

# COMMUNITY HOUSING INNOVATIONS, INC. HOMEBUYERS 2010 APPLICATION

For Office Use Only  
Grant Admin: \_\_\_\_\_  
Seminar Attendance  
Date: \_\_\_\_\_

HAVE YOU PREVIOUSLY APPLIED TO CHI? YES  NO   
 HAVE YOU EVER RECEIVED A GRANT? YES  NO  IF YES, WERE YOU DENIED? YES  NO   
 SEMINAR ATTENDANCE DATE: \_\_\_\_\_ (If attended one 2008-2009)  
 ARE YOU CURRENTLY IN CONTRACT? YES  NO

**1. APPLICANT (Head of Household)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver License / ID #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Currently You:  Own  Rent

If Rent, How long \_\_\_\_\_

Housing Payment: \$ \_\_\_\_\_

Self-Employed:  Yes  No

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Title: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Annual *Gross* Income: \$ \_\_\_\_\_

Additional Monthly Income: \$ \_\_\_\_\_

Source(s): (See Page 4) \_\_\_\_\_

**CO-APPLICANT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

E-mail: \_\_\_\_\_

Currently You:  Own  Rent

If Rent, How long \_\_\_\_\_

Housing Payment: \$ \_\_\_\_\_

Self-Employed:  Yes  No

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Title: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Annual *Gross* Income: \$ \_\_\_\_\_

Additional Monthly Income: \$ \_\_\_\_\_

Source(s): (See Page 4) \_\_\_\_\_

3. Total Number of Family Members In Household: \_\_\_\_\_ Under the age of 18 \_\_\_\_\_

4. Will you be receiving any grant assistance from any of the following sources: (See page 8)  
 First Home Club \$7,500  HAC \$ \_\_\_\_\_  WRO \$ \_\_\_\_\_  Other \_\_\_\_\_ \$ \_\_\_\_\_

3. Down Payment from assets (not including monies from grant programs. ***Minimum of 3% of an anticipated purchase price is required - must be listed to qualify for program and submit proof***)  
 a. \$ \_\_\_\_\_ Source: \_\_\_\_\_

The Undersigned hereby authorize Community Housing Innovations, Inc. to obtain and review my/our credit report in relation to my/our application for down payment assistance. I/We authorize Community Housing Innovations, Inc to share my/our credit history with participating Lenders for the purpose of qualifying for a mortgage.

5. \_\_\_\_\_  
 Applicant

\_\_\_\_\_ Co-Applicant

**5. Select County of Interest. – You may select more than one.**

- Westchester       Minerva Place (White Plains)       Eagles Point (Orange County)

**6. HOUSEHOLD INFORMATION – List each and every person who will live with you in the household, starting with yourself.**

	Last Name	First Name	Date of Birth	Sex	Relationship
1					self
2					
3					
4					
5					
6					

**7. Household Type:**

- Single, non-elderly       Elderly       Single Parent  
 Two Parents       Other \_\_\_\_\_

**8. \*\*Race (Head of Household):**

- |   |   |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native                             | <input type="checkbox"/> Asian                                    |
| <input type="checkbox"/> Black or African American                                    | <input type="checkbox"/> American Indian or Alaska Native & White |
| <input type="checkbox"/> Asian & White  | <input type="checkbox"/> Black or African American & White        |
| <input type="checkbox"/> American Indian or Alaska Native & Black or African American | <input type="checkbox"/> Hispanic                                 |
| <input type="checkbox"/> Other Multi Racial   | <input type="checkbox"/> White                                    |

**\* Community Housing Innovations, Inc. Homeownership Grants Program requires that you occupy the home that you purchase as your principal residence. This residency requirement applies for the duration of the grant.**

**\*\* This question is being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in any way, your selection for the program.**

**APPLICANT**

**CO-APPLICANT**

9. Are you a U.S. Citizen(s)?  YES  NO  YES  NO  
If "NO", please provide Proof of Residency.
10. Do you or your co-Applicant/Spouse presently own a home?  YES  NO  YES  NO
11. Have you or your Co-Applicant/Spouse owned a home within the last three (3) years of the date of this application?  
 YES  NO  YES  NO
12. If "YES", explain the circumstances under which you no longer own a home:

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13. **CURRENT EMPLOYMENT INFORMATION:** List each current employer for each member of the household over the age of eighteen (18) and employed. List the number from question No. 7 in the left hand column that corresponds with the household member whose employment you are listing. CHI reserves the right to obtain third party verification from the Internal Revenue Service for all adults in the household.

