

# Sharon Housing Trust

P. O. Box 1168  
Sharon, CT 06069

## Affordable Housing Application

### PERSONAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Home Phone# \_\_\_\_\_

Work Phone #s \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_

Additional People residing in your household: \_\_\_\_\_

Name	Relationship to Applicant(s)	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(use reverse side of this page, if needed)

Are you first-time home owners? \_\_\_\_\_

Length of Residency in Sharon (dates):

Applicant: From \_\_\_\_\_ to \_\_\_\_\_ Total years \_\_\_\_\_

Co-Applicant: From \_\_\_\_\_ to \_\_\_\_\_ Total years \_\_\_\_\_

Are you currently a volunteer with the Sharon Fire Company and/or the Sharon Volunteer Ambulance Service (dates):

Applicant: From \_\_\_\_\_ to \_\_\_\_\_ Total years \_\_\_\_\_

Co-Applicant: From \_\_\_\_\_ to \_\_\_\_\_ Total years \_\_\_\_\_

Total length of employment in Sharon (dates):

Applicant: From \_\_\_\_\_ to \_\_\_\_\_ Total years \_\_\_\_\_

Co-Applicant: From \_\_\_\_\_ to \_\_\_\_\_ Total years \_\_\_\_\_

Does any member of your household have special needs or serious medical problems which are aggravated by your current housing? \_\_\_\_\_ If "Yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use reverse side of this page, if needed)

Has any member of your household ever had a home improvement loan that resulted in foreclosure, deed in lieu of foreclosure, or judgment? Yes \_\_\_ No \_\_\_

If "Yes," property address: \_\_\_\_\_

Name and address of lender: \_\_\_\_\_

\_\_\_\_\_



**DEBTS**

List loans and debts, including installment debts, school loans, car loans, credit and charge card balances, etc., indicating whose name(s) are on each debt. You may use this opportunity to explain any unpaid debts (please use reverse side of this page). Your credit history will be verified by a commercial credit bureau (see page 6).

Name(s) on Account	Owed to	Account#	Monthly Pymt	Unpaid Balance
a. _____				
b. _____				
c. _____				
d. _____				

(use reverse side of this page, if needed)

**RENTAL RECORD**

Current Landlord \_\_\_\_\_ Phone# \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ to \_\_\_\_\_ Amt. of Rent \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone# \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ to \_\_\_\_\_ Amt. of Rent \_\_\_\_\_

In the last four years, have you been evicted or asked by your landlord to move out of your rented home?

Yes \_\_\_ No \_\_\_ If "Yes," please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property Address \_\_\_\_\_

Landlord's Name, Address & Phone# \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Applicant:

Present Employer \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Telephone# \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Length of Employment \_\_\_\_\_

Wage/Salary \_\_\_\_\_

If applicant has been employed by the above for *LESS* than two (2) years, please complete the following:

Previous Employer's:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone# \_\_\_\_\_ Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Position \_\_\_\_\_

Co-Applicant:

Present Employer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_ Telephone# \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Wage/Salary \_\_\_\_\_

If Co-Applicant has been employed by the above for LESS than two (2) years, please complete the following:

Previous Employer's:

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone# \_\_\_\_\_ Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Position \_\_\_\_\_

**HOUSING INFORMATION**

Please indicate the size of the home you are interested in purchasing:

Two (2) bedrooms \_\_\_\_\_ Three (3) bedrooms \_\_\_\_\_

What amount could you have available for a down payment, closing costs, and/or security deposit?

Now: \$ \_\_\_\_\_ Six months from now: \$ \_\_\_\_\_

Source(s) of \$: \_\_\_\_\_

(use reverse side of this page, if needed)

Would any member of your household be interested in contributing "sweat equity" (skilled and unskilled labor) to lower the cost of your house? Yes \_\_\_ No \_\_\_

Do household members have construction or building skills? Yes \_\_\_ No \_\_\_. If "Yes," please explain \_

\_\_\_\_\_  
\_\_\_\_\_

**SHARON INFORMATION**

If you are, or have been, a volunteer in community service organizations in Sharon, please indicate the organization and your period of service (such as "current, since 2000," or "from 1998-2000").

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use reverse side of this page, if needed)

**REFERENCES:**

Please give 2 personal references who are NOT relatives.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

How did you hear about the Sharon Housing Trust homes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you need further information about The Trust? Yes\_\_\_\_ No\_\_\_\_

**APPLICANT/CO-APPLICANT CERTIFICATION**

I/we understand that all information provided herein is private and confidential for program use only.

The applicant(s) certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining affordable housing through The Sharon Housing Trust and is true and complete to the best of my/our knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

**CONSENT**

I authorize and direct any Federal, State, of local agency, organization, business, or individual to release to and verify by application for participation, and/or maintain my continued participation in the Sharon Housing Trust, Inc. home ownership program. I understand and agree that this authorization or the information obtained with its use may be given to and used only by the Sharon Housing Trust in administering and enforcing program rules and policies, and will not be released to any other agencies or persons without permission of the applicant(s).

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to the following:

- Identity and Marital Status
- Employment, Income, and Assets
- Medical or Child Care Allowances
- Residences and Rental Activity
- Credit and Criminal Activity

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to the following:

- Previous Landlords
- Past & Present Employers
- Courts & Post Offices
- Welfare Agencies
- Law Enforcement Agencies
- Social Security Administration
- Medical & Child Care Providers
- Support & Alimony Providers
- Retirement Systems
- Veterans Administration
- Utility Companies
- Banks & Other Financial Institutions
- Schools & Colleges
- State Unemployment Agencies
- Credit Providers & Credit Bureaus
- Social & Human Services Providers

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the Trust office, and will stay in effect for thirteen months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

\_\_\_\_\_ (Applicant's Signature)                      \_\_\_\_\_ (Print Name)                      \_\_\_\_\_ (Date)

Current Address \_\_\_\_\_

\_\_\_\_\_ (Co-Applicant's Signature)                      \_\_\_\_\_ (Print Name)                      \_\_\_\_\_ (Date)

Current Address \_\_\_\_\_