UHAB | URBAN HOMESTEADING ASSISTANCE BOARD

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 house-hold 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:

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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