. born and 1 or both of your parents are foreign born
- You are U.S. born but 1 or both grandparents foreign born
- You, your parents and grandparents are all U.S. born
- You are foreign born

Marital Status (please check): Single Married Divorced Separated Widowed

Gender (please check): Male Female Other/Non-Conforming

Immigrant Status (please select one):

- You are U.S. born and 1 or both of your parents are foreign born
- Permanent Resident
- You are foreign born

Disabled Yes No I do not wish to furnish this information

Preferred Language (please check): English Spanish Other: _____

Education (please check one):

- High School Diploma or Equivalent
- Two-Year College
- Bachelor's Degree
- Master's Degree
- Above Master's Degree
- I do not wish to furnish this information

Relationship to Applicant (please check): Spouse Daughter Son Sister Brother Girlfriend Boyfriend

Mother Father Other: _____



APPLICANT EMPLOYMENT – Last 2 Years**Print Clearly****Primary Employer:** __________
Title Hire Date_____
Street City State Zip Code

Phone: _____-_____

Gross Income (before deductions): \$ _____

(please check one): hourly weekly every two weeks twice a month monthly**Previous Employer:** __________
Title Length of Employment_____
Street City State Zip Code

Phone: _____-_____

Gross Income (before deductions): \$ _____

(please check one): hourly weekly every two weeks twice a month monthly**CO-APPLICANT EMPLOYMENT – Last 2 Years****Print Clearly****Primary Employer:** __________
Title Hire Date_____
Street City State Zip Code

Phone: (_____) _____-_____

Gross Income (before deductions): \$ _____

(please check one): hourly weekly every two weeks twice a month monthly**Previous Employer:** __________
Title Length of Employment_____
Street City State Zip Code

Phone: _____-_____

Gross Income (before deductions): \$ _____

(please check one): hourly weekly every two weeks twice a month monthly

APPLICANT(S)**Print Clearly**

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony / Child Support		
Self-employment Income		
Social Security		
Pension Income		
Public Assistance		
Disability Income		
Dependent SSI Income		
Other Employment		
Other Legal Source of Income		

APPLICANT**CO-APPLICANT**Can you document your child support/alimony income? Yes No Yes No

If yes, how long will it continue? _____

If your child or a family member receives SSI,
how many more years will the payments continue? _____If you receive disability income
is it for a permanent disability? Yes No Yes NoRegarding other employment, have you worked
in this field for two years or more? Yes No Yes No**LIABILITIES/DEBT****Print Clearly****APPLICANT****CO-APPLICANT**

Have your debt payments been made on time?

 Yes No Yes No

Are you currently in Chapter 13 bankruptcy?

 Yes No Yes No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy?

 Yes No Yes No

If yes, when was it discharged? _____



LIQUID FUNDS/SAVINGS/INVESTMENTS

Print Clearly

Please list the approximate value of the following:

	APPLICANT	CO-APPLICANT
Checking account		
Savings account		
Retirement account		
Certificate of Deposits		
Securities (stocks, bonds, etc.)		
Other Liquid Funds		
Cash		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (please check) Yes No

If yes, how much? \$ _____

LIVING EXPENSES

Print Clearly

	APPLICANT	CO-APPLICANT
Monthly rent		
Electric/Gas/Solid Waste		
Telephone		
Cellular		
Cable/Satellite TV		
Grocery		
Other Living Expenses		

ADDITIONAL INFORMATION

Print Clearly

	APPLICANT	CO-APPLICANT
Have you owned a home in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a contract on a house at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with a real-estate agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Village of Hempstead Community Development Agency Downpayment Assistance Grant Program requires that grant recipients occupy the home purchased as their principal residence for the duration of the grant affordability period.



Additional Financial Resources:

Will you be receiving any grant assistance from any of the following sources:

- Bank \$ _____ SONYMA: \$ _____ First Home Club: \$ _____
- Other: \$ _____

❖ **To qualify for program, a minimum of \$5,000 of your own funds is required.**

Can you submit proof? Yes No Source of funds:

AUTHORIZATION	Print Clearly
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- (a) **I/We Authorize** the Village of Hempstead Community Development Agency to share my 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.
- (b) **I/We Do Not Authorize** the Village of Hempstead Community Development Agency 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.
- (c) **I/We Authorize** to obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when **I/We** purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.
- (d) **I/We** understand that I/we may revoke my/our consent to these disclosures by notifying Village of Hempstead Community Development Agency in writing.
- (e) **I/We understand and agree to a non-refundable application fee of \$75.00.**
Please enclose a check or money order made payable to Village of Hempstead Community Development Agency.
- (f) **I/We Do Authorize** Village of Hempstead Community Development Agency to share my file information with its funding agencies for program compliance review and monitoring.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Applicant Name (Please Print)

Co-Applicant's Name (Please Print)

Applicant's Signature

Co-Applicant's Signature

Social Security Number

Social Security Number

Date

Date



I/We, _____, currently reside at _____, hereby certify that all of the information I/we have provided to Village of Hempstead Community Development Agency (CDA) is factual and accurate. I acknowledge the CDA is relying upon this certification in providing financial assistance.