Household Member	Name and Address of Employer	Employer's Telephone	Date Started Employment & Position	Gross Annual Income
			Date: Job Title:	
			Date: Job Title:	
			Date: Job Title:	
			Date: Job Title:	
			Date: Job Title:	





**APPLICANT(S) CERTIFICATION**

I/We, \_\_\_\_\_, currently residing at \_\_\_\_\_, hereby certify that all of the information I/we have provided to Community Housing Innovations, Inc. (“CHI”) and others in applying for the New York State Affordable Housing Corporation Home Ownership and Revitalization Program and/or the New York State HOME Program is factual and accurate. I acknowledge that CHI is relying upon this certification in providing financial assistance.

I/We understand that after review of my/our financial status, CHI may determine that I/we do not qualify for grant assistance based on my/our ability to qualify for and/or carry a mortgage sufficient to purchase a property in the applicable county within acceptable debt to income ratios.

I/We understand it is my/our responsibility to submit to CHI immediately any changes in status that may affect my/our eligibility for grants.

I/We understand that I/we will be required to submit complete new current financial information and documentation as needed and requested to ascertain that I/we still meet the eligibility requirements of the program.

- 1) I/We certify that I/we are over the age of eighteen years. \_\_\_\_\_(Initials)
- 2) I/We certify that I/we are First Time Homebuyers. \_\_\_\_\_(Initials)
- 3) I/We certify that currently and as of a potential closing date, my household (including all persons related by blood, marriage or adoption as well as unrelated persons) will consist of the following:
  - 1. \_\_\_\_\_(Self)
  - 2. \_\_\_\_\_(Co-applicant)
  - 3. \_\_\_\_\_(relationship) \_\_\_\_\_(age)
  - 4. \_\_\_\_\_(relationship) \_\_\_\_\_(age)
  - 5. \_\_\_\_\_(relationship) \_\_\_\_\_(age)
  - 6. \_\_\_\_\_(relationship) \_\_\_\_\_(age)
- 4) I/We certify that the above listed household members are the only persons that will occupy the unit upon closing and that no other person(s) will become a member of my/our household.
- 5) I/We certify that total Income cap for a family of \_\_\_\_\_ in \_\_\_\_\_ County is \$ \_\_\_\_\_ - See Income guidelines for county that you will be purchasing in.
- 6) I/We certify that my/our 2009 adjusted gross income from my/our Federal returns is projected to be \$ \_\_\_\_\_.

I/We understand that providing false information may disqualify me/us for consideration in any grant programs administered by CHI and may represent a criminal offense. Grants are awarded based on need. I/We understand that if it is determined that because of my/our assets, the household would be able to purchase a home without assistance and if no relevant extenuating circumstances exist, the household will be deemed ineligible for grant assistance.

**Grants are awarded based on need. I/We understand that the exact amount of award and funding source may change dependent on the purchase price, down payment requirement, mortgage amount and projected renovations of the identified eligible property.**

**Grants are awarded based on need. I/We understand that Program and eligibility criteria to receive CHI funding entails that I must contribute a minimum of 3% of my own funds into the purchase of an eligible property with appropriate debt to income ratios.**

**I/we understand that this not an offer and that the terms and conditions of the program may be changed at any time by HUD, the NYS Affordable Housing Corporation, the NYS Housing Trust Fund, NYS Division of Housing and Community Renewal, or Community Housing Innovations, Inc.**

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*Applicant Signature*

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*Date*

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*Co-Applicant Signature*

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*Date*

23.

