



**CORTLAND HOUSING ASSISTANCE COUNCIL, INC.**

159 Main St. Cortland, NY 13045 (607) 753-8271

**APPLICATION FOR  
AFFORDABLE HOME OWNERSHIP DEVELOPMENT  
PROGRAM**

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

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

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

On the chart below find the line, which corresponds, to the number of people in your household. Next, place an "X" on the space in either Column B or Column C, which indicates your annual household income (remember to place an "X" in only one column please).

COLUMN A Number of Persons	COLUMN B Annual Income at or BELOW 80%	COLUMN C Annual Income at or BELOW 90%
1	_____ \$26,700	_____ \$30,038
2	_____ \$30,550	_____ \$34,369
3	_____ \$34,350	_____ \$38,644
4	_____ \$38,150	_____ \$42,919
5	_____ \$41,200	_____ \$46,350
6	_____ \$44,250	_____ \$49,781
7	_____ \$47,300	_____ \$53,213
8	_____ \$50,350	_____ \$56,644
AHC Subsidy Amount:		
Single Family	\$20,000	\$15,000
Two Family	\$30,000	\$20,000

By signing below I/we am/are hereby indicating my/our interest in applying for assistance under the New York State Affordable Home Ownership Development Program. I/We understand that the grant application will have to be approved for funding by the New York State Affordable Housing Corporation; and I/we further understand that I/we will have to be determined eligible by the Cortland Housing Assistance Council, Inc. and the Empire Development Corp. to receive funds under this program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICANT NAME:

\_\_\_\_\_

CO-APPLICANT NAME:

\_\_\_\_\_

SOCIAL SECURITY NUMBER:

\_\_\_\_\_

SOCIAL SECURITY NUMBER:

\_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS: (IF DIFFERENT)

\_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE NUMBER:

\_\_\_\_\_

HOME TELEPHONE NUMBER: (IF DIFFERENT)

\_\_\_\_\_

Names of individuals planning to live in the home excluding applicant and co-applicant.

Name	Relationship to Applicant/Co-Applicant	Age
_____		
_____		
_____		

	Applicant Yes or No	Co-Applicant Yes or No
Have you had any outstanding judgments in the last 7 years?	_____	_____
Have you ever been declared bankrupt?	_____	_____

	Applicant Yes or No	Co-applicant Yes or No
Have you had property foreclosed upon or given title or deed in lieu thereof?	_____	_____
Are you a co-maker or endorser on a note?	_____	_____
Are you a party in a lawsuit?	_____	_____
Are you obligated to pay alimony, child support, or separation maintenance? Will any part of the down payment be borrowed?	_____ _____	_____ _____
Are you a US citizen?	_____	_____
If "no" are you a resident alien?	_____	_____
If "no" are you a non-resident alien?	_____	_____

EMPLOYMENT

Applicant	Co-applicant
Name of Employer: _____	Name of Employer: _____
Address: _____	Address: _____
Telephone Number: _____	Telephone Number: _____
Gross Monthly Income: _____	Gross Monthly Income: _____
Net Monthly Income: _____	Net Monthly Income: _____

If less than two years at present place of employment, please list previous employment history:

Applicant

Co-applicant

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Please list any other monthly income. Include alimony/maintenance and/or child support received, if you wish it to be considered. You may wish to have additional monthly income included because it may help you to qualify for a mortgage.

Applicant Source	Amount	Co-applicant Source	Amount
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Monthly Expenses:

Please list all monthly expenses (rent, loans, charge accounts, other bills)

Creditors/ Lenders	Account Number (if any)	Monthly Amount	Number of months remaining for obligated payment
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Other Debt Description: \_\_\_\_\_

Payment: \$ \_\_\_\_\_

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

Alimony Paid to: \_\_\_\_\_

Payment: \$ \_\_\_\_\_

Child Support To: \_\_\_\_\_

Payment: \$ \_\_\_\_\_

Child Care: \_\_\_\_\_

Payment: \$ \_\_\_\_\_

ASSETS

Applicant

Co-applicant

Bank Name:

Bank Name:

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Account Number:

Account Number:

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Balance:

Balance:

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Account Type:  
(i.e. savings, checking, etc.)

Account Type:  
(i.e. savings, checking, etc.)

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Bank Name:

Bank Name:

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Account Number:

Account Number:

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Balance:

Balance:

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Account Type:  
(i.e. savings, checking, etc.)

Account Type:  
(i.e. savings, checking, etc.)

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Applicant	Co-applicant
Bank Name: _____	Bank Name: _____
Account Number: _____	Account Number: _____
Balance: _____	Balance: _____
Account Type: (i.e. savings, checking, etc.) _____	Account Type: (i.e. savings, checking, etc.) _____
Bank Name: _____	Bank Name: _____
Account Number: _____	Account Number: _____
Balance: _____	Balance: _____
Account Type: (i.e. savings, checking, etc.) _____	Account Type: (i.e. savings, checking, etc.) _____

### Real Estate Information

Have you ever owned property or do you currently own real estate?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide details as to dates and circumstances of ownership.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Only those who have not owned property are eligible for the program.

Applicants should submit all standard documentation required for mortgage processing, including past three years of their Federal and State Income Tax returns with schedules, W-2 forms, last two pay stubs, and current records of loan and credit card accounts.

No incomplete application will be accepted or ranked.

I authorize the Cortland Housing Assistance Council, Inc., or its assignees, to make all inquiries deemed necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned.

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Signature (applicant)	Social Security #	Date
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Signature (co-applicant)	Social Security #	Date
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