

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: _____

_____-_____-_____/_____/_____ 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: _____

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 a 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>	APPLICANT <i>Monthly Amount</i>	CO-APPLICANT <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
 If yes, how long will it continue? _____

Yes No

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:

	APPLICANT	CO-APPLICANT
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**

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

ADDITIONAL INFORMATION

Please Print Clearly

CUSTOMER

CO-APPLICANT

Have you owned a home in the last three (3) years?

Yes

No

Yes

No

Are you a Veteran?

Yes

No

Yes

No

Do you have a contract on a house at this time?

Yes

No

Are you currently working with a real-estate agent?

Yes

No

What is the most convenient time for an individual appointment?

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 \$13.44 Single, \$23.89 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 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 \$30,000 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 with your application for the purpose of education and counseling.

Employment and Income History: *(if self-employed see below) (Copies ONLY)*

- _____ Most recent pay stubs for all borrowers *(1 Month)*
- _____ Social Security, SSI, pension, or other benefit letters for all borrowers
- _____ Evidence of any other income (child support, part-time employment, seasonal employment, etc.)
- _____ W-2s for last two years
- _____ Past two (2) years signed and dated federal income tax returns *(if self-employed or commissioned)*
- _____ Explanation letter for all 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 two (3) years signed and dated federal income tax returns *(if self-employed or commissioned)*
- _____ Most recent quarter signed and dated year-to-date profit & loss statement
- _____ Proof of quarterly tax payments for last four quarters *(federal & state)*

Credit Items:

- _____ Names and addresses of all creditors along with account numbers, balances, and monthly payment amounts
- _____ 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)*

Deposit and Income Verification:

- _____ If child support or alimony is being used to qualify, provide proof of receipt
- _____ Bank statements for checking and savings account covering last three months
- _____ If SSI, AFDC, 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, overtime, commission and bonus *(how often)*)
- _____ Proof of other grant assistance, as listed on page 6
- _____ Mortgage pre-Approval from a CHI participating lender (If N/A 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
- _____ Driver's license or picture ID
- _____ Copy of Birth Certificate (ALL household members listed in the application)

Education and Counseling:

- _____ Proof of Homebuyer education (if N/A register to take a class at www.chigrants.org)
- _____ Proof of counseling (if N/A contact CHI to arrange a counseling session)
- _____ \$99 Homebuyer Education Fee (if you cannot register online) Date of class: _____

Credit report fee:

- _____ **\$13.44 for single or \$23.89 for a couple - Credit Report Fee**

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? Reach us at: (914) 683-1010 ext. 289

Note: Please do not call or send mail to other CHI Offices!