**REQUIRED DOCUMENTATION**  
**ONLY COMPLETED APPLICATIONS WILL BE PROCESSED!**

APPLICANT      CO-APPLICANT

Application form completed **With All Signatures?**                       Yes                       Yes

(Before submitting your application the following documents must be included with your application. Applications cannot be processed without list of following documents. )

**INCOME DOCUMENTATION:**

- A. **Federal** Income tax transcripts (Use 4506-T) for **ALL applicants**                       2009                       2009
- B. Copies of Federal Returns W-2 for the last **(2) years**                       2009 / 2008       2009 / 2008
- C. Copy of Birth Certificate (**All** household members listed on page 2)                       Yes                       Yes
- D. Copies of **ONE MONTH’S CONSECUTIVE MOST RECENT PAY STUBS**, Award Letters, Pension Letters, Disability Award Letters, Child Support received, Alimony, etc.                       Yes                       Yes
- E. Notarized Affidavit(s) if:
  - (1) No Child Support is received                       Yes
  - (2) Non-working adult (18 yrs or older)                       Yes
  - (3) Full-time/Part-time Student (18 yrs or older and not working)                       Yes
- F. Copies of ALL PAGES for the **LAST (3) MONTH’S BANK STATEMENTS** for Checking, savings, 401(k), IRA accounts, and any other assets, etc.                       Yes                       Yes
- G. If Self-employed, please provide copies of most recent audited Profit & Loss statement for your business  
*(must be prepared by an accountant)*                       Yes                       Yes
- H. **Verification of Employment** from employer for **all working household members** – Letter must include salary projection for the current year and initial date of hire.                       Yes                       Yes
- I. **\$12.00 Per person** for Credit Report (Applicant / Co-Applicant)                       Yes                       Yes
- J. Proof of Grant Assistance, as indicated on page 1.                       Yes                       Yes
- K. Proof oh Homebuyer Education (*if N/A please contact CHI to assist*)                       Yes                       Yes

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Please enclose all the required documentation with the completed application and mail it to:  
**Community Housing Innovations, Inc., 190 East Post Road Suite #401, White Plains, NY 10601 / (914) 683-1010 Ext. 289**  
**Attn: Homeownership Department**



# COMMUNITY HOUSING INNOVATIONS, INC.

[www.chigrants.org](http://www.chigrants.org)

190 East Post Rd. Suite 401, White Plains, NY 10601  
Tel: (914) 683-1010 Fax: (914) 683-6158

## DISCLOSURE STATEMENT

This statement describes the various types of services provided by Community Housing Innovation, Inc. (CHI), and any financial relationship between CHI organization and any other industry partners. Further, it states that any client of CHI is not obligated to receive or use any other services offered by CHI, its branches and/or affiliates.

- **Foreclosure Prevention Counseling:** CHI provides free counseling to families that are in danger of losing their homes because of a default or potential default on their mortgage payments. Assistance is provided with the following mitigations options: loan forbearance, loan modification, partial claim, pre-foreclosure sale, deed-in-lieu of foreclosure, and bankruptcy.
- **Homeownership Counseling:** CHI provides one-on-one home ownership counseling to first time homebuyers who are interested in knowing the facts about buying a home and about low interest rate loan programs. CHI offers free workshops for prospective homebuyers.
- **Homeownership Grants:** CHI provides grants of up to \$30,000 per home to income qualified first time homebuyers.
- **Permanent Rental Housing:** CHI owns and manages 600 units of homeless and affordable housing, including senior housing. CHI staff is dedicated to assisting tenants with housing retention.
- **Scattered Site Transitional Housing:** CHI manages transitional and emergency housing for homeless families and singles under contract with the Suffolk County Department of Social Services, Westchester County Department of Social Services and Nassau County Department of Social Services. These programs include case management that emphasizes self-reliance and teaches families the skills they need to succeed once they are living in permanent housing.
- **Rental Subsidy Program** - CHI administers the Westchester County Rental Assistance Program. This program offers a rental subsidy to the family whose head-of-household is employed, on public assistance and living in emergency housing simply as the result of an inability to pay unaffordable rents.
- **Case Management & Supportive Services** - CHI offers case management services to all residents in the properties it owns and manages. CHI's programs are supervised by Certified Social Workers. Whether emergency, transitional or permanent housing, the primary goal is to assist individuals in achieving personal and economic independence and self-sufficiency.
- **Career Services Program** - CHI's Career Services program offers free skills enhancement classes so that earnings can be increased, which are a necessity to complete in the current housing market in this region. The training is hands-on, and job oriented. Participants can become proficient in computer applications through an office administrator course or learn medical billing, a sought after skill.
- **Housing Development:** CHI purchases abandoned and foreclosed properties under the Neighborhood Stabilization Program and renovate them to market standards. Renovated properties are offered for sale to qualified buyers.

