

# HOME BUYERS

Date: \_\_\_\_\_

<b>Applicant:</b>		<b>Co-Applicant:</b>	
<b>Head of Household</b>			
<b>Social Security #:</b>		<b>Social Security #:</b>	
<b>Birth Date:</b>		<b>Birth Date:</b>	
<b>Current Address:</b>		<b>County of Residence:</b>	

<b>Home Phone:</b>		<b>Work Phone:</b>		<b>Other Phone:</b>	
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Number of Persons in Household count applicants above; list others below		Total	Relationship	Age
N A M E S				

<b>Marital Status</b> check one	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>
	Married <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other <input type="checkbox"/>

<b>Housing Type</b> check one	Single Adult <input type="checkbox"/>	Single Parent <input type="checkbox"/>	Married with Children <input type="checkbox"/>
	2 or more unrelated adults <input type="checkbox"/>	Other <input type="checkbox"/>	Married without Children <input type="checkbox"/>

<b>Race/Ethnicity (optional)</b>	No Response <input type="checkbox"/>	White <input type="checkbox"/>	Black <input type="checkbox"/>	Hispanic <input type="checkbox"/>
American Indian or Alaskan Native <input type="checkbox"/>	Asian or Pacific Islander <input type="checkbox"/>	Other <input type="checkbox"/>		

<b>Housing Arrangements</b>	Rent <input type="checkbox"/>	Does not pay rent <input type="checkbox"/>	Live with family <input type="checkbox"/>	Other <input type="checkbox"/>
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<b>First-Time Homebuyers</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Displaced homemaker/Single parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**First-time homebuyer:** An individual and his or her spouse who have not owned a home within the 3 years prior to applying to NeighborWorks® Home Resources for funding assistance.

**Displaced homemaker:** (1) is an adult; (2) has not worked full-time, full-year in the labor force for a number of years but has, during such years, worked primarily without compensation to care for the home and family; and (3) is unemployed and is experiencing difficulty in obtaining or upgrading employment.

**Single Parent:** An individual who (1) is unmarried or legally separated from a spouse; and (2) (i) has one or more minor children for whom the individual has custody or joint custody; or (ii) is pregnant.



LIST ALL GROSS HOUSEHOLD INCOME			Check Frequency $\checkmark$			
Source	Recipient	\$ Amount	Week	Bi-week	Month	Year
Wages-List Employer						
Wages-List Employer						
Wages-List Employer						
Veterans Pension						
Other Pension						
Social Services						
Alimony						
Child Support						
Workman's Comp.						
Food Stamps						
Unemployment						
Interest Income						
Social Security						
Social Security SSI						
Social Security SSD						
Other						

Use for Office Only	
Total Monthly Income ↓ _____	Total Yearly Income ↓ _____
Eligibility Income Limit ↓ _____	% of Median _____ _____

Have you applied for assistance with any other agency?  Yes  No If yes, where?  
 USDA/Rural Development  Cattaraugus Community Action  Other

*This application is for the purpose of requesting homeownership assistance either through a grant or a loan. I authorize you to communicate with any person, agency or corporation necessary, and to obtain any information as you may need concerning the statements made in this application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

Return To: NeighborWorks® Home Resources  
209 North Union Street, Olean NY 14760