



**Incorporated Village of Hempstead Community Development Agency**  
**CDBG Down Payment Assistance**  
**Applicant Intake Form**

<b>APPLICANT</b>	<b>Print Clearly</b>
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**Name:** \_\_\_\_\_  
First MI Last

**Address:** \_\_\_\_\_  
Street

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

**Home Tele:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

**Cell:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Birth Date

**Email:** \_\_\_\_\_  
Driver License ID#

**Race (please check all that apply):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Black or African American                        | <input type="checkbox"/> Black/African American and White         | <input type="checkbox"/> White                   |
| <input type="checkbox"/> American Indian/Alaskan Native                   | <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Hispanic/Latin American |
| <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White   | <input type="checkbox"/> Mexican                                  | <input type="checkbox"/> Other: Multiple Race    |
| <input type="checkbox"/> <i>I do not wish to furnish this information</i> |   |  |

**Ethnicity (please select)** “yes” or “no” for Hispanic Origin. Hispanic:  Yes  No

*I do not wish to furnish this information*

**Immigrant Status (please select one):**

- You are U.S. born and 1 or both of your parents are foreign born
- Permanent Resident
- You are foreign born

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

**Gender (please check):**  Male  Female  Other/Non-Conforming

**Disabled**  Yes  No  *I do not wish to furnish this information*

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

**Current Housing Arrangement (please check):**

- Rent     Living with family member and not paying rent     Living with family member and pay rent     Other



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

Yes  No

**Education (please check one):**

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

**I do not wish to furnish this information**

**Household Type (please select the most accurate)**

Single adult  Female headed single parent household  Male headed single parent household  Two or more unrelated adults

Married with Children  Married without Children  Other

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

Do Not Live in Rural Area  Live in Rural Area

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

Print Advertisement  Website  Government  Bank  Realtor  Walk-In  Friend  Another Agency

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

**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 person who will live with you in the household, starting with you.**

	First Name	Last Name	Date of Birth	Gender	Relationship
1					Self
2					
3					
4					
5					
6					
7					
8					



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

**Address:** \_\_\_\_\_  
Street

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

**Home Tele:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

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

**Race** (please check all that apply):

- Black or African American       Black/African American and White       White
- American Indian/Alaskan Native       American Indian/Alaskan Native and White       Hispanic/Latin American
- Asian       Asian and White       Mexican       Other: Multiple Race
- I do not wish to furnish this information*

**Ethnicity** (please select) “yes” or “no” for Hispanic Origin. Hispanic:  Yes  No  *I do not wish to furnish this information*

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

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

**Gender** (please check):  Male  Female  Other/Non-Conforming

**Immigrant Status** (please select one):

- You are U.S. born and 1 or both of your parents are foreign born
- Permanent Resident
- You are foreign born

**Disabled**  Yes  No  *I do not wish to furnish this information*

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

**Education** (please check one):

- High School Diploma or Equivalent  Two-Year College  Bachelor’s Degree  Master’s Degree  Above Master’s Degree
- I do not wish to furnish this information*

**Relationship to Applicant** (please check):  Spouse  Daughter  Son  Sister  Brother  Girlfriend  Boyfriend

Mother  Father  Other: \_\_\_\_\_



**APPLICANT EMPLOYMENT – Last 2 Years****Print Clearly****Primary Employer:** \_\_\_\_\_\_\_\_\_\_  
*Title* *Hire Date*\_\_\_\_\_  
*Street* *City* *State* *Zip Code**Phone:* \_\_\_\_\_ - \_\_\_\_\_*Gross Income (before deductions):* \$ \_\_\_\_\_*(please check one):*  hourly  weekly  every two weeks  twice a month  monthly**Previous Employer:** \_\_\_\_\_\_\_\_\_\_  
*Title* *Length of Employment*\_\_\_\_\_  
*Street* *City* *State* *Zip Code**Phone:* \_\_\_\_\_ - \_\_\_\_\_*Gross Income (before deductions):* \$ \_\_\_\_\_*(please check one):*  hourly  weekly  every two weeks  twice a month  monthly**CO-APPLICANT EMPLOYMENT – Last 2 Years****Print Clearly****Primary Employer:** \_\_\_\_\_\_\_\_\_\_  
*Title* *Hire Date*\_\_\_\_\_  
*Street* *City* *State* *Zip Code**Phone:* (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_*Gross Income (before deductions):* \$ \_\_\_\_\_*(please check one):*  hourly  weekly  every two weeks  twice a month  monthly**Previous Employer:** \_\_\_\_\_\_\_\_\_\_  
*Title* *Length of Employment*\_\_\_\_\_  
*Street* *City* *State* *Zip Code**Phone:* \_\_\_\_\_ - \_\_\_\_\_*Gross Income (before deductions):* \$ \_\_\_\_\_*(please check one):*  hourly  weekly  every two weeks  twice a month  monthly

**APPLICANT(S)****Print Clearly**

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount
Salary		
Alimony / Child Support		
Self-employment Income		
Social Security		
Pension Income		
Public Assistance		
Disability Income		
Dependent SSI Income		
Other Employment		
Other Legal Source of Income		

**APPLICANT****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****Print Clearly****APPLICANT****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****Print Clearly***Please list the approximate value of the following:*

	APPLICANT	CO-APPLICANT
Checking account		
Savings account		
Retirement account		
Certificate of Deposits		
Securities (stocks, bonds, etc.)		
Other Liquid Funds		
Cash		

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

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

**LIVING EXPENSES****Print Clearly**

	APPLICANT	CO-APPLICANT
Monthly rent		
Electric/Gas/Solid Waste		
Telephone		
Cellular		
Cable/Satellite TV		
Grocery		
Other Living Expenses		

