

HILLBURN HOUSING DEVELOPMENT FUND CO. INC.

P.O. Box 1206
31 MOUNTAIN AVENUE
HILLBURN, NEW YORK 10931
845-356-8700

Thank you for your interest in the Hillburn Housing Development Fund Co. Inc. In order for the HHDFCI to best serve you, please find below is a list of items that are required by the HHDFCI. Applicable documents for all persons over the age of 21 living in the residence must be supplied. Kindly submit copies all of the documents with the application so that we may begin processing your application. If you have any questions about items on the list please feel free to call us so we can assist you. It is important to supply all items on the list. Missing items will delay the processing of your application. All information will be kept confidential.

- Federal Income Tax Returns-Form 1040 – Last two years
- Current Pay stubs of all household members for the last month, or other source of proof of income, such as Social Security, Disability, or Pension
- Deed (copy) If you cannot find the original, a copy is available at the County Clerk’s Office in New City
- Current Mortgage Statement
- Current Real Estate Tax Receipts
- Current Home Owner’s Hazard Insurance
- Savings Account Statement(s) (last 2 months)
- Checking Account Statement(s) (last 2 months)

Thank you for being prompt in submitting your documents.

We look forward to serving you.

APPLICANT NAME

PROPERTY ADDRESS

Date Submitted

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HOME REHABILITATION PROGRAM APPLICATION

Application must be filled out completely. You must provide the name, birth date, social security number and employment information for all persons over 21 years of age living in the residence. Income tax returns for the last two (2) years must be provided as well as the current total household income for all residents living at the address. **All information will be kept confidential.**

Applicant's Name:	
Address of Property:	
Home Phone:	Daytime Phone:
Social Security #	Date of Birth:
Employer Name and Address:	
Spouse Name:	
Social Security #	Date of Birth:
Employer Name and Address:	
Name and Address of Mortgagee:	

	YES	NO
Is applicant an owner-occupant of this property?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have the deed to your property?	<input type="checkbox"/>	<input type="checkbox"/>
Whose name(s) is/are listed on the deed?		
How long have you lived in the residence?		
Do you live in a one family house?	<input type="checkbox"/>	<input type="checkbox"/>
If no, how many units are there?		
Are there any outstanding judgments (other than mortgages) affecting this property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain.		
Are any property tax payments in arrears?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own any other property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain.		
What is the nature of the requested repairs?		
Have any repairs been made in the house within the last two years?	<input type="checkbox"/>	<input type="checkbox"/>
Type of repair and date:		
Have you applied for any other program?	<input type="checkbox"/>	<input type="checkbox"/>
Please Indicate:		

All information will be kept confidential

HILLBURN HOUSING DEVELOPMENT FUND CO. INC.

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

Name:	Date of Birth:
Social Security #	F/T Student <input type="checkbox"/> P/T Student <input type="checkbox"/>
Employer Name and Address:	
Signature:	

All information will be kept confidential

HILLBURN HOUSING DEVELOPMENT FUND CO. INC.

Income Information

Total Household Employment Income (include all persons over 21 years of age living at residence)	\$
Total Monthly Social Security Income (include all persons over 21 years of age living at residence)	\$
Total Monthly Pension Income (include all persons over 21 years of age living at residence)	\$
Total Disability Insurance (include all persons over 21 years of age living at residence)	\$
Income from Rental Properties (include all persons over 21 years of age living at residence)	\$
Other Income (include all persons over 21 years of age living at residence)	\$
Total Income	\$

Asset Information

Savings Accounts (include all persons over 21 years of age living at residence)	\$
Checking Accounts Balance (include all persons over 21 years of age living at residence)	\$
Value of Stocks and Bonds Owned (include all persons over 21 years of age living at residence)	\$
Value of other Property Owned (include all persons over 21 years of age living at residence)	\$
Total Assets	\$

Mortgage Payment	\$
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I, (We) certify that I (We) have answered all the information contained in this application truly and correctly to the best of my/our knowledge. I, (We) authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my/our employment, income, credit and residence for the purpose of evaluating this request. I, (We) understand that any misrepresentation may be cause for rejection of this request. In addition, I (we) agree to indemnify and hold the Hillburn Housing Development Fund Co., Inc. harmless against any and all claims, liabilities and expenses in connection with this program.

Homeowner Signature: _____ Date: _____

Homeowner Signature: _____ Date: _____

All information will be kept confidential

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Date:

Social Security Administration
240 West Nyack Road
West Nyack, New York 10994

To Whom It May Concern:

I hereby authorize the Hillburn Housing Development Fund Corp., Inc. the right to verification of the following information:

Social Security Number: _____

Claimant's Name: _____

Date of Birth: _____

Recipients: _____

All information will be held in confidence. Your prompt reply will be greatly appreciated.

Sincerely,

TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION:

Gross Amount of Social Security: _____

Medicare Deduction: _____

Amount received: _____

Amount of SSI: _____

Signature of Verifying Officer/SSA: _____

Date: _____

HILLBURN HOUSING DEVELOPMENT FUND CO. INC.

VERIFICATION OF EMERGENCY

Applicant's Name:
Address:
Age:
Phone #:
Spouse's Name:
Contact Person:
Address:
Phone #:

Inspector: _____
Date: _____
Signature: _____

Nature of Emergency

- Roof Damage
- Defective Water, Sewer, Heating or Electrical System
- Structural Damage and/or Broken Windows, Entranceways, Etc.
- Other: _____

Contractors Contacted

Name	Date	Contact	Response

Comments
