



## PROGRAM ELIGIBILITY FORM

The information provided on this form shall be kept confidential and shall be used for the purpose of determining eligibility for homeownership funding or to include in Homebuyer Education Class.

### HOME PURCHASE ELIGIBILITY FORM

File# \_\_\_\_\_

#### A. Applicant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### B. Family Composition

List each family member who will live in the new dwelling:

	Name	Relationship to Applicant	Age	Birthdate	Sex	Social Security Number
1		Applicant				
2		Co-Applicant				
3						
4						
5						
6						
7						
8						

Total number of persons to live in the new home: \_\_\_\_\_

Check all that apply:

Applicant	US Citizen _____	US Veteran _____
Co-Applicant	_____	_____

**C. Income**

Provide information for each family member who will receive income during the next twelve (12) months. For Minors or other family member, other income section may be filled out.

**Employment** - Complete for each job held by each family member. Please provide information for where you are employed now, or if seasonal, please note.

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_  
Rate or Monthly Gross Salary: \$ \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_  
Rate or Monthly Gross Salary: \$ \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_  
Rate or Monthly Gross Salary: \$ \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_  
Rate or Monthly Gross Salary: \$ \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_

*Other* Income - If a single family member has more than one source of income, use a separate line for each source.

<i>Name</i>	<i>Source of Income</i>	<i>Amount per (WK/MO)</i>	<i>Annual Amount</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**D. ASSETS**

Please list assets such as checking accounts, savings accounts, stock, real estate owned, that are not considered income.

<b>Institution</b>	<b>Type of account</b>	<b>Current Balance</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**E. CURRENT HOUSING**

How long have you lived in your current home? \_\_\_\_\_ years \_\_\_\_\_ months

Have you been a home owner in the past three years? \_\_\_ yes \_\_\_ no

Do you currently receive Section 8 rental assistance? \_\_\_ yes \_\_\_ no

How much do you pay in monthly rent? \$ \_\_\_\_\_

Provide information for utilities which *are not included in your rent and that you pay*.

Electric \$ \_\_\_\_\_ per month

Oil \$ \_\_\_\_\_ per month

Gas \$ \_\_\_\_\_ per month

Water \$ \_\_\_\_\_ per month

Other \$ \_\_\_\_\_ per month

List your addresses and landlords for the past five years.

*Address*

*Landlord*

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**F. Mortgage Information**

Complete for property you presently own.

Date purchased: \_\_\_\_\_

Purchase price: \$ \_\_\_\_\_

Are tax payments current? \_\_\_ yes

\_\_\_ no

*First Mortgage:*

Original Amount: \$ \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

Terms: \_\_\_\_\_% \_\_\_\_\_ for \_\_\_\_\_ years.

Are mortgage payments current? \_\_\_\_\_ yes or no

Mortgage Holder:

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*Land Contract:* Original Amount: \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_

Terms: \_\_\_\_\_% \_\_\_\_\_ for \_\_\_\_\_ years.

Are mortgage payments current? \_\_\_\_\_ yes or no

Contract Holder and Address:

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Identify any other Real Estate you own:

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**G. Liabilities and Fixed Debts**

List all liabilities such as car payments, recreational equipment loans, credit cards debt, child support, alimony, judgments, and any other scheduled payments.

<i>Debt type</i>	<i>Balance</i>	<i>Mo. Payment</i>	<i>Mo. Remaining</i>
_____			
_____			
_____			
_____			
_____			

Do you pay for child care?    yes\_\_\_\_\_no\_\_\_\_\_

If yes, please provide the following for each child:

<i>Name</i>	<i>Age</i>	<i>Hrs/Wk</i>	<i>Rate per hour</i>	<i>Cost per week</i>
_____				
_____				
_____				
_____				

**Voluntary Information for Reporting Purposes:**

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Race/National Origin:

- White
- Black
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native

Marital Status:

- Married
- Separated
- Unmarried (Single, divorced, or widowed)

Disabled: Yes  No

Type of Household:

- Single/non-Elderly
- Elderly
- Related/Single Parent
- Related/Two Parent
- Other

**IMPORTANT - READ BEFORE SIGNING**

I/we certify that to the best of my (our) knowledge and belief the above data is true and correct. I/we further consent to the release of credit information (at no cost to me) that may be available from a credit reporting agency and delivered directly to Adirondack Roots. Such information may be shared with financial institutions for the purpose of pre-approval or financing/purchasing a home.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

WARNING - Federal Law makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.



Strengthening Homes,  
Communities  
and Lives

Client Id #: \_\_\_\_\_

### HOMEBUYER PROGRAM Paper Application Form

**Applicant – General Information** **Please Print Clearly**

**Name:** \_\_\_\_\_  
First MI Last

**Home Address:** \_\_\_\_\_  
City State Zip Code

**Mailing Address:** \_\_\_\_\_  
City State Zip Code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_/\_\_\_\_ **Email:** \_\_\_\_\_

**Social Security Number**

**Birth Date**

**Race:**

- American Indian / Alaskan Native
- American Indian / Alaskan Native and White
- American Indian / Alaskan Native and Black
- Asian
- Asian and White
- Black or African American
- Black/African American and White
- Native Hawaiian/Other Pacific Islander
- White
- Other: \_\_\_\_\_

