



Main Office- 235 Grand Avenue, New Haven, CT 06513
Southeastern Regional Office- 239 Williams Street, Suite 2-2, New London, CT 06320

Homebuyer Application

INSTRUCTIONS: Please PRINT clearly in ink. Complete all information throughout the application. If a question does not apply to your situation, please mark "N/A." Do not leave any questions blank.

When completed, return the application and forms to:

NeighborWorks® New Horizons
235 Grand Avenue, 2nd Floor
New Haven, CT 06513

Ph: 203-562-4514
800-270-7517
TTY: 800-842-9710

1. Applicant Name: _____
2. Co-Applicant: _____
3. Current Address: _____
(if information for co-applicant is different than applicant, please use separate sheet of paper to complete the following if necessary)
4. Telephone (Day) (____) _____ (Evening)(____) _____
5. Do you rent or own? _____
6. If you rent, current Landlord's Name: _____
Telephone: (____) _____
7. Prior Landlord's Name: _____
Address: _____ (____) _____
Telephone
8. If you own, address if different than current address: _____
9. Do you file Income Tax Returns? Yes No If no, explain _____
 - a. Please attached the past two years Federal Tax Returns for all applicants if not filing jointly.
10. Total household income for previous year? \$ _____
11. Total number of persons age 18 and over: _____ under the age of 18 _____



12. Are you entitled to receive child support? Yes No
 If yes, do you receive child support? Yes No
 If no, have you filed a claim with The Bureau of Child Support Enforcement? Yes No

11. Applicant: Employment History past two years

Name	Current Employer: Include Address, Telephone and Fax Number	Start Date: End Date:

12. Co-Applicant: Employment History past two years

Name	Current Employer: Include Address, Telephone and Fax Number	Start Date: End Date:

13. Income: Gross Monthly--**Complete for each household member 18 years or older**
 (Please submit copies of 4 most recent pay stubs for each employment source. Please use a separate sheet if necessary)

Name	Wages/ Salary	TANF, SSI, Public Assistance	Pension, Disability, Workers Comp, Unemployment	Alimony, Child Support	Business Income, Family Contributions, Other

13. Household Assets: List all bank accounts, stocks, bonds, mutual funds, retirement accounts, etc for each household member age 18 and over. Use additional sheet if necessary. (Please submit copies of the three most recent statements)

Type of Asset:	Account #:
Bank/Institution Name & Address:	Amount: \$
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Bank/Institution Name & Address:	Amount: \$

14. Do you currently own real estate or have you owned real estate within the past three years?
 Yes No

Assessed value? _____ Outstanding mortgage balance? _____

15. Have you disposed of any assets for less than fair market value within the past two years?
 Yes No

16. Current Monthly Household Expenses

Rent:	Health Insurance:
Utilities:	Medical Costs:
Childcare:	Car Payments:
Student Loans:	Other:

I/We certify that all information in this application is true to the best of my/our knowledge, and I/we understand that false statements or information will lead to cancellation of this application. All adult applicants (18 years or older) must sign the application. (Please sign in blue below.)

Applicant: _____ **Date** _____

Co-Applicant: _____ **Date** _____

I certify that upon purchase of this property from Mutual Housing Association of SC CT, Inc. d/b/a NeighborWorks® New Horizons, I/we shall occupy this property as my/our principle place of residence.

NOTICE:

Due to the sensitive nature of the various sources of Federal and State funding and to ensure long term affordability, Mutual Housing Association of SC CT, Inc. reserves the right to reject any applicant intending to use adjustable rate mortgages or other non-fixed rate mortgage products in the acquisition of a Mutual Housing Association residential property.

Signature of Applicant

Print Name

Date

Signature of Co-Applicant

Print Name

Date



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Applicant Demographics Form

Pursuant to 24 CFR, Subpart J, Section 570.506, NeighborWorks® New Horizons is required to collect data on the extent to which each racial and ethnic group and single-headed households (by gender of household head) have applied for, participated in, or benefited from, any program or activity funded in whole or in part with CDBG funds (including CDBG Supplemental NSP I and II). Such information shall be used only as a basis for further investigation as to compliance with nondiscrimination requirements and is in no way to be considered part of a qualification process for activities funded in whole or part by CDBG.

Date Complete: _____

Name: _____ *Date:* ____ / ____ / ____ First
MI Last

Street _____

City State Zip Code

I. Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other: _____

II. 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
(If yes, please circle): Cuban Mexican/Chicano Puerto Rican

Other Hispanic/Latino _____

