



Rockland Housing Action Coalition, Inc.
120-126 North Main Street, Annex 1st Floor
New City, New York 10956

Tel. (845) 708 5799
Fax (845) 708 5798

Dear Applicant,

The Rockland Housing Action Coalition, Inc. (RHAC) is a not-for profit organization that develops cost-effective homes for income eligible families. In order to qualify, please review the guidelines below, which are based on the number of people living in the home and the maximum annual income all members of the household can earn. For example: a 2 person family earning up to \$61,050 would be eligible to purchase a home. **(PLEASE NOTE: these figures are subject to change)**

1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
\$53,450	\$61,050	\$68,700	\$76,300	\$82,450	\$88,550	\$94,650	\$100,750

If you think you are eligible to purchase a home, please complete and sign the attached application. Also, make sure you provide all of the documents requested on page 8. If there is no for sale housing available at the time you apply your name will be placed on our waiting list and you will be contacted when a home becomes available.

PLEASE NOTE: WE CAN NOT APPROVE YOUR HOUSING APPLICATION UNLESS WE RECEIVE ALL OF THE DOCUMENTS WE REQUESTED. ALSO, PLEASE MAKE COPIES - DO NOT SEND ORIGINAL DOCUMENTS!

All applicants must meet the following requirements:

- have good credit
- be able to qualify for a mortgage
- have some savings
- personal assets must not exceed \$ 35,000
- home must be owner occupied

Preference will be given to families. A family is defined as an adult or adults caring for a dependent child or children under 19, or caring for a disabled person or persons.

Since RHAC is a HUD approved homeownership counseling agency, we will be happy to help you resolve credit issues that may be blocking your path to homeownership. Also, please let us know if you would like to enroll in our savings program, which will help you save your downpayment and closing costs by providing a matching grant. Once your application has been reviewed you will be notified by mail if you meet our eligibility requirements.

**Please be sure to mail your completed application along with all of the required documents to:
Rockland Housing Action Coalition
120-126 North Main Street, Annex 1st Floor
New City, NY 10956**

If you have any questions or need assistance completing this application, please call RHAC at (845) 708 5799.

Sincerely,

Gerri Levy

Gerri Levy
Executive Director

A not-for-profit agency that develops affordable housing

RHAC HOUSING APPLICATION

APPLICANT

CO-APPLICANT

Name: _____

Name: _____

Social Security No.: _____

Social Security No.: _____

Home Address:

Home Address:

Mailing Address: (If different from home address)

Mailing Address: (If different from home address)

Day Telephone No.: _____

Day Telephone No.: _____

Night Telephone No.: _____

Night Telephone No.: _____

Provide the names of individuals who plan to live in the home **excluding** applicant and co-applicant. If the individual is over 18 years old, please provide pay stubs from his/her employer. If the individual is under 18 years of age and receiving any type of assistance, such as social security or child support, please list below:

<u>Name</u>	<u>Relationship to Applicant/Co-applicant</u>	<u>Age</u>	<u>Yearly Income</u>

Applicant and Co-applicant: ___ Unmarried ___ Married ___ Separated* ___ Divorced*

*Provide legal evidence of separation or divorce

	<u>Applicant Yes or No</u>	<u>Co-Applicant Yes or No</u>
Have you had any outstanding judgments in the last 7 years?	_____	_____
Have you been declared bankrupt?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof?	_____	_____
Have you ever co-signed or endorsed a note?	_____	_____
Are you a party in a law suit?	_____	_____

RHAC HOUSING APPLICATION

	<u>Applicant Yes or No</u>	<u>Co-Applicant Yes or No</u>
Are you obligated to pay alimony, child support, or separate maintenance?	_____	_____
Are you a U.S. citizen?	_____	_____
If not, do you have a green card?	_____	_____
Are any household members disabled?	_____	_____
Nature of Disability: _____		

EMPLOYMENT

Applicant

Name of Full Time Employer: _____

Address: _____

Telephone No.: _____

Gross paycheck amount (before deductions) _____

Is it a weekly paycheck? _____

Is it a bi-weekly paycheck? _____

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

Applicant

Name and Address of Previous Employer: _____

Number of Years Employed: _____

Applicant

Name and Address of Part Time Employer _____

Co-Applicant

Name of Full Time Employer: _____

Address: _____

Telephone No.: _____

Gross paycheck amount (before deductions) _____

Is it a weekly paycheck? _____

Is it a bi-weekly paycheck? _____

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

Co-Applicant

Name and Address of Previous Employer: _____

Number of Years Employed: _____

Co-Applicant

Name and Address of Part Time Employer _____

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Please list any other monthly income. Include alimony/maintenance, social security, public assistance, disability, pension and/or child support received.

Applicant:

Source	Amount
Social Security Income*	_____
Child Support*	_____
_____	_____
_____	_____
_____	_____

*Please provide evidence of social security and child support income

Co-Applicant:

Source	Amount
Social Security Income*	_____
Child Support*	_____
_____	_____
_____	_____
_____	_____

*Please provide evidence of social security and child support income

MONTHLY EXPENSES:

Please list your monthly debits (loans, charge accounts, child support payments, etc.)