**Hispanic:**  Yes  No **Foreign Born:**  Yes  No **Permanent resident:**  Yes  No **U.S Citizen:**  Yes  No

**Marital Status:**  Single  Married  Divorced  Separated  Widowed

**Gender:**  Male  Female **Disabled:**  Yes  No **Veteran:**  Yes  No

**Highest Level of Education:**  Below High School  High School/ GED  2 yr. College  Bachelor's Degree  Master's Degree

**Has applicant been enrolled as a Full Time, Part Time, or Continuing Education Student within the last 2 years:**

No  Yes If Yes, please indicate when: \_\_\_\_\_

**Special Needs Assistance Requests:**  Language Translation (type): \_\_\_\_\_  Hearing Impaired  Visual Impairment  
 Accessibility  Other: \_\_\_\_\_

**Referred to by:**

- Bank \_\_\_\_\_
- Friend
- Other please specify \_\_\_\_\_
- Government
- Newspaper
- Print Advertisement
- Radio
- Realtor: \_\_\_\_\_
- Staff/Board member
- TV
- Walk-In

**Co Applicant – General Information** **Please Print Clearly**

**Name:** \_\_\_\_\_  
First MI Last

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_/\_\_\_\_ **Email:** \_\_\_\_\_

**Social Security Number**

**Birth Date**

**Race:**

- American Indian / Alaskan Native
- American Indian / Alaskan Native and White
- American Indian / Alaskan Native and Black
- Asian
- Asian and White
- Black or African American
- Black/African American and White
- Native Hawaiian/Other Pacific Islander
- White
- Other: \_\_\_\_\_



Hispanic:  Yes  No Foreign Born:  Yes  No Permanent resident:  Yes  No U.S. Citizen:  Yes  No

Marital Status:  Single  Married  Divorced  Separated  Widowed

Gender:  Male  Female Disabled:  Yes  No Veteran:  Yes  No

Highest Level of Education:  Below High School  High School/ GED  2 yr. College  Bachelor's Degree  Master's Degree

Has applicant been enrolled as a Full Time, Part Time, or Continuing Education Student within the last 2 years:

No  Yes If Yes, please indicate when: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Household- Information**

**Please Print Clearly**

Have either applicant(s) owned a home in the last 3 years:  Yes  No

Household Type (please select the most accurate)

Female/single parent household  Married with children  Single adult  Other: \_\_\_\_\_  
 Male/single parent household  Married without children  Two or more unrelated adults

No. of People living in household: \_\_\_\_\_ List household members

Name	Age/ Birthdate	Relationship to applicant
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

**Applicant – Employment Information (please list all employment in the past 2 years)**

**Please Print Clearly**

Current Primary Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Part-Time  Full-Time  
City State Zip Code

Gross Income (before taxes): \$ \_\_\_\_\_ Is this amount paid  Weekly  Bi-weekly  Twice a month  Monthly

Current Second Employer (If applicable): \_\_\_\_\_

Street \_\_\_\_\_ City State Zip Code

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Part-Time  Full-Time

Gross Income (before taxes): \$ \_\_\_\_\_ Is this amount paid  Weekly  Bi-weekly  Twice a month  Monthly

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Part-Time  Full-Time  
City State Zip Code

**Co-Applicant – Employment Information (please list all employment for the past 2 years)**

**Please Print Clearly**

Current Primary Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Part-Time  Full-Time  
City State Zip Code

Gross Income (before taxes): \$ \_\_\_\_\_ Is this amount paid  Weekly  Bi-weekly  Twice a month  Monthly

Current Second Employer (If Applicable): \_\_\_\_\_

Street \_\_\_\_\_ City State Zip Code

Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Part-Time  Full-Time

Gross Income (before taxes): \$ \_\_\_\_\_ Is this amount paid  Weekly  Bi-weekly  Twice a month  Monthly

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Dates: \_\_\_\_\_ To \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Part-Time  Full-Time

**Other sources of income for ALL members of the household: (list monthly amount)**

Social Security \$\_\_\_\_\_ Child Support \$\_\_\_\_\_ Pension/ Retirement \$\_\_\_\_\_ Disability \$\_\_\_\_\_
Unemployment \$\_\_\_\_\_ Other (Name) \_\_\_\_\_ Amount \$\_\_\_\_\_ Other (Name) \_\_\_\_\_ Amount \$\_\_\_\_\_

**Annual Family or Household Income: \$\_\_\_\_\_ (Total from ALL Sources)**

**Liquid Assets**

Please list the approximate value of the following:

Table with 3 columns: Description, Financial Institution Name(s), Balance of Account(s). Rows include Checking account, Savings account, Securities (stocks, bonds, etc.), Retirement account, and Other.

Estimated Credit Score applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_
Estimated Monthly minimum Credit Debt payments (car loans, pers. Loans, credit cards other)
Applicant \$ \_\_\_\_\_ Co-Applicant \$ \_\_\_\_\_
Total Estimated Credit Debt – Applicant \$ \_\_\_\_\_ Co-Applicant \$ \_\_\_\_\_

Do you currently receive Housing Choice Voucher (Section 8) rental assistance from RUPCO or other agency?  Yes  No

If yes, what agency? \_\_\_\_\_

Name of case worker? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_