

**Village of Arlington Heights
Affordable Housing Program
Timber Court Condominium Application**

PART 1: HOUSEHOLD INFORMATION

Section A – Please complete the following section for all household members who will occupy the property and who are age 18 or older. Beginning with the Primary Applicant, followed by all other household members who are 18 and older. *For Household Members who are younger than 18 years old, complete the information requested in Section B, on the next page.*

Primary Applicant – Name: _____

Current Address (street, city, State, Zip): _____

_____ E-Mail Address: _____

Number of years living in your current city _____

Phone – (H) _____ (W) _____ (Cell) _____ (Fax) _____

Gender: _____ Age: _____ Are you a full time student? ___Y ___N Are you currently employed? ___Y ___N

Do you receive any other income? ___Y ___N In what city do you hold your primary job? _____

How long have you consecutively worked in this city? _____

Household Member #2 – Name: _____

Current Address and Phone (if different from above): _____

Number of years living in your current city? _____

Gender: _____ Age: _____ Are you a full time student? ___Y ___N Are you currently employed? ___Y ___N

Do you receive any other income? ___Y ___N In what city do you hold your primary job? _____

How long have you consecutively worked in this city? _____

Household Member #3 – Name: _____

Current Address and Phone (if different from above): _____

Number of years living in your current city? _____

Gender: _____ Age: _____ Are you a full time student? ___Y ___N Are you currently employed? ___Y ___N

Do you receive any other income? ___Y ___N In what city do you hold your primary job? _____

How long have you consecutively worked in this city? _____

Section B – Please complete the following section for all household members who will occupy the property who are younger 18.

For Household Members 18 years old and older please complete the information requested on the previous page.

Name	Gender	Age	Number of months during the year child lives with you?

Section C – Preference Categories – Preference in the initial sale of the affordable units is being given to members of certain preference categories. Please check all of the preference categories that apply to you. Verification is required.

- Current Village of Arlington Heights Resident.
- Current Village of Arlington Heights Employee – An applicant whose primary job site is located in the Village of Arlington Heights.
- Parent or Child of a Current Village of Arlington Heights Resident.
- None of the above categories apply.

Additional information/explanation, if any: _____

Section D – Other Information

• Do you or any household members currently own a home? ___Yes___No

If so, list address and state: _____ What is the market value of the home? _____

Please tell us about your mortgage:

Lender/Company _____ Unpaid Balance: _____

Do you have a second loan on this property? _____ If so, what is the unpaid balance? _____

• Do you or any household members own other real estate? ___Yes___No

If so, please describe: _____

• Have you been separated or divorced within the last 3 years? ___Yes___No

- If you have a lender or real estate agent to work with, please complete the following:

Lender:

Loan Officer Name	Company Name	Phone	Fax	E-mail address
-------------------	--------------	-------	-----	----------------

Agent:

Agent Name	Company Name	Phone	Fax	E-mail address
------------	--------------	-------	-----	----------------

- Do you have any debt? ___Yes ___NO If yes, please complete the section below.

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

Creditor's Name _____ Unpaid Balance _____ Monthly Payment _____

PART 2: INCOME AND ASSET INFORMATION

Please complete a separate Income and Asset Section for EACH individual in the household who receives income or holds assets. Make copies of this part of the application if necessary. You do not need to provide employment income information for household members younger than 18. You do need to include assets held by children, or benefit income received by children.

On the following list, check YES if you receive the particular income, and check NO if you do not receive the income. You will need to provide verification for each item checked YES. (Refer to the *Required Documentation Checklist*.)

The following information is for: Name _____

A. Income Information

Gross income is the combined household income which includes, but is not limited to, jobs earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, workman's compensation payments, child support, alimony/maintenance payments, income form pensions or retirement plans, stocks, etc. Failure to report household income is considered fraud and can have serious consequences.