Creditors/ Lenders	Acct. Number (if any)	Monthly Amount	Number of Months Remaining for Obligated Payment
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Monthly Rent: _____

RHAC HOUSING APPLICATION

ASSETS

Applicant
Bank Name: _____
Address: _____
Account No.: _____
Balance: _____
Account Type: (i.e., Savings, Checking, etc.)

Co-Applicant
Bank Name: _____
Address: _____
Account No.: _____
Balance: _____
Account Type: (i.e., Savings, Checking, etc.)

Bank Name: _____
Address: _____
Account No.: _____
Balance: _____
Account Type: (i.e., Savings, Checking, etc.)

Bank Name: _____
Address: _____
Account No.: _____
Balance: _____
Account Type: (i.e., Savings, Checking, etc.)

Bank Name: _____
Address: _____
Account No.: _____
Balance: _____
Account Type: (i.e., Savings, Checking, etc.)

Bank Name: _____
Address: _____
Account No.: _____
Balance: _____
Account Type: (i.e., Savings, Checking, etc.)

OTHER ASSETS (pension funds, 401k, stocks or bonds, real property, IRA's, etc.)

Asset: _____
Value: _____
Asset: _____
Value: _____
Asset: _____
Value: _____
Asset: _____
Value: _____
Asset: _____
Value: _____

Asset: _____
Value: _____
Asset: _____
Value: _____
Asset: _____
Value: _____
Asset: _____
Value: _____

Will you be able to obtain a gift to help you cover down payment and closing costs?

If yes, what is the amount? _____

From Whom: _____

(Relationship, i.e., parent, sister, etc.)

PLEASE NOTE: A portion of your down payment must come from your own funds.

RHAC HOUSING APPLICATION

REAL ESTATE INFORMATION

Do you have an existing Section 8 Voucher? Yes ____ No ____

Have you ever owned a home? Yes ____ No ____

Do you currently own real estate? Yes ____ No ____

If yes, please provide details as to dates and circumstances of ownership.

This application will be used to determine eligibility for the Rockland Housing Action Coalition's new construction program. If you have any questions about this application please call (845) 708 5799.

A fifteen dollar (\$15.00) non-refundable application fee must accompany the completed application.

Please make the check payable to: The Rockland Housing Action Coalition, Inc.

NO INCOMPLETE APPLICATION WILL BE PROCESSED

RHAC HOUSING APPLICATION

LETTER OF UNDERSTANDING

I (we) understand that the purchase prices quoted in this application are estimates, although every effort will be made to keep the actual prices as close to these figures as possible.

I (we) also understand that the home will have legal restrictions placed on the amount of profit allowed upon resale, and that in part this will depend on how long we own the home.

I (we) also understand that this home must be owner occupied. If illness, employment situation, or some other serious circumstance requires the owner to rent the premises, rental **MUST** be approved by the Rockland Housing Action Coalition, Inc. Rental cannot be for longer than 6 months. **BEDROOMS OR PARTS OF THE HOUSE CANNOT BE RENTED.**

I (we) grant permission for the Rockland Housing Action Coalition, Inc. to exchange credit and financial information about me (us) with others. You may request a credit report on me (us) and, if asked, you will tell me (us) the name and address of the consumer reporting agency that furnished it. If the bank updates or extends my (our) loan, you may request a new credit report without telling me (us).

I (we) understand that all information provided on this form will be kept confidential, and only persons involved in administering this program will have access to this information.

I (we) hereby certify that the information contained in this application is true and correct to the best of my (our) knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

RHAC HOUSING APPLICATION

CHECKLIST OF REQUIRED DOCUMENTS:

(PLEASE SEND COPIES OF YOUR DOCUMENTS)

- | | | |
|--|-----|----|
| 1. RHAC's housing application completed with signature(s) | Yes | No |
| 2. Copies of your last 6 months bank statements including all checking and savings accounts | Yes | No |
| 3. Three years of federal tax returns (1040's) with W-2 forms (Include both applicant & co-applicant) | Yes | No |
| 4. Three months of most recent pay stubs for:
Applicant* | Yes | No |
| Co-applicant* | Yes | No |
| *PLEASE NOTE: If you do not work the same amount of hours each week, provide a letter from your employer indicating how many hours you work per week, how many overtime hours you work per week, and whether or not the overtime is mandatory | | |
| 5. Evidence of other income you are receiving such as public assistance, social security, child support, etc. | Yes | No |
| 6. A copy of driver's license or other photo ID for applicant and co-applicant | Yes | No |
| 7. If you are not a U.S. citizen, copy of your green card | Yes | No |
| 8. \$15.00 application fee made payable to:
The Rockland Housing Action Coalition, Inc. | Yes | No |
| 9. Birth Certificates for all individuals who plan to live in the household | Yes | No |
| 10. Signed employment verification forms and other forms | Yes | No |

Comments _____
