



TOWN OF NORTH HEMPSTEAD COMMUNITY DEVELOPMENT AGENCY

AFFORDABLE HOME PROGRAM PRE-QUALIFICATION QUESTIONNAIRE

1. Print below the first and last names, age, and social security numbers of each family household member, including head(s) of household (Applicants). Check the appropriate boxes adjacent to each name.

FIRST AND LAST NAME	HEAD OF HOUSEHOLD	CITIZEN	PERM. RESIDENT	OTHER	AGE	SOC. SEC. NO.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Insert below the mailing address, and telephone numbers of each head of household listed above.

FIRST AND LAST NAME OF HEAD OF HOUSEHOLD	MAILING ADDRESS	DAYTIME AND EVENING PHONE NUMBERS
		Day - () -
		Eve - () -
		Day - () -
		Eve - () -

3. Annual income of all persons in household over the age of eighteen:

\$ _____

4. Combined savings and convertible accumulated wealth of the heads of household:

\$ _____

5. Do any members of the household own a home? Yes No

6. Have any members of the household owned a home? Yes No

7. If the answer to Question 6 is "yes", please list below the names of persons who sold a home, and the dates of sale.

FIRST AND LAST NAME OF SELLER	DATE OF SALE OF HOME

8. Please indicate the total amount of monthly expenses for your household (i.e., the sum of your credit card payments, car loan payment, rent payment, cost of groceries, etc.).

I/we subscribe and affirm, under penalties of law, that the statements made in this pre-application are true and correct. I/we understand that this pre-application for the Town of North Hempstead Community Development Agency (the "Agency") Affordable Home Program (the "Program") does not guarantee that I/we will be found eligible for the purchase of an affordable home. If I/we are found eligible for an affordable home under the Program, and are offered and accept a home, I/we understand that I/we will be required to reside in the home as my/our primary residence, and I/we will not make structural or land alternations to the home or the land on which it is built. Additionally, I/we will comply with all laws, codes, rules, and regulations.

I/we further understand that failure to comply with the requirements described above may result in ownership of the affordable home reverting back to the Agency.

SIGNATURE OF HEAD OF HOUSEHOLD

SIGNATURE OF HEAD OF HOUSEHOLD

DATE: _____, 200__

DATE: _____, 200__

Mail this completed pre-application to:

Town of North Hempstead Community Development Agency
 51 Orchard Street
 Roslyn Heights, New York 11577
 Att: Affordable Home Program