



First Time Homebuyer Grant Intake Application

PLEASE NOTE YOU ARE NOT ELIGIBLE FOR GRANT IF YOU'RE ALREADY IN CONTRACT

A RESPONSE TO EACH QUESTION IS MANDATORY

HAVE YOU ATTENDED THE FREE HOMEBUYER ORIENTATION? ☐ YES ☐ NO DATE ATTENDED: _____

HAVE YOU COMPLETED THE "HOMEBUYER READINESS ASSESSMENT"? ☐ YES ☐ NO

HAVE YOU PREVIOUSLY APPLIED TO CHI? ☐ YES ☐ NO IF YES, WERE YOU DENIED? ☐ YES ☐ NO

HAVE YOU PREVIOUSLY RECEIVED A GRANT CERTIFICATE? ☐ YES ☐ NO If YES When? Month: _____ Year: _____

AREA OF INTEREST (Please Select One): ☐ Long Island ☐ Westchester

WHAT IS YOUR PURCHASING TIMEFRAME: ☐ 3-6 Months ☐ 6-12 Months ☐ 12-24 Months ☐ 24-36 Months

APPLICANT

Please Print Clearly

Name: _____

First

MI

Last

Current Address _____

Street

City

State

Zip Code

Contact Mobile/Cell: _____ - _____ - _____ Home: _____ - _____ - _____ Email: _____

Birth Date: ____/____/____ Social Security Number : _____ Driver License ID#: _____

Race (Please Select All That Apply):

- ☐ White
 ☐ Black or African American
 ☐ Black/African American and White
☐ American Indian/Alaskan Native and Black
 ☐ American Indian/Alaskan Native
 ☐ American Indian/Alaskan Native and White
☐ Native Hawaiian/Other Pacific Islander
 ☐ Asian
 ☐ Asian and White
 ☐ Other Multiple Race
☐ I do not wish to provide this information

Ethnicity: Hispanic: ☐ Yes ☐ No ☐ I do not wish to provide this information

Immigrant Status:

- ☐ 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: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Gender: ☐ Male ☐ Female ☐ Other/Non-Conforming

Disabled? ☐ Yes ☐ No ☐ I do not wish to provide this information

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____



Current Housing Arrangement: ☐ Rent ☐ Living with family member and not paying rent

☐ Living with family member and paying rent ☐ Other

First-Time Homebuyer: ☐ Yes ☐ No

Education:

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

Household Type:

- ☐ 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 Household Status

- ☐ Does Not Live in Rural Area ☐ Lives in Rural Area

Referral Source (select all that apply):

- ☐ Print Advertisement ☐ Lender ☐ Government ☐ TV ☐ Realtor ☐ Staff/Board member ☐ Walk-In ☐ Friend ☐ Another Agency

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

If referred by another source not listed above, which one? _____

Annual Family or Household Income: _____ **Family/Household Size:** _____

Number of Dependents (other than those listed by any co-borrower)? _____

Age of all Dependents: _____

Will there be any non-dependents living in the home? ☐ Yes (list below) ☐ No

Relationship

Age

Relationship

Age

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

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

Please Print Clearly

Name: _____

First MI Last

Address: _____
Street

City	State	Zip Code
------	-------	----------

Contact Info: Mobile/Cell : _____ - _____ - _____ Home: _____ - _____ - _____ Email: _____

____/____/____ ____ - ____ - ____ _____
Birth Date Social Security Number Driver License ID#

Race (please check all that apply): ☐ I do not wish to furnish this information

☐ White☐ Black or African American☐ Black/African American and White☐ American Indian/Alaskan Native and Black☐ American Indian/Alaskan Native☐ American Indian/Alaskan Native and White☐ Native Hawaiian/Other Pacific Islander☐ Asian☐ Asian and White☐ 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

Disabled? ☐ Yes ☐ No ☐ I do not wish to furnish this information

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

Education (please check one): ☐ I do not wish to furnish this information

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

Relationship to Client (please check): ☐ Spouse ☐ Daughter ☐ Son ☐ Sister ☐ Brother ☐ Partner

☐ Girlfriend ☐ Boyfriend ☐ Mother ☐ Father ☐ Other:

APPLICANT EMPLOYMENT — Last 2 Years
Please Print Clearly
Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____

Gross Income (before taxes): _____

Payroll Frequency: Hourly _____ Weekly _____ Every Two Weeks _____ Twice A Month _____ Monthly _____

