

## **Applicant Intake Form**

**NOTE: You are NOT eligible for grant if already in contract.**

**HAVE YOU PREVIOUSLY APPLIED TO CHI?** YES NO **IF YES, WERE YOU DENIED?** YES NO  
**HAVE YOU EVER RECEIVED A GRANT?** YES NO

**PREVIOUS SEMINAR ATTENDANCE DATE:** \_\_\_\_\_

**INTAKE FOR COUNSELING & EDUCATION PURPOSE ONLY**

**Select County of Interest. – You may select more than one.** Suffolk Nassau Westchester

### **APPLICANT** *Please Print Clearly*

**Name:** \_\_\_\_\_  
First MI Last

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_ – \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Driver License ID#:** \_\_\_\_\_  
Social Security Number Birth Date

- Race (please check all that apply):**      **I do not wish to furnish this information**
- White                             Black or African American      American Indian/Alaskan Native
- Asian                                  Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native and White      Asian and White      Black/African American and White
- American Indian/Alaskan Native and Black      Other Multiple Race

**Ethnicity** (please select “yes” or “no” for Hispanic Origin. You should select both a “Race” category and a “yes” or “no” for Hispanic Origin)     Hispanic:  Yes  No

- 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 are foreign born
- You, your parents and grandparents are all U.S. born

**Marital Status (please check):**    Single      Married      Divorced      Separated      Widowed

**Gender (please check):**              Male              Female

**Disabled?**                                  Yes                                  No

**Preferred Language (please check):**    English      Spanish      Other: \_\_\_\_\_

- Current Housing Arrangement (please check):**
- Rent              Homeless      Homeowner with mortgage      Living with family member and not paying rent
- Homeowner with mortgage paid off

**Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?**

Yes              No

- Household Type (please select the most accurate)?**
- Female headed single parent household      Male headed single parent household                             Single adult
- Two or more unrelated adults                             Married with children                             Married without children                             Other

**Annual Family or Household Income:** \$ \_\_\_\_\_

**Family/Household Size:** \_\_\_\_\_ **How many dependents (other than those listed by any co-borrower)?** \_\_\_\_\_

**What ages are they?** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Are there non-dependents who will be living in the home?**  Yes  No *If yes, list below:*

\_\_\_\_\_  
*Relationship* *Age* *Relationship* *Age*

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

	Last Name	First Name	Date of Birth	Sex	Relationship
1					self
2					
3					
4					
5					
6					

**Rural Status – (Household) (please check one):**

- Does Not Live In Rural Area  Live In Rural Area

**Education (please check one):**

- Below High School Diploma  High School Diploma or Equivalent  
 Two-Year College  Bachelor Degree  Master Degree  Above Master Degree

**Referred to by (please check all that apply):**

- Print Advertisement  Bank  Government  TV  Realtor  
 Staff/Board member  Walk-In  Friend  Radio  Newspaper Article

**If you were referred by a bank, which one?** \_\_\_\_\_

**If referred by another source not listed above, which one?** \_\_\_\_\_

**CO-APPLICANT** *Please Print Clearly*

**Name:** \_\_\_\_\_  
*First MI Last*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip Code*

**Home:** ( ) \_\_\_\_\_ – \_\_\_\_\_ **Work:** ( ) \_\_\_\_\_ – \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_  
*Social Security Number Birth Date* **Driver License ID#:** \_\_\_\_\_

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

White  Black or African American  American Indian/Alaskan Native  
 Asian  Native Hawaiian/Other Pacific Islander  
 American Indian/Alaskan Native and White  Asian and White  Black/African American and White  
 American Indian/Alaskan Native and Black  Other Multiple race: \_\_\_\_\_

**Ethnicity** (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic Origin):  
 Hispanic:  Yes  No

**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 are foreign born  
 You, your parents and grandparents are all U.S. born

**Marital Status** (please check):  Single  Married  Divorced  Separated  Widowed

**Gender** (please check):  Male  Female

**Disabled?**  Yes  No

**Preferred Language** (please check):  English  Spanish  Other: \_\_\_\_\_

**Education** (please circle one):

Below High School Diploma  High School Diploma or Equivalent  Two-Year College  
 Bachelor Degree  Master Degree  Above Master Degree

**Relationship to Customer** (please check):  Spouse  Daughter  Son  Sister  Brother  
 Girlfriend  Boyfriend  Mother  Father  Other: \_\_\_\_\_