Employment Income (Do not include employment income of children younger than 18)

Self-Employment	Receive?		Type of Income	Anticipated Net Income for the Next 12 Months	Clarification (as necessary)
Name of Business	Yes	No	Self Employment	\$	
Employer #1	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
<i>Name & Address of Employer:</i>	Yes	No	Wages/Salaries	\$	
			Overtime Pay	\$	
			Commissions	\$	
<i>Avg #hours work/week:</i>			Fees/Tips	\$	
			Bonuses	\$	
Employer #2	Receive?		Type of Income	Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
<i>Name & Address of Employer:</i>	Yes	No	Wages/Salaries	\$	
			Overtime Pay	\$	
			Commissions	\$	
<i>Avg #hours work/week:</i>			Fees/Tips	\$	
			Bonuses	\$	
PLEASE ADD ALL EMPLOYMENT INCOME AND RECORD THE TOTAL HERE: \$ _____					

Benefit Payments

Type of Income	Receive?		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
	Yes	No		
Social Security			\$	
Supplemental Security Income (SSI)			\$	
Supplemental Security Disability Income (SSDI)			\$	
Worker's Comp			\$	
Disability pay /benefits			\$	
Unemployment Insurance			\$	
Severance Pay			\$	
Annuities			\$	
Insurance Policy Payments			\$	
Pension			\$	
Retirement Benefits			\$	
Death Benefits			\$	
Armed Forces Pay			\$	
PLEASE ADD ALL BENEFIT INCOME AND RECORD THE TOTAL HERE \$ _____				

Alimony And Child Support

Provide a copy of the court order for each type of support and indicate whether you are actually receiving it/them.

Type of Support	Receive?		Anticipated Gross Annual Income for the next 12 Months	Clarification (as necessary)
	Yes	No		
Alimony / Maintenance			\$	
Child Support			\$	
PLEASE ADD ALL SUPPORT INCOME AND RECORD THE TOTAL HERE \$ _____				

Other Sources of Income

Type of Other Income	Receive?		Anticipated Gross Annual Income for the next 12 Months	Clarification (as necessary)
	Yes	No		
Money or Gifts regularly given by persons not living in the home			\$	
Lottery winnings paid in periodic payments			\$	
Other income (please specify)			\$	
PLEASE ADD ALL "OTHER" INCOME AND RECORD THE TOTAL HERE \$ _____				

B. Asset Information

Name _____

An asset is cash or non cash item that can be converted to cash.

Report the following assets: Cash held in savings accounts, checking accounts, safe deposit boxes, homes, etc. Equity in rental property or other capital investments. Cash value of stocks, bonds, Treasury bills, certificates of deposit and money market accounts. Individual retirement and Keogh accounts (even though withdrawal would result in a penalty). Retirement and pension funds. Cash value of life insurance policies available to the individual before death. Personal property held as an investment such as jewelry, coin collections, etc. Lump sum or one-time receipts, such as inheritances, capital gains, lottery winnings, victim’s restitution, insurance settlements and other amounts not intended as periodic payments. Mortgages or deeds of trust. Do not report necessary personal property such as clothing, furniture, cars, and other vehicles specially equipped for persons with disabilities.

Bank Accounts

Have?		Name of Institution	Type of Account	Current Balance
Yes	No			
			Checking	\$
			Checking	\$
			Checking	\$
			Savings	\$
			Savings	\$
			Money Market	\$
			Money Market	\$
			Other (please specify)	\$
PLEASE ADD ALL BANK ACCOUNT BALANCES AND RECORD THE TOTAL HERE \$ _____				

Other Assets

Have?		Name of Institution	Type of Investment	Current Value of Assets	Approximate Annual Income from this Asset
Yes	No				
			Individual Stocks	\$	
			Bonds	\$	
			Mutual Funds	\$	
			Trust Funds	\$	
			Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	\$	
			Cash value of life insurance policy	\$	
			Gift of money for down payment- Provide a copy of the gift letter (Gift plus down payment from all other sources may not exceed 20% of the purchase price)	\$	
			Estimated proceeds form Sale of Home	\$	
			Value of Other Property (please specify)	\$	
			Other Assets (please specify)	\$	
PLEASE ADD VALUE OF ALL OTHER ASSETS AND RECORD THE TOTAL HERE \$ _____					

PART 3: CERTIFICATIONS

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief.
- I/We are aware that any misrepresentation will result in forfeiture of my/our right to participate in any Village of Arlington Heights housing program and may result in legal action against me/us.
- Consent to Release Information:
I/We authorize representatives from the Village of Arlington Heights to supply and receive information to/from all my/our employer(s), my/our financial institution(s), other housing/down payment assistance programs, my/our Realtor, the developer of the project Tandem Realty Corp., and/or National City Mortgage which has agreed to provide mortgage loans with respect to this project, and/or other mortgage lenders I/We may identify in order to verify information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from any of the Village of Arlington Heights to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.

