



UHAB 120 WALL ST. 20TH FLOOR. NEW YORK, NY 10005 (212) 479-3390

LETTER OF INTEREST

To Whom It May Concern:

I would like to be considered to purchase a UHAB co-op apartment. I understand that by entering the lottery for a specific building, I will not necessarily receive an offer for that apartment. I also understand that to be considered for the lottery I must also submit a completed UHAB application and all the required back-up materials.

Please list the Apartment Addresses you are interested in:

First Choice: _____

Second Choice: _____

Third Choice: _____

I have already submitted a complete application and would like to apply it to the above opportunities marked above.

Name:

Current Address:

Telephone #:

E-mail:

Signature

Date

Cooperative Application

Please mark 1st and 2nd choices of borough: Brooklyn ____ Bronx ____ Manhattan ____

Applicant Information (NOTE: only applicants listed shall be considered prospective purchasers)

First Name:		Middle Name:		Last Name:		Email:	
Date of birth:				SSN:		Phone:	
Current address:							
City:				State:		ZIP Code:	
Own Rent (Please circle)				Monthly payment or rent:		How long?	
Current Landlord:				Address:		Phone #:	
Previous address:							
City:				State:		ZIP Code:	
Owned Rented (Please circle)				Monthly payment or rent:		How long?	

Co-applicant Information (see Note above for "Applicant")

Name:							
Date of Birth:				SSN:		Phone:	
Current address:							
City:				State:		Zip Code:	
Own Rent (Please circle)				Monthly payment or rent:		How long:	
Previous address:							
City:				State:		Zip code:	
Owned Rented (Please circle)				Monthly payment or rent:		How long?	

Household Composition (List all persons who will live in apartment)

Full Name	Relationship to Applicant	Date of Birth and SOCIAL SECURITY #	Sex (M/F)	Contribute to household income? (y/n)
1.	SELF			
2.				
3.				
4.				
5.				
6.				

Applicant Employment Information

Current employer							
Employer address:						How long?	
Phone:				E-mail:		Fax:	
City:				State:		Zip Code:	

Position:	Hourly Salary (please circle)	Annual Income:
Do you have any other income? Yes No	Source:	Amount:

Co-applicant Employment Information		
Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Assets (you must also submit appropriate supporting documentation, which are listed on REQUIRED DOCUMENTS page)			
Type	Applicant (y/n)	Co-Applicant (y/n)	** Others in household (y/n)
Checking Account			
Savings Account			
Stocks, Bonds			
Retirement/Pension Funds, IRA			
Other			

Property Information	
If you own any real estate, answer below:	
1. Monthly Mortgage \$ _____	Unpaid Balance \$ _____ Monthly income of Property _____
2. Monthly Mortgage \$ _____	Unpaid Balance \$ _____ Monthly income of Property _____

I hereby authorize Urban Homesteading Assistance Board, its successors and/or assigns to conduct an inquiry concerning my credit history, housing report, criminal report or whatever it deems necessary to process my application. I agree to hold UHAB harmless for any claims that may arise as a result of this investigation. Willful false, misleading, or incomplete information in this application will be grounds for rejection of this application.

I also authorize UHAB to release any portion of my application and/or documents to a Shareholder Interview Committee if requested in the course of my application to purchase into an HDFC.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Applications will remain active for one year. When an apartment becomes available, you will be asked to provide additional information to complete this application. To keep your application active after one year, contact Teri Hagan at (212) 479-3329 by the one year anniversary date of your application submission.

Mail applications to:

**UHAB
Peck Slip Station
PO Box 1058
New York, NY 10272-1058
Attn: Marketing Services**

UHAB Homeownership

Abbreviated Application Documents

Note: You will have to have attended an “Intro to Limited Equity Co-op” class before we send you to any Shareholder Interview Committee. To attend a workshop, register for the next class listed on our website www.uhab.org or call (212) 479-3333.

DOCUMENTS REQUIRED on application

1. A complete application form
2. Three most recent consecutive pay stubs for all working household members
3. A letter from current employer verifying employment and length of service for all working household members
4. Documentation of all other sources of income such as SSI, SSA, Veterans, Pension, Unemployment Benefits, etc, *if applicable*
5. Copy of Social Security card for all buyers and photo ID for all family members. Acceptable photo ID include any government-issued document such as IDNYC, driver license, passport, EBT card. For minors without a photo ID please submit a birth certificate or current year school letter.
6. Disclosure of any relationships to any member of the Resident Association, UHAB or other agencies facilitating the cooperative conversion.

ADDITIONAL DOCUMENTS required later on UHAB request:

7. a non-refundable \$50.00 money order or certified bank check PER ADULT PURCHASER made payable to Urban Homesteading Assistance board for credit and criminal background check
8. A complete letter of interest declaring to which building or HDFC you are applying for
9. Proof you pay rent such as 3 rent receipts or a bank statement you annotate or a letter from your landlord
10. One copy of a current lease
11. Two most recent years’ tax filings (Form 1040, etc. with attachments) and W-2s
12. Three most recent months’ bank statements for every bank account
13. Proof down payment funds are available in an account the buyer(s) control

OPTIONAL

14. Proof you are ready to purchase by ability to secure a bank commitment as soon as needed