**APPLICANT EMPLOYMENT — Last 2 Years** **Please Print Clearly**

**Primary Employer:** \_\_\_\_\_

Title \_\_\_\_\_ Hire Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or  Full-Time (Please check)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

**Previous Employer:** \_\_\_\_\_

Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or  Full-Time (Please Check)

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or  Full-Time (Please check)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

**Continue listing previous employers on separate sheet of paper**

**CO-APPLICANT EMPLOYMENT — Last 2 Years**

**Primary Employer:** \_\_\_\_\_

\_\_\_\_\_ *Title* \_\_\_\_\_ *Hire Date*

\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or  Full-Time (Please check)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

**Co-Applicant Employer Cont.**

**Previous Employer:** \_\_\_\_\_

\_\_\_\_\_ *Title* \_\_\_\_\_ *Length of Employment*

\_\_\_\_\_ *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Part-Time or  Full-Time (Please check)

Gross Income (before taxes): \$ \_\_\_\_\_

Is this amount paid \_\_\_ hourly \_\_\_ weekly \_\_\_ every two weeks \_\_\_ twice a month \_\_\_ monthly?

*Continue listing previous employers on a separate sheet of paper.*

**APPLICANT (S) INCOME**

<i>Type of Income</i>	<b>APPLICANT</b> <i>Monthly Amount</i>	<b>CO-APPLICANT</b> <i>Monthly Amount</i>
Salary		
Alimony / Child Support		
Rental Income		
Social Security		
Pension Income		
Public Assistance		
Self-employment Income		
Dependent SSI Income		

Disability Income		
Other Employment		

**CUSTOMER**

**CO-APPLICANT**

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

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*

**CUSTOMER**

**CO-APPLICANT**

Have your debt payments been made on time?  Yes  No  Yes  No

Are you currently in Chapter 13 bankruptcy?  Yes  No  Yes  No

If yes, when did it begin? \_\_\_\_\_  
 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:

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

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (please check)  Yes  No

If yes, how much? \$ \_\_\_\_\_

**LIVING EXPENSES**

*Please Print Clearly*

	<b>CUSTOMER</b>	<b>CO-APPLICANT</b>
--	-----------------	---------------------

Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

### **ADDITIONAL INFORMATION**

*Please Print Clearly*

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Are you a Veteran?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Do you have a contract on a house at this time?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>		
<i>What is the most convenient time for an individual appointment?</i>			Time: _____ AM	_____ PM

**\*Community Housing Innovations, Inc. Homeownership Grants Program requires that Grant Recipients occupy the home that you purchase as your principal residence. This residency requirement applies for the duration of the grant.**

***For Grant and Mortgage Purpose:***

1. **Total Number of Family Members In Household:**      Under the age of 18
2. **Will you be receiving any grant assistance from any of the following sources:**
3. **First Home Club:** \$7.500      **LIHP:** \$           **CDC:** \$       
**Other: (List Source)**      \$
4. **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 \$      Source:**

### **AUTHORIZATION**

I/we authorize Community Housing Innovations, Inc. to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property. **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. These lenders may contact me/us to discuss loans for which I/we may be eligible;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

**I/We understand and agree to pay a fee of \$17.44 Single, \$27.89 Couple for credit report.** (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:
  1. \_\_\_\_\_ (Self)
  2. \_\_\_\_\_ (Co-applicant)
  3. \_\_\_\_\_ (relationship) \_\_\_\_\_ (age)
  4. \_\_\_\_\_ (relationship) \_\_\_\_\_ (age)
  5. \_\_\_\_\_ (relationship) \_\_\_\_\_ (age)
  6. \_\_\_\_\_ (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 \$ \_\_\_\_\_

*NOTE: Refer to the CHI website: [www.chigrants.org](http://www.chigrants.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.*

- 6) I/We certify that my/our 20\_\_ adjusted gross income from my/our Federal returns is

\$ \_\_\_\_\_ (Use most recent year's tax returns).

**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.**

\_\_\_\_\_  
*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, and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one home ownership 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 Grants:** CHI provides grants of up to \$25,000 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 renovate them to market standards. Renovated properties are offered for sale to qualified buyers.
- **Neighborhood Stabilization Program:** CHI, in conjunction with Nassau County, purchases and rehabilitates foreclosed homes in Nassau County. Rehabilitated homes are available for purchase by income eligible households.