Previous/Second Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____

Gross Income (before taxes): \$ _____

Payroll Frequency: Hourly _____ Weekly _____ Every Two Weeks _____ Twice A Month _____ Monthly _____

CO-APPLICANT EMPLOYMENT — Last 2 Years
Primary Employer: _____

Title _____ Hire Date _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____

Gross Income (before taxes): \$ _____

Payroll Frequency: Hourly _____ Weekly _____ Every Two Weeks _____ Twice A Month _____ Monthly _____

Previous/Second Employer: _____

Title _____ Length of Employment _____

Street _____ City _____ State _____ Zip Code _____

Phone: _____

Gross Income (before taxes): \$ _____

Payroll Frequency: Hourly _____ Weekly _____ Every Two Weeks _____ Twice A Month _____ Monthly _____

APPLICANT (S)**Please Print Clearly**

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

APPLICANT
Can you document your child support/alimony income? ☐ Yes ☐ No
If yes, how long will it continue? _____

CO-APPLICANT
☐ Yes ☐ No

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 ☐ No

Regarding other employment, have you worked
in this field for two years or more? ☐ Yes ☐ No

☐ Yes ☐ No

LIABILITIES/DEBT**Please Print Clearly**

Have your debt payments been made on time?

APPLICANT
☐ Yes ☐ No

CO-APPLICANT
☐ Yes ☐ No

Are you currently in Chapter 13 bankruptcy? If
yes, when did it begin? _____

☐ Yes ☐ No

☐ Yes ☐ No

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
Please Print Clearly

Please list the approximate value of the following:

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

Are you about to receive additional funds? ☐ Yes

☐ No

If yes, how much? \$ _____

LIVING EXPENSES
Please Print Clearly

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

ADDITIONAL INFORMATION
Please 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	<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	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Community Housing Innovations, Inc. requires that Grant Recipients occupy the home that is purchased as the principal residence. This residency requirement applies for the duration of the grant and will be monitored annually.

Additional Financial Resources:

- Will you be receiving any grant assistance from any of the following sources:
- Homebuyer Dream Grant: _____ LIHP: _____ CDC: _____
Other: (List Source): _____ Amount: _____
- Down Payment Amount from Assets. This should not include monies from grant programs.
- Minimum of 3% of an anticipated purchase price is required - To qualify for program you must submit proof. Can you submit proof? ☐ Yes ☐ No Source of funds: _____

AUTHORIZATION

I/We Authorize Community Housing Innovations, Inc. 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.

I/We Authorize Community Housing Innovations, Inc. to pull **my/our** credit report to review **my/our** credit file for housing counseling in connection with my pursuit of a loan to purchase real property.

I/We Authorize Community Housing Innovations, Inc. 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.

I/We understand that **I/we** may revoke **my/our** consent to these disclosures by notifying Community Housing Innovation, Inc. in writing.

I/We understand and agree to pay a non-refundable fee of \$110.00 (Single) or \$140.00 (Joint) for the application processing fee. (Please enclose a check or money order made payable to Community Housing Innovations, Inc.)

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



APPLICANT(S) CERTIFICATION

I/We, _____, currently residing at _____, hereby certify that all of the information I/we have provided to Community Housing Innovations, Inc. ("CHI") and others in applying for the New York State Affordable Housing Corporation Home Ownership and Revitalization Program and/or the New York State HOME Program is factual and accurate. I acknowledge that CHI is relying upon this certification in providing financial assistance.

I/We understand that after review of my/our financial status, CHI 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 applicable county within acceptable debt to income ratios.

I/We understand it is my/our responsibility to submit to CHI 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)
- 4) I/We certify that the above listed household members are the only persons that will occupy the unit upon closing and that no other person(s) will become a member of my/our household.
- 5) I/We certify that total Income cap for a family of _____ in _____ County is \$ _____
- 6) 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 CHI website: www.communityhousing.org for current Income Guidelines for County that you will be purchasing in. Enter in the Income Limit that pertains to your Household based on total residents in the Household.

I/We understand that providing false information may disqualify me/us for consideration in any grant programs administered by CHI and may represent a criminal offense. Grants are awarded based on need.

I/We understand that if it is determined that because of my/our assets, the household 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.

Grants are awarded based on need. I/We understand that the exact amount of award and funding source may change dependent on the purchase price, down payment requirement, mortgage amount and projected renovations of the identified eligible property.

Grants are awarded based on need. I/We understand that Program and eligibility criteria to receive CHI funding entails that I must contribute a minimum of 3% of my own funds into the purchase of an eligible property with appropriate debt to income ratios.

