

CHILMARK HOMESITE HOUSING PROGRAM

CO- APPLICANT APPLICATION

Please PRINT all information clearly
(Use additional sheets if needed to include relevant information)

All information and forms will be kept strictly confidential to the extent permitted by law.

Name of Applicant: _____

Co-Applicant Information

A Co-Applicant must complete the information below and submit all required documentation.

Co-Applicant Name: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Work: _____ Cell: _____

Relationship to Applicant _____

US citizenship or legal residency identification: _____

Please include a separate copy of a document proving US Citizenship or legal residency with this Application. (Copies of passport, birth certificate, permanent resident card (green card), Certificate of Citizenship, Certificate of Naturalization, other.)

Note: Copies of rent receipts, canceled rent checks, leases, notarized Certification Form (attached) from landlords, employers, or volunteer organizations are required for verification for #1-6.

Please indicate N/A when a question or category is not applicable.

1. How many years have you lived on Martha's Vineyard? _____ In which town(s) have you lived?

Please specify towns/dates (month/year). _____

2. How many years have you worked on Martha's Vineyard? _____ Please specify dates (month/year)

and the positions held: _____

3. How many years have you volunteered on Martha's Vineyard? _____ Please specify dates (month/year) and the positions held. _____

4. How many years have you lived in Chilmark? _____ Please specify dates (month/year). _____

5. How many years have you worked in Chilmark? _____ Please specify dates (month/year) and the positions held. _____

6. How many years have you volunteered in Chilmark? _____ Please specify dates (month/year) and the positions held. _____

7. Are you a member of a trust or real estate trust (nominee trust)? _____

If yes, please explain the nature and amount of your benefit: _____

Applicant Name: _____
Part II. Co-Applicant Income and Asset Information (Reminder to CHC: Check with DCRHA on Part II updates)

Please indicate N/A when a question or category is not applicable.

Co-Applicant Name: _____

Address: _____

Mailing Address: _____

Home Phone: _____ Work: _____ Cell: _____

Co-Applicant Income Information

A Co-Applicant (regardless of whether or not he/she will be on the mortgage and/or deed) must complete the following which includes job earnings; benefit payments, support payments, and income from assets. If you are self-employed, please list your net income (after deducting business expenses).

List below all income received from self-employment, wages/ salaries, overtime pay, commissions, fees/ tips, and bonus before taxes for the last 12-months. Applications must include the previous two years of federal income tax returns, including all corresponding W2's and attached schedules. If you are self-employed (full or part-time), submit a year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules.

Failure to report any household income will result in the disqualification of this Application.

Type of Income	Name & Address of Employer or Source of Income	Gross Income for last 12 Months
Salaries, wages, including overtime/tips		
Net income from business or profession (Schedule C)		
Trust income Interest and Dividends		
Pensions and annuities		
Regular unemployment or disability compensation		
Regular Social Security benefits and/or SSI or V.A. Disability		
AFDC or Public Assistance		
Regular Alimony, Child Support Payments, Gifts		
Other Income: _____		
TOTAL GROSS INCOME:		

Co-Applicant Asset Information

List below all assets including, but not limited to: all bank accounts, stocks and bonds, trust agreements, real estate, 401k, Keogh, etc. **Do not** include clothing, furniture or cars.

Type of Asset	Cash Value
Bank Name & Checking Account #:	
Bank Name & Savings Account #:	
Stocks, Bonds, Mutual Funds:	
401k, IRA, Keogh:	
Real Estate: (owned or sold within past 3 years)	
Monetary Gift:	
Other (description):	

TOTAL NET CASH VALUE* _____

***For any retirement fund that has an early withdrawal penalty, include the post-penalty value.**

Certification and Acknowledgements
Co-Applicant

I certify the following:

- All the information contained and submitted in support of this Application is true and complete to the best of my knowledge and belief. I am aware that any misrepresentation may result in disqualification of my Application.
- I understand it is my responsibility to submit a complete Co-Application Packet that contains all required documentation and that the CHC and other members of the Chilmark Town Hall staff are there to assist only.
- Consent to Release Information: I authorize the Chilmark Housing Committee or designee to supply and receive information to/from any relevant source including, but not limited to, my employer(s), my financial institution(s), other housing assistance programs, and/or my mortgage lender to verify the information contained in this Application and to confirm my eligibility for the Chilmark Homesite Housing Program.

Co-Applicant
Signature _____ Print Name _____ Date _____

Signature of Co-Applicant

I have received the Application documents, understand the materials presented and hereby swear, on pain of perjury, that the contents of this Application are truthful:

Signature: _____ Date: _____

**Chilmark Homesite Housing
Residency, Employment, Volunteer Certification Form**

Please PRINT all information clearly
Additional documentation may be attached

Name of Co-Applicant _____

Certifying Party's Name _____

Mailing Address _____

City, State, Zip _____

Telephone _____ E-Mail _____

I, _____ attest to the fact that
(Name of Certifying Party)

(Name of Co-Applicant)

Lived at _____
(Physical Address)

Worked at _____
(Name & Address of Business)

Volunteered for _____
(Name of Town Committee or Organization)

For the following period(s) of time:

Note: if the Applicant/Co-Applicant has not lived, worked or volunteered for a consecutive period of time (e.g., part-time or sporadic) please be very specific with the dates.

Beginning and ending dates: _____
(Month/Year)

Signature _____ Date _____

Note: The Certifying Party must submit a notarized copy of this Certification Form.

Required Documentation Checklist
Co-Applicant

The Co-Applicant's Application must be submitted with the Applicant's Application.

Each of the following documents for **the Co-Applicant** must be submitted for this Application to be complete.

Part I.

- Completed Co-Application, signed and dated;**
- Proof of US citizenship or legal residency;**
- Proof of residency/employment/volunteering in Martha's Vineyard (if applicable);**
- Proof of residency/employment/volunteering on Chilmark (if applicable);**
- Signed Criminal Offender Record Information (CORI) Acknowledgement Form;**

Part II.

- Complete copies of your **2 most recent Federal income tax returns. You must include all corresponding W2's and attached schedules;**
- Copies of your **5 most recent pay stubs;**
- Copies of your **3 most recent bank statements and any investment account statements;**
- If you are **self-employed (full or part-time)**, submit a **year-to-date profit/ loss statement AND the previous two years of federal income tax returns including all attached schedules;**
- If you are divorced or legally separated and/or receiving alimony or child support please attach a copy of the decree/agreement and any statement of payment accounts such as provided by the Department of Revenue;
- If you are receiving any other form of down payment assistance (a personal gift and/ or aid from another program), submit a letter from the 3rd party offering the assistance describing the amount and type of assistance, the terms on any repayment or that repayment is not expected;**
- If pension plan has not vested, **submit evidence of vesting schedule;**
- Any adult member of the Applicant's household not working must submit a signed **Affidavit of No Income;**
- Completed and signed Verification Forms (attached). Submit these forms with your Application; do not send to verifying party.
 - Request for Transcript of Tax Returns (4506-T)
 - Bank Account Verification
 - Verification of Income from Wages
 - Verification of Child Support (if applicable)
 - Verification of Unemployment Wages (if applicable)