

TOWN OF CLINTON
2011
APPLICATION FOR CERTIFICATION AS A QUALIFIED PURCHASER

Applicant Name:		Age:
Marital Status:		
Mailing Address:		
Social Security #:	Home Tel:	
Co-Applicant:	Age:	
Address:		
Social Security #:	Home Tel:	
Relation to Applicant:		
Other Household Members: (Those who live with you should you purchase)		
Name:	Sex:	Age:
Name:	Sex:	Age:
Name:	Sex:	Age:
Name:	Sex:	Age:
Total # of Adults:	Female:	Male:
Total # of Children:	Female:	Male:
INFORMATION ABOUT PRESENT HOUSING: (Circle those that apply)		
Does your present housing lack indoor plumbing?	Yes	No
Does your present housing lack a centralized heating system?	Yes	No
Is your present housing overcrowded (more than two people per room)?	Yes	No
Is your present housing shared with another family?	Yes	No
Please describe any other problems with your present housing:		
Do you own a house now?	Yes	No
If no, when did you last own a house?		
If yes, how much is owed on your house?		
Did you sell a house within the last three years?	Yes	No
If so, what was the price?		
What was the profit?		
Do you rent a home to anyone?	Yes	No
What is your monthly gross income?		
Do you rent now?	Yes	No
What are your current living expenses?	\$	/per month

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<u>INFORMATION ABOUT YOUR EMPLOYMENT:</u>		
Present Occupation:		
Name and Address of Present Employer:		
Work Telephone:		
What is your gross monthly rate of Pay?: \$		
How long have you been employed by above?:		
If you have been employed with the above referenced company for <u>less than two years</u> , please provide the name, address and dates of employment for your previous employers to cover the last two years of your employment:		
Name:		
Address:		
Starting Date:		Termination Date:
Do you work any other jobs?		Yes No
Name and address of employer:		
How long have you been employed by the above?:		
How many miles, by the fastest route, do you live from work?		
Gross 2009 Income:		Gross 2010 Income:
Gross 2011 Income:		
<u>INFORMATION ABOUT OTHER SOURCES OF INCOME:</u>		
Do you receive Social Security?		Yes No
If so, what is the total amount per year?		\$
Do you own any stocks or bonds?		Yes No
If so, what is the current market value?		\$
Do you receive a pension or disability?		Yes No
If so, what is the total amount per year?		\$
Do you receive any additional income from any other sources?		Yes No
If so, please explain and detail the total amount per year:		
How much money do you have available for a down payment?		\$
From Savings? \$	From Gifts? \$	Other? \$

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What is the co-applicant's occupation?	
Name and Address of co-applicant's employer:	
Work Telephone:	
What is the gross monthly rate of pay?:\$	
How long has the co-applicant been employed by above?	
If the co-applicant has been employed with the above-referenced company for <u>less than two years</u> , please provide the name, address and dates of employment for the previous employers to cover the last two years of employment:	
Name:	
Address:	
Starting Date:	Termination Date:
How many miles, by fastest route, does the co-applicant live from work?	
Does anyone else in your household work?	Yes No
Who?	SSN:
Employer:	
Address:	
Monthly Wage \$	
How long has he/she been employed?	
Gross 2009 Income: \$	Gross 2010 Income: \$
Gross 2011 Income: \$	
List all monthly recurring debts which have been incurred by you household (Student loans, car payments, credit cards, child support payments, day care payments, etc.):	
Type of loan or payment:	Amount of monthly payment \$:
Other Comments:	

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The Town of Clinton Affordable Housing Board has an Affirmative Fair Housing Market Plan and promotes the availability of housing to persons of low and moderate income regardless of the individual's race, sex, color, religion or national origin.

Information on sex and age will only be used to determine the number of bedrooms and the size of the unit required.

Statement of Confidentiality: The C.A.H.B. is requesting that you fill out this application so that the C.A.H.B. can verify that you are eligible to purchase affordable housing in the Town of Clinton.

THE INFORMATION IN THIS APPLICATION AND ANY OTHER INFORMATION BEING REQUESTED WILL BE KEPT IN STRICTEST CONFIDENCE IN ACCORDANCE WITH NEW JERSEY STATE LAW. NO PART OF THIS APPLICATION FILE WILL BE GIVEN TO ANY PERSON, ENTITY OR BUSINESS NOT RELATED TO THE TOWN OF CLINTON AFFORDABLE HOUSING BOARD.

Thank you for taking the time to answer these questions. The information for you have provided will help us serve the community better in the future.

PURCHASER CERTIFICATION AND DECLARATION

I hereby certify that the statements and information contained in this application are accurate, true and complete to the best of my knowledge; and I am further aware that willfully false or misleading information or statements may subject me to sanctions as included but not limited to the Rules and Regulations of the Housing Board.

I understand and give permission to the C.A.H.B. to obtain a credit report on each adult applicant, and know that this report will become a part of my application for Certification as a Qualified Purchaser.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Application must be completed, signed, dated, and notarized to be considered for certification.