

**Neighborhood Stabilization Program
Homebuyer Application**

******Please submit \$10 with your application for a credit report******

Date: _____, 20____

Please print or type, respond to all questions with an answer or N/A (not applicable).

A. HOUSEHOLD INFORMATION:

Head of Household: _____ Social Security #: _____

Date of Birth: _____ Telephone Number: _____

Co-Applicant: _____ Social Security #: _____

Date of Birth: _____

Current Address: _____

How long at this address?: _____

Marital Status: Single Married Divorced Widowed Other: _____

Ethnicity (Please Check Only One): Not Hispanic or Latino Hispanic or Latino

Race (Please Check One or More): American Indian/Alaskan Native Asian

Black or African American Native Hawaiian or Pacific Islander White

B. EMPLOYMENT INFORMATION

Employer- Applicant

Employer- Co-Applicant

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Annual Salary: _____

Annual Salary: _____

Number of years at this job: _____

Number of years at job: _____

INCOME INFORMATION (Include ALL Household Members):

(place and X next to income earner)		Applicant	C-Applicant	Other
Employment	Monthly \$ _____	_____	_____	_____
Social Security	Monthly \$ _____	_____	_____	_____
Pension/Retirement	Monthly \$ _____	_____	_____	_____
SSI	Monthly \$ _____	_____	_____	_____
VA	Monthly \$ _____	_____	_____	_____
Worker's Comp	Monthly \$ _____	_____	_____	_____
Unemployment	Monthly \$ _____	_____	_____	_____
K-TAP	Monthly \$ _____	_____	_____	_____
Child Support	Monthly \$ _____	_____	_____	_____
Interest/Dividend	Monthly \$ _____	_____	_____	_____
Other Income	Monthly \$ _____	Source: _____	_____	_____

**Other household member's information, list by age:
If more room is needed attach additional sheet to application.**

(1) Name: _____		Relation to owner: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	US Citizen <input type="checkbox"/>	
Nationalized Citizen <input type="checkbox"/>			
Social Security No.: _____		Date of Birth: _____	
Type of income this person receives: <input type="checkbox"/> No income <input type="checkbox"/> Works <input type="checkbox"/> Child support <input type="checkbox"/>			
Social Security <input type="checkbox"/> SSI <input type="checkbox"/> Company disability payments <input type="checkbox"/> Worker's Compensation			
<input type="checkbox"/> Company retirement <input type="checkbox"/> Pension benefits, <input type="checkbox"/> Veterans benefits <input type="checkbox"/> K-TAP <input type="checkbox"/>			
Rental property income <input type="checkbox"/> Alimony <input type="checkbox"/> Lottery income <input type="checkbox"/> Baby-sitting <input type="checkbox"/> Self-employed <input type="checkbox"/> Other-List _____			

(2) Name: _____ Relation to owner: _____
Sex: Male Female Race: _____ US Citizen
Nationalized Citizen
Social Security No.: _____ Date of Birth: _____
Type of income this person receives: No income Works Child support
Social Security SSI Company disability payments Worker's Compensation
 Company retirement Pension benefits, Veterans benefits K-TAP
Rental property income Alimony Lottery income Baby-sitting Self-
employed Other-List _____

(3) Name: _____ Relation to owner: _____
Sex: Male Female Race: _____ US Citizen
Nationalized Citizen
Social Security No.: _____ Date of Birth: _____
Type of income this person receives: No income Works Child support
Social Security SSI Company disability payments Worker's Compensation
 Company retirement Pension benefits, Veterans benefits K-TAP
Rental property income Alimony Lottery income Baby-sitting Self-
employed Other-List _____

(4) Name: _____ Relation to owner: _____
Sex: Male Female Race: _____ US Citizen
Nationalized Citizen
Social Security No.: _____ Date of Birth: _____
Type of income this person receives: No income Works Child support
Social Security SSI Company disability payments Worker's Compensation
 Company retirement Pension benefits, Veterans benefits K-TAP
Rental property income Alimony Lottery income Baby-sitting Self-
employed Other-List _____

(5) Name: _____ Relation to owner: _____

Sex: Male Female Race: _____ US Citizen
Nationalized Citizen
Social Security No.: _____ Date of Birth: _____
Type of income this person receives: No income Works Child support
Social Security SSI Company disability payments Worker's Compensation
 Company retirement Pension benefits, Veterans benefits K-TAP
Rental property income Alimony Lottery income Baby-sitting Self-
employed Other-List _____

HOUSEHOLD ASSETS

Do any of the household members have any of the following: If none write "None" on that line.

	Names on the account	Financial Institution or Bank	Address of Financial Institution
Checking			
Savings			
CD's			
Stocks or Bonds			
Money Market Funds			
Equity in other property			
Trusts			
Early Withdrawal from retirement/pension			
Insurance Settlement			

D. HOUSING EXPENSE

How much is your current rent or mortgage? _____

MONTHLY DEBTS (loans, credit cards, child support, etc.)

Company	Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you or any of your relatives employed by the Purchase Area Development District?
Yes No

Organization requesting release of information:

**Purchase Area Housing Corporation
Neighborhood Stabilization Project
PO Box 588
1002 Medical Drive
Mayfield, KY 42066
270-247-7171**

Purpose: Your signature on this Program Eligibility Release Form authorizes the above-named organization(s) to obtain information from a third party relative to your eligibility and participation in the:

Neighborhood Stabilization Program Homebuyer Project

Information Covered: Inquiries may be made about items initialed by applicant(s).

Inquiries	Verification Required	Initials
Income (all sources)	X	
Assets (all sources)	X	
Credit Report	X	
Debts (all sources)	X	

Authorization: I authorize the organization named above to obtain information about me that is pertinent to eligibility for participation in the Neighborhood Stabilization Homebuyer Project.

I acknowledge that:

- 1) *A photocopy of this form is as valid as the original.*
- 2) *I have the right to review the file and the information received using this form.*
- 3) *I have the right to copy information from this file and to request correction of information I believe inaccurate.*
- 4) *Applicant(s) agree to sign this form and cooperate in this process.*

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine and applicant's eligibility in a NSP program and the amount of assistance necessary. This information will be used to establish level of benefit; to protect the Government's financial interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and local agencies when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

Applicant

Date

Co-Applicant

Date