



TOWN OF SOUTHOLD HOUSING APPLICATION

To be completed by heads of household over the age of 18, one per household.

Name: _____

Mailing

Address: _____

Number Street Hamlet/Village Zip Code

Place of Primary Residence (address listed on Federal income tax return) if different than above

Telephone Number: _____

Home Work

Social Security Number _____

Number of years you have lived at this address? _____

If less than 5 years at current residence, list previous residency for last five years. _____

HOUSEHOLD INFORMATION: Number in household unit, including yourself _____. Provide the requested information for **each household member, including yourself who will be living in the housing unit.** If you are married, live with a domestic partner, live with someone who will continue living with you (children, live-in aid, etc), or plan to have a specific person move in with you, you must include him/her in your application. List head of household first. If you have been divorced in the last year, please attach divorce decree.

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(any dependent listed above who is older than 18 years of age must document income)

INCOME AND ASSET INFORMATION

Please fill out a **separate information sheet for each member of the household 18 years and older.** Below is a list of items that count as income in determining eligibility for affordable housing through the Town of Southold. Please check YES if you receive any particular income and NO if you do not receive the income. You will need to provide verification for each item checked YES.

<p><u>Employment:</u> Name and address of current employer: _____ Phone: _____ Position: _____ How long: _____ <input type="checkbox"/> Self-Employed If yes, annual gross income \$ _____</p>	<p><u>Employment Income: Gross Monthly Income</u> Wages _____ Overtime _____ Commissions _____ Fees/Tips _____ Bonuses _____ Other Income _____</p>
<p><u>Benefit Payments Received: (per Month)</u></p>	<p><u>Asset Information (includes personal property valued in excess of \$10, 000)</u></p>
Social Security	<i>Checking</i>
SSI/SSDI	Name of institution
Workers Comp	Balance \$
Disability pay	
Unemployment	<i>Savings</i>
Severance	Name of institution
Annuities	Balance \$
Insurance policy	(list additional on a separate sheet of paper)
Pension	
Retirement	Yes No Current asset value
Death	Stocks & bonds
VA benefits	Money market
Welfare	Mutual funds
Alimony	IRA/Keogh/401k
Child Support	Life Insurance
Inheritance	Real Property
Trust	Personal Property (car, boat, etc.) Specify
Lottery	
Housing/Food Allowance	Other Assets (list-specify name of joint assets)
Reverse Mortgage	
Other (list)	
Total Income	Total Assets
DEBT	INFORMATION
<i>Creditor's Name</i>	<i>Unpaid Balance Monthly Payment</i>
Please list additional information on a separate sheet of paper, if necessary.	

HOUSING ASSISTANCE REQUEST

Please indicate the type of housing assistance that you are seeking. Check all that apply.

- Apartment Bedrooms needed _____
- Permanent Housing Bedrooms needed _____
- Hamlet/Village Preference _____
- Other Comments (please describe) _____

- First Time Homebuyers Program
- Closing Cost Assistance (SONYMA)
- Mortgage Loan Assistance Programs (SONYMA)

CERTIFICATIONS

I (we) certify the following:

- All the information contained and submitted within this application is accurate and complete to the best of my (our) knowledge.
- I (we) understand that any misrepresentation or falsification of information disqualifies me (us) to participate in the Town of Southhold's affordable housing assistance programs.
- Consent to Release Information:** I (we) authorize representatives from the Town of Southhold or their designees to contact employers, landlords, financial institutions, or other institutions/persons listed on this application to verify information contained in this application.
- I (we) accept that we will need to make declarations relating to my (our) credit history (ies).
- If I (we) accept housing assistance consisting of rental or purchase, we will occupy the unit no later than 90 days upon receipt of notice of acceptance.
- I (we) understand that the Town has designated priority populations to participate in its housing programs.
- I (we) understand that properties rented or purchased from the Town's affordable housing programs are intended to remain perpetually affordable.
- I (we) agree to abide by the rules and regulations guiding the Town's affordable housing programs. Failure to abide by regulations may result in financial penalties and expulsion.

Signature

Date

Signature

Date

THE INFORMATION PROVIDED IN THIS APPLICATION WILL BE USED BY THE TOWN TO PROVIDE HOUSING ASSISTANCE TO APPLICANT(S). INFORMATION PROVIDED HEREIN IS SUBJECT TO DISCLOSURE AND PUBLIC INSPECTION PURSUANT TO THE FREEDOM OF INFORMATION LAW.