*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-approved counseling agency.**

***SIGNATURE of ALL APPLICANTS/ CLIENTS REQUIRED:***

\_\_\_\_\_ Date: \_\_\_\_\_  
Housing Counseling Client

\_\_\_\_\_ Date: \_\_\_\_\_  
Housing Counseling Client

**DOCUMENTATION CHECK LIST**

Please provide the following documents (COPIES ONLY) with your application for the purpose of education and counseling.

**Employment and Income History:**

\_\_\_\_\_ Most recent pay stubs *for all applicants (1 Month)*

- \_\_\_\_\_ Social Security, SSI, pension, or other benefit letters *for all applicants*
- \_\_\_\_\_ Evidence of any other income (child support, part-time employment, seasonal employment, etc.)
- \_\_\_\_\_ W-2 for last two years
- \_\_\_\_\_ Past two (2) years signed and dated federal income tax returns
- \_\_\_\_\_ Past two (2) years IRS Federal Income tax return transcripts *for all applicants*
- \_\_\_\_\_ Explanation letter for any gaps in employment over one (1) month
- \_\_\_\_\_ Notarized Affidavit(s) if:
  - (1) No Child Support is received
  - (2) Non-working adult (18 yrs or older)
  - (3) Full-time/Part-time Student (18 yrs or older and not working)

**Self-Employment:**

- \_\_\_\_\_ Past three (3) years signed and dated federal income tax returns
- \_\_\_\_\_ Most recent quarter signed and dated (YTD) Year-To-Date profit & loss statement
- \_\_\_\_\_ Proof of quarterly tax payments for last four quarters (*federal & state*)

**Credit Items:**

- \_\_\_\_\_ Explanation Letter for Slow Payments
- \_\_\_\_\_ Explanation Letter for Judgments, Liens, Collections, Repossessions, Foreclosures, etc.
- \_\_\_\_\_ Official court documents regarding Chapter 7, Chapter 11, or Chapter 13 (*include date discharged*)
- \_\_\_\_\_ If using non-traditional credit history, provide proof of rent payments, utilities (telephone, electricity, gas, water, child care, cable, etc.) at least 12 months history

**Deposit and Income Verification:**

- \_\_\_\_\_ Bank statements for checking, savings, investment (last three months)
- \_\_\_\_\_ If child support or alimony is being used to qualify, provide proof of receipt
- \_\_\_\_\_ If SSI, disability compensation, or retirement income is to be used, provide awards letter

**Other Items:**

- \_\_\_\_\_ Verification of Employment (*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)*)
- \_\_\_\_\_ Driver’s license or picture ID
- \_\_\_\_\_ Copies of birth certificates (*for ALL household members*)
- \_\_\_\_\_ Proof of other grant assistance, as listed on page 6
- \_\_\_\_\_ Mortgage Pre-Approval from a CHI participating lender (Contact CHI to help you)
- \_\_\_\_\_ Final divorce decree and property settlement agreement
- \_\_\_\_\_ If gift money will be used, a letter stating the amount of gift, giver’s name and relationship to borrower

**Education and Counseling:**

- \_\_\_\_\_ Proof of Homebuyer education (if N/A register to take a class at [www.chigrants.org](http://www.chigrants.org))
- \_\_\_\_\_ Proof of counseling (contact CHI to arrange a counseling session)
- \_\_\_\_\_ \$99 Homebuyer Education Class Fee (if you cannot register online) Date of class: \_\_\_\_\_
- \_\_\_\_\_ **\$15. 44 for single or \$25.89 for a couple - Credit Report Fee**

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**Please enclose all the required documentation with the completed application and mail it to:**  
**Community Housing Innovations, Inc., 75 South Broadway, White Plains, NY 10601**  
**Attn: Homeownership Department**  
 Questions? Contact us at: [jsantana@communityhousing.org](mailto:jsantana@communityhousing.org) or [jestern@communityhousing.org](mailto:jestern@communityhousing.org)  
**Note: Please do not call or send mail to other CHI Offices!**

**SAMPLE DOCUMENTS**

**Logo**

**Employment Verification Letter Example**

Date:

Juan A. Santana  
 Sr. Manager Homeownership Services  
 Community Housing Innovations, Inc.  
 75 S. Broadway, Suite 340  
 White Plains, NY 10601

Dear Mr. Santana;

This letter is to verify that Seneca Williams 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)

\$ \_\_\_\_\_ Annual      Monthly Weekly Hourly Other (Specify): \_\_\_\_\_

**Gross Earning**

Type	Year To Date – Thru _____	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

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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]  
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.