



READY TO BUY APPLICATION

For Office Use Only:

Date Application Rcvd: _____

LOCAL Pool: Y / N

Household Size: _____

Lottery Code: _____

Maximum Income Table

Household Size	1 person	2 persons	3 persons	4 persons	5 persons	6 persons
80% of AMI	\$44,950	\$51,400	\$57,800	\$64,200	\$69,350	\$74,500

*Subsidy agents dictate AMI on projects.

PERSONAL INFORMATION:

Date: _____

Name: _____

Address: _____ Town: _____

Zip: _____ Social Security # _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ Email: _____

Have you ever owned a home? _____ If so, when did you sell it? _____

Do you meet any of the Local Preference Eligibility Criteria established by the Falmouth Zoning Board of Appeals listed below? _____

If yes, please check the appropriate category below*

- Current Falmouth resident
- Currently working in the Town of Falmouth

**Proof of local residency will be verified if you have the opportunity to purchase.*

Do you require a handicapped accessible unit? Yes No

What size unit do you require? (Please circle one):

- 1- Bedroom 2-Bedroom 3-Bedroom More than 3-Bedrooms

FINANCIAL WORKSHEET:

Include all Household Income, which includes gross wages, retirement income (if drawing on it for income), business income, veterans' benefits, alimony/child support, unemployment compensation, social security, pension/disability income, supplemental second income and dividend income.

Borrowers Monthly Base Income (Gross) _____

Other Income, specify _____

Co-Borrowers Monthly Base Income (Gross) _____

Other Income, specify _____

TOTAL MONTHLY INCOME: _____ **(A)**

ASSETS

Checking (average balance for 6 months) _____

Savings _____

Stocks, Bonds, Treasury Bills, CD or

Money Market Accounts and Mutual Funds _____

Individual Retirement, 401K and Keogh accounts _____

Retirement or Pension Funds (amount you can withdraw without penalty) _____

Revocable trusts _____

Equity in rental property or other capital investments _____

Cash value of whole life or universal life insurance policies _____

Down-payment Gift _____

TOTAL ASSETS _____

Monthly Installment Loans (Car, Student, Personal, etc.)* _____

Revolving Credit (Credit Cards) use 5% of Balances _____

EMPLOYMENT STATUS:

(include for all working household members. Attach separate sheet, as necessary.)

Employer: _____

Street Address: _____

City/State/Zip: _____

Date of Hire (Approximate): _____

Annual Wage - Base: _____

Additional: _____ (Bonus, Commission, Overtime, etc.)

ABOUT YOUR FAMILY: (OPTIONAL)

You are requested to fill out the following section in order to assist us in fulfilling affirmative action requirements. Please be advised that you should fill this out based upon family members that will be living in the unit.

Please check the appropriate categories:

Applicant, Co-Applicant, and (#) of Dependents:

White _____

African American _____

Hispanic /Latino _____

Asian or Pacific Islander _____

Native American or Alaskan Native _____

Cape Verdean _____

The total household size is _____ (This is very important to determine the maximum allowable income for your household.)

Household Composition Name _____ Relationship _____ Age _____

Co-applicant(s) Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

**FALMOUTH HOUSING TRUST
READY TO BUY APPLICATION**

Housing Trust Agreement and Signatures:

The undersigned warrants and represents that all statements herein are true and accurate.

By signing this application:

- I understand that this is an application to be placed on an affordable home ownership waiting list and is NOT an offer or guarantee of housing.
- I understand that it is my responsibility to notify the Falmouth Housing Trust (FHT) of any changes in my situation, income or address.
- I understand that FHT may release my name to housing related agencies and businesses interested in working with homebuyers such as real estate offices, banks, etc.
- I understand that I am self-certifying that my household income fits within the affordable or moderate guidelines, that my assets do not exceed \$75,000, and that this information will be verified if I am being considered for a unit.
- I understand the FHT will promote the sale of the affordable unit and allow and release my image and name to be used in promotion of the home-ownership program.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____