I/we understand that this not an offer and that the terms and conditions of the program may be changed at any time by HUD, the NYS Affordable Housing Corporation, the NYS Housing Trust Fund, NYS Division of Housing and Community Renewal, or Community Housing Innovations, Inc.

I/we understand the Community Housing Innovations must retain my documents as required per the Grant Agreements with the New York State agencies who provide funding.

I/we understand that all required documentation must be submitted at time of application or the application will be terminated and that the Grant Application fee of \$110 (Single Applicant) or \$140 (Joint Applicant) is Non-Refundable.

Applicant Signature

Date

Co-Applicant Signature

Date



**MUST REVIEW & SIGN:
CHI DISCLOSURE STATEMENT**

This statement describes the various types of services provided by Community Housing Innovation, Inc. (CHI) and any financial relationship between CHI organization and any other industry partners. Further, it states that any client of CHI is not obligated to receive or use any other services offered by CHI, its branches and/or affiliates.

- **Foreclosure Prevention Counseling:** CHI provides free counseling to families that are in danger of losing their homes because of a default or potential default on their mortgage payments. Assistance is provided with the following mitigations options: loan forbearance, loan modification, partial claim, pre-foreclosure sale, deed-in lieu of foreclosure, eviction protection and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one homeownership counseling to first time homebuyers who are interested in knowing the facts about buying a home and about low interest rate loan programs. CHI offers free workshops for prospective homebuyers.
- **Homeownership Grant:** CHI provides grants of up to \$40,000 per home to income qualified first time homebuyers.
- **Permanent Rental Housing:** CHI owns and manages 600 units of homeless and affordable housing, including senior housing. CHI staff is dedicated to assisting tenants with housing retention.
- **Scattered Site Transitional Housing:** CHI manages transitional and emergency housing for homeless families and singles under contract with the Suffolk County Department of Social Services, Westchester County Department of Social Services and Nassau County Department of Social Services. These programs include case management that emphasizes self-reliance and teaches families the skills they need to succeed once they are living in permanent housing.
- **Rental Subsidy Program** - CHI administers the Westchester County Rental Assistance Program. This program offers a rental subsidy to the family whose head-of-household is employed, on public assistance and living in emergency housing simply as the result of an inability to pay unaffordable rents.
- **Case Management & Supportive Services** - CHI offers case management services to all residents in the properties it owns and manages. CHI's programs are supervised by Certified Social Workers. Whether emergency, transitional or permanent housing, the primary goal is to assist individuals in achieving personal and economic independence and self-sufficiency.
- **Career Services Program** - CHI's Career Services program offers free skills enhancement classes so that earnings can be increased, which are a necessity to complete in the current housing market in this region. The training is hands-on, and job oriented. Participants can become proficient in computer applications through an office administrator course or learn medical billing, a sought-after skill.
- **Housing Development:** CHI purchases abandoned and foreclosed properties under the Neighborhood Stabilization Program and renovates them to market standards. Renovated properties are offered for sale to qualified buyers.



While affordable homes, lending products and other forms of assistance may be made available by CHI and/or through partnerships in which CHI has entered, the undersigned is under no obligation to utilize these services.

Anti-Discrimination Policy

CHI is committed to providing equal opportunities to all clients and does not discriminate against individuals on the basis of race, creed, color, religion, gender, sexual orientation, nationality, marital status, age, or disability in the administration and provision of services to the public. CHI will not tolerate acts deemed to constitute discrimination or harassment based on gender, sexual orientation, race, creed, color, religion, national origin, marital status, age, disability, or any other characteristic protected by law.

Community Housing Innovations, Inc. is a HUD Certified Counseling Agency.

SIGNATURE of ALL APPLICANTS/ CLIENTS REQUIRED:

Housing Counseling Client

Date: _____

Housing Counseling Client

Date: _____

CHI Privacy Policy

Community Housing Innovations, Inc. is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both verbally and in writing will be managed within legal and ethical considerations. Your **“nonpublic personal information”** (such as your total debt information, income, living expenses and personal information concerning your financial circumstances) will be provided to creditors, program monitors, and others only with your authorization and signature on this form. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information, program reporting and designing future programs.