**ADDITIONAL INFORMATION****Print Clearly**

	APPLICANT	CO-APPLICANT
Have you owned a home in the last three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a contract on a house at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently working with a real-estate agent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**\*Village of Hempstead Community Development Agency Downpayment Assistance Grant Program requires that grant recipients occupy the home purchased as their principal residence for the duration of the grant affordability period.**



**Additional Financial Resources:**

Will you be receiving any grant assistance from any of the following sources:

- Bank \$ \_\_\_\_\_  SONYMA: \$ \_\_\_\_\_  First Home Club: \$ \_\_\_\_\_
- Other: \$ \_\_\_\_\_

❖ **To qualify for program, a minimum of \$5,000 of your own funds is required.**

Can you submit proof?  Yes  No Source of funds:

<b>AUTHORIZATION</b>	<b>Print Clearly</b>
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- (a) **I/We Authorize** the Village of Hempstead Community Development Agency to share my 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) **I/We Do Not Authorize** the Village of Hempstead Community Development Agency 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.
- (c) **I/We Authorize** to obtain a copy of the HUD-1 Settlement Statement, Appraisal, and Real Estate Note(s) when **I/We** purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.
- (d) **I/We** understand that I/we may revoke my/our consent to these disclosures by notifying Village of Hempstead Community Development Agency in writing.
- (e) **I/We understand and agree to a non-refundable application fee of \$75.00.**  
Please enclose a check or money order made payable to Village of Hempstead Community Development Agency.
- (f) **I/We Do Authorize** Village of Hempstead Community Development Agency to share my file information with its funding agencies for program compliance review and monitoring.

**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



I/We, \_\_\_\_\_, currently reside at \_\_\_\_\_, hereby certify that all of the information I/we have provided to Village of Hempstead Community Development Agency (CDA) is factual and accurate. I acknowledge the CDA is relying upon this certification in providing financial assistance.

I/We, \_\_\_\_\_, understand that after review of my/our financial status, the CDA 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 Village of Hempstead within acceptable debt to income ratios.

I/We understand it is my/our responsibility to submit to the CDA 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:
  - \_\_\_\_\_(Self)
  - \_\_\_\_\_(Co-applicant)
  - \_\_\_\_\_(Relationship) \_\_\_\_\_(age)
  - \_\_\_\_\_(Relationship) \_\_\_\_\_(age)
  - \_\_\_\_\_(Relationship) \_\_\_\_\_(age)
  - \_\_\_\_\_(Relationship) \_\_\_\_\_(age)
  - \_\_\_\_\_(Relationship) \_\_\_\_\_(age)
  - \_\_\_\_\_(Relationship) \_\_\_\_\_(age)
- 4) I/We certify that total Income cap for a family of \_\_\_\_\_ in \_\_\_\_\_Village of Hempstead \$\_\_\_\_\_
- 5) I/We certify that my/our 20\_\_ adjusted gross income from my/our Federal returns is \$\_\_\_\_\_ (Use most recent year's tax returns).

**NOTE:** Refer to the CDA website: [www.villageofhempsteadcda.org](http://www.villageofhempsteadcda.org) for current Income Guidelines. Enter in the Income Limit that pertains to your household based on total residents in the household. \*Please refer to Program Guidelines for First-time Homebuyer definition





## GRANT AWARD CRITERIA

I/We understand that Program and eligibility criteria to receive CDA funding entails that I **must contribute a minimum of \$5,000.00** of my funds towards the purchase of an eligible property with appropriate debt to income ratios. \_\_\_\_\_(Initials)

I/We understand that providing false information may disqualify me/us for consideration in any grant programs administered by CDA and may represent a criminal offense. Grants are awarded based on need, income eligibility and funding availability. \_\_\_\_\_(Initials)

I/We understand that if it is determined that my/our income and assets evidence that I/We 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. \_\_\_\_\_(Initials)

I/We understand that the exact amount of award may change dependent on the purchase price, down payment requirement, mortgage amount and income eligibility.\_\_\_\_(Initials)

I/We understand that this is not an offer and that the terms and conditions of the program may be changed at any time by the Village of Hempstead Community Development Agency, Nassau County or Housing Urban Development (HUD).(Initials)

I/We understand the Village of Hempstead Community Development Agency must retain my documents as required per the Grant Agreements with Nassau County and HUD through the Community Development Block Grant Program. \_\_\_\_\_(Initials)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





## **APPLICATION DOCUMENTATION CHECKLIST**

Please provide the following documents (COPIES ONLY) with your application for the purpose of qualifying for the Downpayment Assistance Grant Program.

### **Employment and Income History:**

- Most recent pay stubs *for all applicants* (3 months)
- 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

### **Notarized Affidavit(s) if:**

- No child support is received from non-custodial parent
- Non-working adult (18 yrs. or older)
- 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 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, childcare, cable, etc.) at least 12 months history
- Explanation letter for slow payments

### **Deposit and Income Verification:**

- Bank statements for checking, savings, investments (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 award 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)*)
- Driver's license or picture ID
- Copies of birth certificates (*for ALL household members*)
- Proof of any other grant assistance, as listed on page 7
- Mortgage Pre-Approval from a lender
- 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 Course/Counseling (maybe provided online and or one-on-one)

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Please enclose **all** the required documentation with the completed application and **\$75.00 non-refundable fee** can be mail or drop off to:

**Village of Hempstead Community Development Agency 50 Clinton St, Ste, 504 Hempstead NY 11550**

Questions? Email: [info@villageofhempsteadcda.org](mailto:info@villageofhempsteadcda.org)