I/We, _____, understand that after review of my/our financial status, the CDA 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 Village of Hempstead within acceptable debt to income ratios.

I/We understand it is my/our responsibility to submit to the CDA 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:
 - _____(Self)
 - _____(Co-applicant)
 - _____(Relationship) _____(age)
 - _____(Relationship) _____(age)
 - _____(Relationship) _____(age)
 - _____(Relationship) _____(age)
 - _____(Relationship) _____(age)
 - _____(Relationship) _____(age)
- 4) I/We certify that total Income cap for a family of _____ in _____Village of Hempstead \$_____
- 5) I/We certify that my/our 20__ adjusted gross income from my/our Federal returns is \$_____ (Use most recent year's tax returns).

NOTE: Refer to the CDA website: www.villageofhempsteadcda.org for current Income Guidelines. Enter in the Income Limit that pertains to your household based on total residents in the household. *Please refer to Program Guidelines for First-time Homebuyer definition



GRANT AWARD CRITERIA

I/We understand that Program and eligibility criteria to receive CDA funding entails that I **must contribute a minimum of \$5,000.00** of my funds towards the purchase of an eligible property with appropriate debt to income ratios. _____(Initials)

I/We understand that providing false information may disqualify me/us for consideration in any grant programs administered by CDA and may represent a criminal offense. Grants are awarded based on need, income eligibility and funding availability. _____(Initials)

I/We understand that if it is determined that my/our income and assets evidence that I/We 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. _____(Initials)

I/We understand that the exact amount of award may change dependent on the purchase price, down payment requirement, mortgage amount and income eligibility.__(Initials)

I/We understand that this is not an offer and that the terms and conditions of the program may be changed at any time by the Village of Hempstead Community Development Agency, Nassau County or Housing Urban Development (HUD).(Initials)

I/We understand the Village of Hempstead Community Development Agency must retain my documents as required per the Grant Agreements with Nassau County and HUD through the Community Development Block Grant Program. _____(Initials)

Applicant's Signature

Co-Applicant's Signature

Date

Date





APPLICATION DOCUMENTATION CHECKLIST

Please provide the following documents (COPIES ONLY) with your application for the purpose of qualifying for the Downpayment Assistance Grant Program.

Employment and Income History:

- Most recent pay stubs *for all applicants (3 months)*
- Social Security, SSI, pension, or other benefit letters *for all applicants*
- Evidence of any other income (child support, part-time employment, seasonal employment, etc.)
- W-2 for last two years
- Past two (2) years signed and dated federal income tax returns
- Past two (2) years IRS Federal Income tax return **transcripts** for all applicants

Notarized Affidavit(s) if:

- No child support is received from non-custodial parent
- Non-working adult (18 yrs. or older)
- Full-time/Part-time Student (18 yrs. or older and not working)

Self-Employment:

- Past three (3) years signed and dated federal income tax returns
- Most recent quarter signed and dated (YTD) Year-To-Date profit & loss statement
- Proof of quarterly tax payments for last four quarters (*federal & state*)

Credit Items:

- Explanation Letter for Judgments, Liens, Collections, Repossessions, Foreclosures, etc.
- Official court documents regarding Chapter 7, Chapter 11, or Chapter 13 (*include date discharged*)
- If using non-traditional credit history, provide proof of rent payments, utilities (telephone, electricity, gas, water, childcare, cable, etc.) at least 12 months history
- Explanation letter for slow payments

Deposit and Income Verification:

- Bank statements for checking, savings, investments (last three months)
- If child support or alimony is being used to qualify, provide proof of receipt
- If SSI, disability compensation, or retirement income is to be used, provide award letter

Other Items:

- Verification of Employment (*from employer for all working household members – Letter must include YTD gross salary income, salary projection for the current year (including overtime, commission and bonus)*)
- Driver's license or picture ID
- Copies of birth certificates (*for ALL household members*)
- Proof of any other grant assistance, as listed on page 7
- Mortgage Pre-Approval from a lender
- If gift money will be used, a letter stating the amount of gift, giver's name and relationship to borrower

Education and Counseling:

- Proof of Homebuyer Education Course/Counseling (maybe provided online and or one-on-one)

Please enclose **all** the required documentation with the completed application and **\$75.00 non-refundable fee** can be mail or drop off to:

Village of Hempstead Community Development Agency 50 Clinton St, Ste, 504 Hempstead NY 11550

Questions? Email: info@villageofhempsteadcda.org