Types of information that we gather about you:

- ❖ Information we receive from you verbally/written, on applications or other forms, such as your name, address, social security number, assets, and income
- ❖ Information about your transactions with us, your creditors, or others, (such as your account balance, payment history, parties to transactions and credit card usage)
- ❖ Information we receive from a credit reporting agency, (such as your credit history)

You may opt-out of certain disclosure(s):

☐ You have the opportunity to “opt-out” of disclosures of your **nonpublic personal information** to third parties (such as your creditors). You may direct us not to make those disclosures.

☐ If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may send a written request to do so.

Release of your information to third parties:

- ❖ As long as you have not opted out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you; would aid us in counseling you; or is a requirement of grant awards which make our services possible.
- ❖ We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- ❖ Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

☐ I understand that my name, social security, date of birth, and telephone number will **NOT** be shared with other parties, but that other information gathered may be used for research, program reporting, policy development, or other legitimate purposes by the HUD, New York State Affordable Housing Corporation, New York State Office of the Attorney General and parties with which it contracts (such as the Center for New York City Neighborhoods and Empire Justice Center), the City of New York, or other relevant funders of CHI Homeownership Department.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____



SERVICE AGREEMENT

Community Housing Innovations, Inc. and its counselors agree to provide the following services:

- Confidentiality, honesty, respect and professionalism in all services
- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage servicer and other creditors
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources

I/We, _____ agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 2 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Applicant

Date

Co- Applicant

Date

Counselor

Date

Media Interest

Would you be willing to be contacted by the media to share your story?

___ Yes ___ No

CHILD SUPPORT STATEMENT

Check one of the following that applies:

- ☐ Do not have children. (Skip to Certification below)
- ☐ Do not receive child support. (Skip To Certification below)
- ☐ Awarded court ordered child support and receive payments.*
- ☐ Awarded court ordered child support but do not receive payments.*
- ☐ Receive child support through a private arrangement. **
- ☐ Child support is pending. ***

*Attach a copy of the Support Order or other support collection agency documentation

** Attach a signed, notarized letter from parent paying support reflecting amount paid, pay arrangement

(Ex: monthly) and child/children name (s).

***Attach documentation verifying amount i.e., unsigned agreement, letter from attorney or other.

► Complete a separate Child Support Statement for each child support order/agreement ◀

Current or anticipated child/children support order/arrangement:

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-Monthly \$ _____

Child/children first and last name(s):

_____ (Relationship) _____ (age)

_____ (Relationship) _____ (age)

_____ (Relationship) _____ (age)

_____ (Relationship) _____ (age)

☐ I/We certify that this Child Support Statement and its supporting documentation are true and correct.

Applicant Name (Please Print)

Applicant Name (Please Print)

Applicant Signature

Applicant Signature



REQUIRED DOCUMENTATION CHECKLIST

Provide the following documents (COPIES ONLY) with your application.

Please note, application and documentation will not be returned.

Employment and Income History:

- ☐ Most Recent Paystubs for all Applicants & Household Members (One Month)
- ☐ Social Security, SSI, Pension, or other Award Letter for all Applicants & Household Members
- ☐ Evidence of Additional Income (Child Support, Part-Time and/or Seasonal Employment, ETC.)
- ☐ Past Two (2) years W-2's
- ☐ Past Two (2) years Signed & Dated Federal Income Tax Returns
- ☐ Past Two (2) years IRS Federal Income Tax Return Transcripts (Request from IRS)
- ☐ Verification of Employment Letter (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, and how often)
- ☐ Explanation Letter for any Gaps in Employment over One (1) Month

Deposit and Income Verification:

- ☐ Most Recent Official Bank Statements for Checking, Savings, Investment Accounts (3 Months)
- ☐ Proof of Child Support and/or Alimony
- ☐ Benefit Statement for SSI, Disability Compensation and/or Retirement Income.
- ☐ Gift Letter & Accompanying Official Bank Statements

Client Verification Items:

- ☐ Check or Money Order for **Non-Refundable** Application Fee: \$110 (Single Applicant) \$140.00 (Joint Applicants)
- ☐ Driver's License or Government Issued Picture ID for all Applicants
- ☐ Copy of Birth Certificate for ALL Household Members
- ☐ Mortgage Pre-Approval from a CHI Participating Lender
- ☐ Proof of other Grant Assistance (See Page 7)
- ☐ Final Divorce Decree & Property Settlement Agreement

Education and Counseling:

- ☐ CHI Orientation Attendance Letter
- ☐ Homebuyer Education Certificate

Notarized Affidavit/s (If Applicable):