I/we understand that the income I/we use to qualify for a mortgage loan amount must be the same as the income I/we claim in this application.

I/We release all representatives from any of the Village of Arlington Heights from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for the Affordable Housing Program.

- If I/We purchase a home under the Affordable Housing Program, I/We will occupy the home and agree to use the home as my/our primary and principal residence.
- I/We understand that completion of this application does not guarantee my/our eligibility for the programs and/or that I/We will successfully purchase a home through the Affordable Housing Program.

Signature	Date	Signature	Date
-----------	------	-----------	------

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the Village of Arlington Heights' policies, there will be no discrimination against an applicant for these benefits on the basis of race, color, religion, national origin, familial status, disability, sexual orientation, or any other unlawful discrimination listed in Article 3 of the Illinois Human Rights Act, 775 ILCS 5/3-101 et seq. as now or hereafter amended. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that opportunity to the use and enjoyment of the benefits of this program. For more information, please contact Nora Boyer, 847-368-5214, TTY 847-368-5794.

Confidentiality: In order to process an application, the Village of Arlington Heights may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of the program funders, if applicable. With these two exceptions, all personal and identifying information on an application remains fully confidential.

PART 4: REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT – Please fill out Section A then give this form to your employer to complete Sections B & C.		
Applicant's Name:	Employer's Name:	
Address:	Address:	
City, State, Zip Code	City, State, Zip Code	
Phone:	Phone:	Fax:
SECTION B: EMPLOYER – Please provide the following information for the above listed employee		
Present Position:	Dates of Employment:	
Probability of Continued Employment:		
Current Gross Pay (Enter amount per Pay Period): \$		
Please circle frequency: Monthly Weekly Hourly Twice per Month Other:		
If paid hourly, average regular work week:		
Overtime rate per hour: \$	Average number of overtime hours per week:	
Commissions earned per week (est.): \$		
Tips earned per week on average: \$	Annual Bonuses: \$	
Date and amount of applicant's last pay increase:	Date	Amount
Date and projected amount of applicant's last pay increase:	Date	Amount
Additional Information (Please explain seasonal work cycles and other pertinent information).		
Employee's Total Gross Annual Income: \$		
SECTION C: EMPLOYER – Authorized Signature		
Signature	Title	Date
Printed Name	Phone	

REQUIRED DOCUMENTATION CHECKLIST

-- Please keep this page for your records --

All of the following documents (if applicable) must be submitted or the processing of your application may be delayed.

Submit to:

Department of Planning & Community Development, 33 S. Arlington Heights Rd., Arlington Heights, IL 60005

- Completed application signed and dated.
- A completed employer verification form OR a letter from your employer(s), on letterhead, indicating your annual gross wage, start of employment, pay schedule, expected wage increases and any overtime, bonuses, tips or commissions.
- Signed Acknowledgement of Receipt of "Information and Frequently Asked Questions," which is the last page of that document.
- Copies of three month's worth of your most recent pay stubs.
- Verification of all other sources of income (Social Security, Social Security Disability, pension, etc.)
- Complete copies of two years of your most recent Federal Income tax returns, all corresponding W2's and all attached schedules.
- If you are self employed (full or part time), submit a year-to-date profit/loss statement and three years of federal income tax returns. Please also submit your estimate of the income you will receive for the next 12 months and an explanation as to how you came to that number.
- A copy of your most recent checking and savings account statement(s), including the interest rate.
- A copy of the most recent statement(s) from all other assets (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment.
- 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.
- If you have been separated or divorced within the past three years, submit a copy of the divorce decree and verification of the division of marital assets, court ordered custody arrangements and child and/or alimony payments (this information is often documented in your separation agreement).
- If you currently own a home, submit the most recent appraisal available of that home or most recent Assessor's statement and your most recent mortgage statement(s) indicating the current mortgage loan balance(s). (It may be necessary to obtain a more recent appraisal, at your expense, to complete your eligibility determination.)
- If you have joint ownership in a property within the last 3 years and are no longer on the Title, submit a Quit Claim Deed showing the termination of your interest in the property.
- If you currently own other real property submit the most recent appraisal available or Assessor's statement and a recent mortgage statement(s) indicating the current mortgage loan balance(s). (It may be necessary to obtain a more recent appraisal, at your expense, to complete your eligibility determination.)