### Anti Discrimination Policy

CHI is committed to providing equal opportunities to all clients and does not discriminate against individuals on the basis of race, creed, color, religion, gender, sexual orientation, nationality, marital status, age, or disability in the administration and provision of services to the public. CHI will not tolerate acts deemed to constitute discrimination or harassment based on gender, sexual orientation, race, creed, color, religion, national origin, marital status, age, disability, or any other characteristic protected by law.

### Community Housing Innovations, Inc. is a HUD approved counseling agency

\_\_\_\_\_ Date: \_\_\_\_\_  
Housing Counseling Client

\_\_\_\_\_ Date: \_\_\_\_\_  
Housing Counseling Co-Applicant

Form **4506-T**

**Request for Transcript of Tax Return**

(Rev. January 2008)

Department of the Treasury  
Internal Revenue Service

- ▶ **Do not sign this form unless all applicable lines have been completed. Read the instructions on page 2.**
- ▶ **Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.**

OMB No. 1545-1872

**Tip:** Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can also call 1-800-829-1040 to order a transcript. If you need a copy of your return, use **Form 4506**, Request for Copy of Tax Return. There is a fee to get a copy of your return.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return	<b>2b</b> Second social security number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
<b>4</b> Previous address shown on the last return filed if different from line 3	
<b>5</b> If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

**Caution: DO NOT SIGN** this form if a third party requires you to complete Form 4506-T, and lines 6 and 9 are blank.

**6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ \_\_\_\_\_

- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days . . . . .
- b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days . . . . .
- c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days . . . . .
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Most requests will be processed within 10 business days . . . . .
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2006, filed in 2007, will not be available from the IRS until 2008. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days . . . . .

**Caution:** If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

**9 Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer.

<b>Sign Here</b>		Date	Telephone number of taxpayer on line 1a or 2a (    )
	Signature (see instructions)		
	Title (if line 1a above is a corporation, partnership, estate, or trust)		
	Spouse's signature	Date	

## General Instructions

**Purpose of form.** Use Form 4506-T to request tax return information. You can also designate a third party to receive the information. See line 5.

**Tip.** Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

**Where to file.** Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different RAVS teams, send your request to the team based on the address of your most recent return.

**Note.** You can also call 1-800-829-1040 to request a transcript or get more information.

### Chart for individual transcripts (Form 1040 series and Form W-2)

If you filed an individual return and lived in:	Mail or fax to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	RAIVS Team Stop 37106 Fresno, CA 93888
Arkansas, Connecticut, Illinois, Indiana, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, West Virginia	RAIVS Team Stop 6705-B41 Kansas City, MO 64999
	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
	859-669-3592
	801-620-6922

**Line 1b.** Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 6.** Enter only one tax form number per request.

**Signature and date.** Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 60 days of the date signed by the taxpayer or it will be rejected.

**Individuals.** Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer.

**Partnerships.** Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

**All others.** See Internal Revenue Code section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the Letters Testamentary authorizing an individual to act for an estate.

### Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. Sections 6103 and 6109 require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.