



**Town of Islip**  
**Community Development Agency**  
 2024  
**Affordable Housing Application**



<u>APPLICANT:</u>			<u>CO-APPLICANT:</u>		
Name:			Name:		
Social Security No.			Social Security No.		
Home Address:			Home Address:		
Length of Time at this Address:	yrs.	mos.	Length of Time at this Address:	yrs.	mos.
Previous Address if less than 2 yrs.			Previous Address if less than 2 yrs.		
Name of Employer:			Name of Employer:		
Employer Address:			Employer Address:		
Occupation:			Occupation:		
Length of Time in this Position:	yrs.	mos.	Length of Time in this Position:	yrs.	mos.
Years in profession:	yrs.	mos.	Years in profession:	yrs.	mos.
Home Phone Number Business Telephone Cellphone Number E-mail Address			Home Phone Number Business Telephone Cellphone Number E-mail Address		

Names of dependents or individuals planning to live in the home <u>excluding</u> applicant and co-applicant.			
<u>Name</u>	<u>Relationship to Applicant/Co-Applicant</u>	<u>Age</u>	<u>Monthly Income</u>
			\$
			\$
			\$
			\$

IF A "YES" ANSWER IS GIVEN TO A QUESTION BELOW, PLEASE EXPLAIN ON SEPARATE SHEET OF PAPER AND SUBMIT IT WITH THIS APPLICATION.	Applicant Yes or No	Co-Applicant Yes or No
1. Have you had any outstanding judgments in the last 3 years?		
2. Have you declared bankruptcy in the last 5 years?		
3. Have you had property foreclosed upon or given title or deed in lieu thereof?		
4. Are you a co-maker or endorser on a note?		
5. Are you a party in a law suit?		
6. Are you obligated to pay alimony, child support, or separate maintenance?		
7. Are you a U.S. Citizen?		
8. If "no", are you a resident alien?		
9. Have you ever owned a home in the past three (3) years?		

**ASSETS**

Indicate Total Amount and Source(s) of Cash Available of all applicants to cover down payment and closing costs. Also, please provide the most recent bank statement for each account (as required in item number 5 of the Check List of Required Documents).

Total:	\$	Source:	
Total:	\$	Source:	Monetary Gift available to you, if applicable

**OTHER ASSETS (i.e., Stocks & Bonds, Retirement Funds, Life Insurance, etc.)**

	\$
	\$
	\$
	\$

**LIABILITIES AND/OR DEBTS INFORMATION**

Type of Debt: Credit Card(s), Loans, Alimony, Child Support or Other	Name Each Person/Co. To Whom You Owe \$:	Balance Owed	Minimum Required Monthly Payment:
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**Gross Monthly Income**

**Current Combined Housing Expenses**

Items	Applicant	Co-Applicant	Items	Present
Base Salary	\$	\$	Rent	\$
Overtime	\$	\$	Utilities	\$
Commission	\$	\$	Utilities	\$
Dividends/Interest	\$	\$	Insurance	\$
Other	\$	\$	Other	\$
(Before completing, see notice	\$	\$		\$
under Describe Other Income below)	\$	\$		\$
<b>Total</b>	\$	\$	<b>Total</b>	\$

- To determine gross monthly
- Step 1. Find the gross base salary (before taxes) on your pay check stub(s), then
  - Step 2. Multiply it by the number of pay checks per year (52 or 26 for pay checks every 2 weeks)
  - Step 3. Divide it by 12 (the number of months in a year). This is your gross monthly income.

**DESCRIBE OTHER INCOME**

<b>NOTICE:</b> Alimony, child support or separate maintenance income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered as a basis for repaying this loan.	Monthly Amount
	\$
	\$
	\$

**IF EMPLOYED IN CURRENT POSITION FOR LESS THAN TWO YEARS. COMPLETE THE FOLLOWING**

Previous Employer/School	City / State	Type of Business	Position	From / To	Monthly Income
					\$
					\$
					\$
					\$

## CHECKLIST OF REQUIRED DOCUMENTATION

In order to verify your eligibility for the program, we will need to obtain copies of supporting documentation and information from both the applicant and co-applicant. If you are married, your spouse must be listed as a Co-Applicant.

**Do not** send any original personal documentation to us. We will only accept copies.

The application and any documentation provided to us (including a credit report, which will be ordered by the CDA) will be considered property of and for the sole use of the Town of Islip Community Development Agency to determine eligibility to Islip's Town's Affordable Housing Program.

**Please be aware, that your application will not be processed and will be returned to you if you cannot provide us with the necessary documentation.**

The information listed below must accompany the housing application, (use separate sheet of paper to explain any particular item that needs to be answered).

All questions must be completed, answered and returned together with the required documentation.

If you have any questions or require assistance, please do not hesitate to call us at (631) 665-1185.

### APPLICATION DOCUMENT AND INFORMATION REQUIRED

	Applicant	Co-Applicant
1. A fully completed, signed and dated Affordable Housing Application by <u>both</u> the Applicant and Co-Applicant		
2. Federal Income Tax Returns for: 2021, 2022, and 2023		
3. NYS Income Tax Returns for: 2021, 2022, and 2023		
4. W-2 Forms from Employer for: 2021, 2022, and 2023		
5. Verification of full-time and if applicable part-time employer(s)		
6. Last four (4) pay stubs from your employer (Include both applicant <u>and</u> co-applicant)		
7. Verification of Other Sources of Income (if applicable) i.e., Alimony, Child Support, Pensions, Social Security, Disability		

**No application fee is required in order to apply to the program!**

**DISCLAIMER, CREDIT STATEMENT AGREEMENT  
GENERAL RELEASE FORM**

I, \_\_\_\_\_ and I, \_\_\_\_\_  
(Print Name) (Print Name)

Currently residing at:

\_\_\_\_\_  
(Print Address, City, State and Zip Code)

hereby authorize the Town of Islip Community Development Agency or its designated Agents, hereinafter referred to as the CDA, to obtain and receive all financial information, documentation and records pertaining to participation and eligibility for its Affordable Housing Program.

This authorization hereby gives the CDA the right to request all information including employment, residency, income, (including Federal and New York State income tax returns and W-2's), credit report(s) and banking information from all persons, companies, or firms holding or having access to such information that we can or could obtain from any persons, company or firm on any matter referred to above.

To the best of my knowledge, the information provided herein is correct. I understand that the providing of false information may disqualify me for consideration in the CDA's Affordable Housing Program. If any of this information changes prior to a signed contract, it is my responsibility to notify the CDA so that an updated determination can be made on my status in its sole discretion.

I understand that this is not an offer and that the terms and conditions of the lottery may be changed at any time by the CDA. I further understand that notices by the CDA may be made in such manner as CDA may determine, including solely by advertisements.

I (we) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by them to the Town of Islip Community Development Agency for the purpose of this program. The term of authorization shall commence on the date of signature and be in force for a period of three (3) years, dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government if this loan is related to a dwelling, in order to monitor the lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this lender is required to note race and sex on the basis of visual observance or surname. If you do not wish to furnish the above information, please initial below.

BY LAW, YOU ARE NOT REQUIRED TO PROVIDE INFORMATION AS TO ETHNICITY AND RACE. IF YOU DO NOT WISH TO PROVIDE THIS INFORMATION, PLEASE INITIAL THIS BOX

Hispanic (check one) Yes  No

White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/>	American Indian/Alaskan & White <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other <input type="checkbox"/>
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\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**Email Completed Applications To:**

Robert Balina, Program Coordinator - rbalina@islipcda.org