



**CORTLAND HOUSING ASSISTANCE COUNCIL, INC.**

36 Taylor Street 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. If your income is at or below the "Annual Household Income" that corresponds with the number of people in your household, place an "X" on that line.

Number of Persons	Annual Household Income
1	_____ \$36,288
2	_____ \$41,440
3	_____ \$46,648
4	_____ \$51,800
5	_____ \$55,944
6	_____ \$60,088
7	_____ \$64,232
8	_____ \$68,376

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, being administered by the Cortland Housing Assistance Council, Inc. as the Cortland County Purchase/Rehabilitation Program. I/We understand that the grant application will have to be reviewed and approved for funding by the New York State Affordable Housing Corporation; and I/we further understand that I/we will have to be determined income eligible by the Empire Housing and Development Corporation.

\_\_\_\_\_  
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

_____	_____
_____	_____
_____	_____
_____	_____

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
_____	_____	_____	_____
-	-	-	-
_____	_____	_____	_____
-	-	-	-
_____	_____	_____	_____
-	-	-	-
_____	_____	_____	_____
-	-	-	-

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: _____
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.) _____ _____

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.

\_\_\_\_\_

\_\_\_\_\_

Applicants should submit all standard documentation required for mortgage processing, including past two years of their Federal and State Income Tax returns with schedules, W-2 forms and three most recent pay stubs for all persons in the household.

No incomplete application will be accepted and/or reviewed.

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.

---

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

---

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