



## How can we help?

**Why are you interested in meeting with a Housing Counselor? Check all that Apply:**

- |                                                  |                                                          |                                                                |
|--------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Want to purchase a home | <input type="checkbox"/> To Build emergency Savings Fund | <input type="checkbox"/> To Create a Budget/Spending plan      |
| <input type="checkbox"/> To Establish Credit     | <input type="checkbox"/> To Save for a large purchase    | <input type="checkbox"/> Access New/ Better Financial Products |
| <input type="checkbox"/> To Improve Credit       | <input type="checkbox"/> To Rent an Apartment            | <input type="checkbox"/> Foreclosure prevention                |
| <input type="checkbox"/> To Better Manages Debt  | <input type="checkbox"/> Other Housing Goals             | <input type="checkbox"/> Other: _____                          |

Where would you like to purchase a home? – Town & County \_\_\_\_\_

**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:** (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_-\_\_\_\_-\_\_\_\_ **Social Security Number**      \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Birth**      **Email:** \_\_\_\_\_

**Race / National Origin:**

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

**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

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

**Referred to by:**

- |                                  |                                     |                                                     |                                             |
|----------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Bank    | <input type="checkbox"/> Government | <input type="checkbox"/> Print Advertisement        | <input type="checkbox"/> Realtor            |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Radio                      | <input type="checkbox"/> Staff/Board Member |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> TV         | <input type="checkbox"/> Other please specify _____ |                                             |

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

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

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Social Security Number Date of Birth Email: \_\_\_\_\_

**Race / National Origin:**

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

**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

**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: \_\_\_\_\_

**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

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

Social Security \$\_\_\_\_\_ Child Support \$\_\_\_\_\_ Pension/Retirement \$\_\_\_\_\_ Disability \$\_\_\_\_\_

Unemployment \$\_\_\_\_\_ Other (Name) \_\_\_\_\_ Amount \$\_\_\_\_\_

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

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

**Please print clearly**

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

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

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

Social Security \$\_\_\_\_\_ Child Support \$\_\_\_\_\_ Pension/Retirement \$\_\_\_\_\_ Disability \$\_\_\_\_\_

Unemployment \$\_\_\_\_\_ Other (Name) \_\_\_\_\_ Amount \$\_\_\_\_\_

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

**Section 8 Voucher Information**

**Do you currently receive Housing Choice Voucher (Section 8) rental assistance from HAPEC or another agency?**

Yes  No

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

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

**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 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 Housing Assistance Program of Essex Co., Inc. Such information may be shared with financial institutions for the purpose of pre-approval or financing/purchasing a home.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
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.



**Household Budgeting Worksheet**

Make sure that you include all income and expenses as accurately as possible. The information you provide will be used to compute your household income and eligibility for any programs we may offer. *Try not to inflate or underestimate numbers.*

**Monthly Income**

Salary/Wages	\$ _____
Salary/Wages (Spouse)	\$ _____
Social Security	\$ _____
Military Pay	\$ _____
Pension Plan/Retirement	\$ _____
Interest Income	\$ _____
Alimony/Child Support	\$ _____
Real Estate (Rent)	\$ _____
Dividends (Investments)	\$ _____
Unemployment/Food Stamps	\$ _____
Royalties/Other income	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

**Montly Debts**

Rent (Apartment, etc)	\$ _____
1 st Mortgage/Taxes/insurance	\$ _____
2nd Mortgage/Taxes/Insurance	\$ _____
Trailer Park Space Rent	\$ _____
Student Loans	\$ _____
Auto Loans/Leases	\$ _____
Recreation Toys (Watercraft, etc.)	\$ _____
Past-Due Taxes	\$ _____
Other Secured Debts	\$ _____
Other Secured Loans	\$ _____
<b>Total Secured Debt</b>	<b>\$ _____</b>

**Monthly Living Expenses**

Food (Home, Work, School)	\$ _____
Household Items	\$ _____
Clothing	\$ _____
Laundry/Dry Cleaning	\$ _____
Telephone (Home, Cell, Pager)	\$ _____
Internet Service	\$ _____
Cable TV/Satellite	\$ _____
Electric	\$ _____
Gas / Oil	\$ _____
Water/in-Home Service	\$ _____
Trash Service	\$ _____
Auto Gas/iMaintenance	\$ _____
Auto Insurance	\$ _____
Health & Dental Insurance	\$ _____
Life & Disability Insurance	\$ _____
Homcowners/Renters Insurance	\$ _____
Education (Tuition, Supplies)	\$ _____
Personal Care (Hair, Nails, etc)	\$ _____
Medical Care (Prescriptions, etc.)	\$ _____
Child Care (Nanny, Day Care)	\$ _____
Children Activities (Sports, etc.)	\$ _____
Alimony/Child Support	\$ _____
Gardener/Pool/Alarm Service	\$ _____
Entertainment	\$ _____
Homeowner Dues	\$ _____
Subscriptions	\$ _____
Health Club Membership	\$ _____
Contributions/Donations/Gifts	\$ _____
Other Expenses (Misc.)	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>

**Monthly Unsecured Debts**

Credit Card	\$ _____
Personal Loan	\$ _____
Personal Loan	\$ _____
Medical/Dental Bills	\$ _____
Other Unsecured Loans	\$ _____
<b>Total Unsecured Debt</b>	<b>\$ _____</b>

**Summary of Budget**

Total Take-Home Income	\$ _____
	(minus)
Total Living Expense Payments	\$ _____
Total Secured Debt Payments	\$ _____
Total Unsecured Debt Payments	\$ _____
	(equals)
<b>Your Disposable Income or Deficit</b>	<b>\$ _____</b>

Note: If you have a deficit, you should seek the help of a credit counseling agency to help you reduce expenses as well as create counseling agency to help you reduce expenses as well as creat a workable budget for you and your family.



## 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*

---

---

---

---

---

**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:

---

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

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

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

Contract Holder and Address:

---

Mortgage Information – Cont.

Identify any other Real Estate you own:

---

**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.**