

Text

SUFFOLK COUNTY DOWN PAYMENT ASSISTANCE PROGRAM APPLICATION

11. CURRENT EMPLOYMENT: List all current employers for each wage earner over 18 years of age listed in section # 10. Include a separate sheet for any other employers. Do not list any past employers.

Your Name:	Employed by:	Gross Annual Income:
		\$
	Location Address:	
	Job Title:	Full Time employee?
	Date Hired:	YES / NO

Your Name:	Employed by:	Gross Annual Income:
		\$
	Location Address:	
	Job Title:	Full Time employee?
	Date Hired:	YES / NO

Your Name:	Employed by:	Gross Annual Income:
		\$
	Location Address:	
	Job Title:	Full Time employee?
	Date Hired:	YES / NO

Your Name:	Employed by:	Gross Annual Income:
		\$
	Location Address:	
	Job Title:	Full Time employee?
	Date Hired:	YES / NO

12. ANY OTHER SOURCES OF INCOME: List all sources of income other than wages (i.e., social security, disability, unemployment, retirement income, workers comp, investment income, bonuses, etc.) and state the frequency it is paid (i.e., weekly, monthly, annually, etc.) and provide proof (award letter, annual statement, etc.).

Recipients Name	Income Source	Amount	Frequency
		\$	
		\$	
		\$	
		\$	

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13. BANKING INFORMATION: Please provide current information for each bank account held by any adult household members and send copies of the last three months bank/financial statements for each account listed below. Also include any retirement accounts, such as 401-K accounts, IRA's, stocks, bonds, money market accounts, certificates of deposits (CD accounts), etc. Applicants must have at least \$3,000 of their own funds at the time of application.

Please include separate sheet for any other financial information

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

Name(s) on the Account: _____

Bank Name:			
Account Number:			
Current Balance (as of today's date):			
Check Account Type:	Savings		
	Checking		
	Other		

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Please read this entire page and then sign below.

I hereby authorize the release of financial information by and to the Suffolk County Community Development Office on my behalf in relation to this application for the Suffolk County HOME Consortium Down Payment Assistance Program. This authorization includes the release of any financial information and documentation to the Suffolk County Community Development Office from any lender to which I have applied for a mortgage or from any employer.

I understand that providing false or incomplete information will disqualify me from consideration in the Suffolk County HOME Consortium Down Payment Assistance Program and/or represent a criminal offense. If any of the information provided in this application changes prior to closing, it is my responsibility to notify the Suffolk County Community Development Office in writing so that an updated determination can be made regarding my eligibility status. If I have not closed on a house within six (6) months of the date qualified, I understand that I will be required to resubmit current financial information and documentation to determine that I still meet the eligibility requirements of the program. Program eligibility must be maintained from the point of application to the awarding of the grant assistance at the closing.

I understand that this is not an offer and that the terms and conditions of the Suffolk County HOME Consortium Down Payment Assistance Program may be changed at any time by the U.S. Department of Housing and Urban Development (HUD) or by the Suffolk County Community Development Office. I further understand that notices by the Suffolk County Community Development Office may be made in such manner as the Suffolk County Community Development Office may determine, including solely by advertisements.

I understand and acknowledge that Suffolk County is not responsible to any party for the loss of a down payment or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the Suffolk County HOME Consortium Down Payment Assistance Program, as so stated.

I understand and acknowledge that I have read the entire Suffolk County Down Payment Assistance Program for First-Time Homebuyers 2023 Program Guidelines.

Applicant Signature

Date

Applicant Signature

Date

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency as to any manner within its jurisdiction.



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Required Documentation Checklist

❖ **Use this checklist to be sure your application package is complete.**

❖ **Your application will not be considered complete unless all the following applicable documentation is included.**

❖ **Incomplete applications *will not be reviewed* for eligibility.**

❖ **The deadline for submitting applications is March 1, 2024.**

- Signed and dated** 2023 Suffolk County HOME Down Payment Assistance Application.
- Signed and dated** Mortgage Counseling Certificate from a HUD-certified mortgage counseling agency.
- Two months of current consecutive pay stubs** showing year-to-date gross earnings for all household members over 18 years of age. If year-to-date earnings are not included on pay stubs, a letter signed by your employer on company letterhead is required. Letter must state your title/position, annual salary and/or rate of pay, with number of weekly hours worked. Suffolk County Community Development Office may require additional pay stubs to verify income.
- Four (4) current consecutive bank/financial statements** with all pages for each applicable bank account. Please note that applicant(s) must have a minimum of \$3,000 of their own funds at the time of application in order to be eligible for the 2023 Suffolk County HOME Down Payment Assistance Program.
- Copies of your signed IRS 1040-Federal Tax Returns** with all required schedules and W-2 statements for the last three years (2020, 2021 & 2022). If you file electronically, please sign all schedules before sending them.
- Current school transcripts** for household members over the age of 18 receiving some type of income (if applicable).
- Copies of documentation** for Social Security Benefits, Disability Income, Pension Income, Unemployment, etc. (if applicable).
- Separation Agreement** or Divorce Decree (if applicable).
- For U.S. military veterans only:** to exempt from first-time homebuyer status, a DD-214 discharge form verifying honorable discharge.

The application may be submitted to <https://ecodev.suffolkcountyny.gov/sdp/> or
dropped off at: Community Development Office
100 Veteran's Memorial Highway
H. Lee Dennison Building - 2nd Floor
Hauppauge, NY 11788



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