

Applicant (Artist) Name: _____

Social Security Number: _____

**PEEKSKILL ART LOFT OWNERS HOUSING DEVELOPMENT FUND CORPORATION
SHAREHOLDER-TENANT APPLICATION**

Applicant (Artist) Name

Co-Applicant Name

Current Address

How long at this address?

City

State and Zip Code

Daytime Phone Number

Evening Phone Number

Email Address(es)

Number of and Names of People Expected to Occupy Unit

Current Field of Art Practiced

How Many Years?

Describe How The Studio Will Be Used (Types of Tools, materials, etc.)

Will You Be Using Any Hazardous Materials or Processes If so, please describe?

Artist: Other Field of Employment

Co-Applicant: Field of Employment

Lease will be held in whose Name(s)

Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain)

Has the Applicant or Co-Applicant ever been convicted of a crime? Yes No, if yes please describe.

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I. BORROWER INFORMATION

Borrower				Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable)				Co-Borrower's Name (include Jr. or Sr. if applicable)			
Social Security	Home Phone	Age	Yrs School	Social Security	Home Phone	Age	Yrs School
Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No Yrs.				Present Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No Yrs.			
Dependents (not listed by Co-Borrower)				Dependents (not listed by Co-Borrower)			

If residing at present address for less than two years, complete the following:

Previous Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No Yrs.	Previous Address (street, city, state, zip code) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No Yrs.
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II. EMPLOYMENT INFORMATION

Borrower	Co-Borrower
Name and Address of Employer <input type="checkbox"/> Self Employed (check box)	Name and Address of Employer <input type="checkbox"/> Self Employed (check box)
Years on this job	Years on this job
Years employed in this line of work/profession	Years employed in this line of work/profession
Position/Title/Type of Business	Position/Title/Type of Business
Business Phone	Business Phone

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name and Address of Employer <input type="checkbox"/> Self Employed (check box)	Name and Address of Employer <input type="checkbox"/> Self Employed (check box)
Dates (from – to)	Dates (from – to)
Monthly Income \$	Monthly Income \$
Position/Title/Type of Business	Position/Title/Type of Business
Business Phone	Business Phone

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Name and Address of Employer <input type="checkbox"/> Self Employed (check box)	Name and Address of Employer <input type="checkbox"/> Self Employed (check box)
Dates (from – to)	Dates (from – to)
Monthly Income \$	Monthly Income \$
Position/Title/Type of Business	Position/Title/Type of Business
Business Phone	Business Phone

III. MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Gross Monthly Income	Borrower	Co-Borrower	Total	Combined Monthly Housing Expense	Present	Proposed
Base Employment. Income*	\$	\$	\$	Rent	\$	\$
Overtime	\$	\$	\$	First Mortgage (P&I)	\$	\$
Bonuses	\$	\$	\$	Other Financing (P&I)	\$	\$
Commissions	\$	\$	\$	Hazard Insurance	\$	\$
Dividends/Interest	\$	\$	\$	Real Estate Taxes	\$	\$
Net Rental Income	\$	\$	\$	Mortgage Insurance	\$	\$
Other (see below)	\$	\$	\$	Homeowner Assn. Dues	\$	\$
	\$	\$	\$	Other:	\$	\$
Total	\$	\$	\$	Total	\$	\$

*Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Describe other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for paying the monthly maintenance.

B/C	Monthly Amount
	\$
	\$

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IV. ASSETS AND LIABILITIES

This statement and any applicable supporting schedules may be completed jointly by both married and unmarried Applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Applicant section was completed about a spouse, this Statement and supporting schedules must be completed about that spouse/partner also.

		Completed <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly		
Assets	Cash or market value	Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.		
Cash deposit toward purchase held by:	\$	Liabilities	Monthly pmt. & mos. Left to Pay	Unpaid Balance

List checking and savings accounts below

List liabilities below

Name & Address of Bank, S&L, or Credit Union	Name and Address of Company	\$ Pmt/Mos.	\$Bal
Acct. no.	Acct. no.		
Name & Address of Bank, S&L, or Credit Union	Name and Address of Company	\$ Pmt/Mos.	\$Bal
Acct. no.	Acct. no.		
Name & Address of Bank, S&L, or Credit Union	Name and Address of Company	\$ Pmt/Mos.	\$Bal
Acct. no.	Acct. no.		
Stocks Bonds (Company Name/Number & Description)	Name and Address of Company	\$ Pmt/Mos.	\$Bal
Acct. no.	Acct. no.		
Life Insurance Net Cash Value	Name and Address of Company	\$ Pmt/Mos.	\$Bal

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Face Amount \$	Acct. no.
Subtotal Liquid Assets \$	Name and Address of Company \$ Pmt/Mos. \$Bal
Real Estate Owned Enter Market \$ Value From Schedule	Acct. no.
Vested Interest in Retirement Fund \$	Name and Address of Company \$ Pmt/Mos. \$Bal
Net Worth of Business(es) Owned Attach Financial Statement	Acct. no.
Automobiles Owned (Make & Year)	Alimony/Child Support /Separate Maintenance Payments \$ Pmt.
Other Assets (Itemize) \$	Job Related Expense (Child Care, Union Dues, Etc.) \$ Pmt.
Total Assets A. \$	Net Worth (A - B) \$
	Total Monthly Payments B. \$

IV. ASSETS AND LIABILITIES (cont.)

Schedule of Real Estate Owned (if additional properties are owned, use continuation sheet)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgage & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
	Totals	\$	\$	\$	\$	\$	\$

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name

Creditor Name

Account Number

V. ACKNOWLEDGEMENT AND AGREEMENT

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our

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signatures(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but no limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Corporation, its agents, successors and assigns, insurers and any other person may suffer any loss due to reliance upon any misrepresentation which I/We have made on the application.

Shareholder –Tenant Signature

Date

Co-Borrower's Signature

Date

Please note that Eligible Artist Household's income shall not exceed 95% of Westchester County's median income.

Download the 2008 H.U.D. Median Income Limits [here](#)