



KEUKA HOUSING COUNCIL, INC.

160 Main Street Telephone 315/536-8707 Fax 315/536-6169
Penn Yan, New York 14527 Toll Free 888/744-1349 TDD 1-800-662-1220

HOME OWNERSHIP ASSISTANCE APPLICATION

Applicant

Name _____ Soc. Sec# _____ Date: _____

Address _____

Phone # _____ Date of Birth _____ Marital Status: _____ Citizen _____

Co-Applicant

Name _____ Soc. Sec# _____ Date: _____

Address _____

Phone # _____ Date of Birth _____ Marital Status: _____ Citizen _____

Dependents

Name	Age	Name	Age

Current Residence

_____ Rent: # years _____ Rental Amount \$ _____ Utilities \$ _____

Landlord Name: _____ Phone # _____

Address: _____

General Info

Are you a first time home owner? _____ yes _____ no

Is this a female headed household? _____ yes _____ no

Are there any farmworkers in the household? _____ yes _____ no

Do you have any outstanding judgements? _____ yes _____ no

If yes please explain: _____

Have you filed bankruptcy in the past 7 years? _____ yes _____ no

If so what type _____ 7 _____ 11 _____ 13

Are you a party to any lawsuit? _____ yes _____ no

If yes, please explain _____

Are you obligated to pay alimony and/or support? _____ yes _____ no

If yes monthly amount - \$ _____ alimony \$ _____ support \$ _____

Are you a cosigner on any loans _____ yes _____ no

If yes please explain _____

Income

Employment – Applicant

Employer Name & Address _____
 Phone # _____ Position/Title _____ Yrs/Month in job _____ Yrs in profession _____
 Gross Monthly Income – Base \$ _____ Overtime \$ _____ Bonus/Commission \$ _____
 Other \$ _____ Total \$ _____

Employment – Co-Applicant

Employer Name & Address _____
 Phone # _____ Position/Title _____ Yrs/Month in job _____ Yrs in profession _____
 Gross Monthly Income – Base \$ _____ Overtime \$ _____ Bonus/Commission \$ _____
 Other \$ _____ Total \$ _____

Other Income

Other Income: Please list all other sources of income, amounts, and names of recipients. (Include Social Security Benefits, VA Benefits, Other Pension Funds, SSI, Public Assistance, Disability, Interest Income, Rental Income, Child Support, etc.)

Name	Source of Income	Monthly Amount

Assets

Type	Account #	Balance

Expenses

Expense	Monthly Amt	Expense	Monthly Amt	Expense	Monthly Amt
Food		Fuel		Home Repair/Maintenance (Appliances, paint, yard, etc.)	
Clothing		Electricity		Gifts (Holidays, birthdays, charity, church, etc.)	
Medical (doctor, dentist, eye glasses, medication, etc)		Telephone		Recreation (dining, movies, sports, entertainment, vacation, hobbies, etc.)	
Personal (beauty shop, barber, liquor, cigarettes, newspapers, magazines, etc.)		Cable TV		Car (gas, tires, repairs, license, etc.)	
Education (tuition, books, supplies, fees, school lunches, etc.)		Water and/or Sewer		Transportation (bus, taxi, trains, etc.)	
Child Care (daycare, babysitting, etc.)		Auto Insurance		Child support/alimony (paid out)	
Real Estate Insurance				Health & Life Insurance	

Debts

Debt	Monthly Amt	Balance	Debt	Monthly Amt	Balance
Vehicle			Vehicle		

Other Debts – (credit cards, medical, installment loans, personal debts, etc.) List each separately

Debt	Monthly Amt	Balance	Debt	Monthly Amt	Balance

OPTIONAL – For statistical Purposes Only:

Indicate the number of individuals in each ethnic or racial category.

White: _____ Asian: _____
 Black: _____ Native American: _____
 Hispanic: _____ Pacific Islander: _____
 Other: _____

 Signature of Applicant

 Date

 Signature of Co-Applicant

 Date

WARNING: Section 1001 of Title 18 of the U.S. Code 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.

OFFICE USE ONLY – APPLICANT DO NOT WRITE IN THIS SPACE

Initial Contact _____ Orientation _____ One on One _____ HBE _____
 Graduated HBE _____ Applied for Mortgage _____ Approved for Mortgage _____
 Declined for Mortgage _____ withdrew appl _____ closing date _____
 Fees Collected: Credit Report \$ _____ Closing Cost \$ _____ Down Payment (pocket) \$ _____
 Other (describe and give amount) _____
 Credit Score _____ Type _____
 Address _____
 Purchase Price \$ _____ Appraised Value \$ _____ Census Tract _____
 Source of funds _____ Interest Rate _____ % # months _____
 P & I \$ _____ Taxes \$ _____ PMI \$ _____ company _____
 Flood \$ _____ Hazard \$ _____ Other \$ _____