- ☐ Child Support
- ☐ Non-Working Adult (18 or Older)
- ☐ Full-time/Part-time Student (18 or older & Not Working)

Self-Employment (If Applicable):

- ☐ Past three (3) years Signed & Dated Business Federal Income Tax Returns
- ☐ Most Recent Year-To-Date Profit & Loss Statement Signed & Dated
- ☐ Previous Year's Profit & Loss Statement
- ☐ Proof of Quarterly Tax Payments for the Last Four (4) Quarters (Federal & State)

Credit Items (If Applicable):

- ☐ Explanation Letter for Derogatory Items, Judgments, Liens, Collections, Repossessions, Foreclosures, ETC.
- ☐ Proof of Payment and/or Official Court Documents Regarding Bankruptcy (Must Include Discharge Date)

Enclose all Required Documentation with Completed Application

Community Housing Innovations, Inc.

75 South Broadway – Suite 340

White Plains, NY 10601

Attn: Homeownership Department

(914) 683-1010 Ext. 1287



AFFIDAVIT OF NON-EMPLOYMENT

Name: _____

Please read carefully and complete all statements that apply:

() I am currently unemployed but am receiving or eligible to receive unemployment benefits and/or other compensation based on employment history. I understand that the collection of unemployment benefits is subject to verification in conjunction with my application.

▪ My last employer was: _____

▪ My last date of employment was: _____

() I am currently unemployed and am **NOT** eligible to apply for or have exhausted my unemployment benefits and/or any other type of compensation based on employment history.

() I am currently unemployed, but am receiving income from a source other than employment (i.e. AFDC, Social Security, SSI, and pension). I understand that my alternative source of income is subject to verification in conjunction with my application.

() I am currently unemployed and am ineligible to receive any federal, city or state financial assistance.

() I am currently enrolled in school as (full-time, part-time student) and I do not work

Under penalty of perjury, I certify that the information presented in this affidavit is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the processing of this application.

Signature

Date

Sworn to and subscribed before me on this _____ day of _____, 20_____

Notary Public



Zero Income Statement

To be completed by household members only, if applicable

Name: _____

Address: _____

☐ I hereby certify that I do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.),
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment or disability payments;
- Public assistance payments;
- Periodic allowances such as alimony, child support, or gifts received from persons living in my household;
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Any other source not named above.

☐ I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

☐ I will provide IRS transcripts, and letter showing that I did not file taxes for the last 2 years.

☐ Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations here-in constitutes an act of fraud. I/We further 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.

Print Name

Date

Signature

Date



Employment Verification Letter Example Sample Document

Must be completed by employer

Company Logo

Date:

John Doe

Homeownership Coordinator

Community Housing Innovations, Inc.

75 S. Broadway, Suite 340

White Plains, NY 10601

Dear Mr. Doe;

This letter is to verify that Jane Doe has been employed at GMC Associates for the past three years in our Accounting Department.

Verification of Present Employment

Applicant's Date of Employment	Present Position	Probability of Continued Employment
--------------------------------	------------------	-------------------------------------

Current Gross Base Pay (Enter Amount & Check Period)

Is this amount paid ____ weekly ____ every two weeks ____ twice a month ____ monthly

Gross Earning

Type	Year To Date	Past Year	Past Year
Base Pay	\$	\$	\$
Overtime	\$	\$	\$
Commission	\$	\$	\$
Bonus	\$	\$	\$
Total	\$	\$	\$

If employee was off work for any length of time, please indicate time period and reason

If you require any additional information, please feel free to contact me at 555-111-1212.

Shawna Easton

Director of Accounting

GIFT LETTER

I/WE _____
YOUR NAME(S)

residing at _____
YOUR ADDRESS and TELEPHONE NUMBER

AM/ARE the _____ of _____. [Home buyer's name]
RELATIONSHIP

I/We have given or will give the sum of \$ _____ as a gift to _____ [Home buyer's name]
name] towards the purchase of the property located at:

[property address]

I/We certify that the above gift was or is given in good faith and repayment of such gift is **not** required. The funds given to _____ [buyer's name] were not made available from any person or entity with an interest in the sale of the property including the seller, real estate agent, broker, builder, loan officer or any entity associated with them. The above funds will be drawn on my account with

NAME OF YOUR BANK

ADDRESS OF YOUR BANK

ACCOUNT NUMBER

SIGNATURE OF GIFT DONOR

Date: _____

SIGNATURE OF BORROWER #1

Date: _____

Enclosures: (1) Copy of bank statement of where funds are currently located.