

LETTER OF INTEREST / PREFERENCES Sheet

To Whom It May Concern:

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

The Apartment Addresses I am interested in by preference order:

First Choice: _____

Second Choice: _____

Third Choice: _____

OR

Fourth Choice: I will take the **first available unit in any building listed above** YES NO

PRINT Name: _____

Current Address: _____

Telephone #: _____

E-mail: _____

Signature

Date

This sheet is required for a completed UHAB application.

Cooperative Application

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?
------------------------------------	--------------------------	-----------

Size of Apartment Requested

studio_____ 1 bedroom_____ 2 bedroom_____ 3 bedroom_____ 4 bedroom_____

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			
Real Estate			
Retirement/Pension Funds, IRA			
Business Income			
Other			

Property Information

If you own your own residence, what is your monthly mortgage payment? \$_____/month Unpaid Balance \$_____

Do you own land? ____No ____Yes (if yes, please describe, including location)_____

Is there a mortgage on the land? ____No ____Yes If yes: Monthly Payment \$ _____ Unpaid Balance \$ _____

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 for residency. 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.

Signature of applicant:

Date:

Signature of co-applicant:

Date:

Complete applications will remain active for one year. In order to be considered for future opportunities within that timeframe, applicants will be asked to update information and reconfirm interest as needed. After the date listed above, applications will be discarded. To remain on the list, the applicant must submit a new and complete application.

Mail applications to:

UHAB

Peck Slip Station

PO Box 1058

New York, NY 10272-1058

Attn: Marketing Services

Supporting Application Documents

NOTE: You are **required to attend** a UHAB Co-op Homeownership Workshop before your application will be considered for any apartments UHAB sponsors. To attend a Workshop, call (212) 479-3333.

REQUIRED DOCUMENTS

1. A complete application form with 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
2. A complete Letter of Interest declaring to which building or HDFC they are applying
3. Three recent pay stubs for all working household members
4. A letter from current employer verifying employment and length of service for all working household members
5. Documentation of all other sources of income such as SSI, SSA, Veterans, Pension, Unemployment Benefits, etc, *if applicable*
6. Copy of Section 8 Voucher or Certificate, *if applicable*
7. Three recent rent receipts
8. One copy of a current lease
9. Two years worth of tax filings (Form 1040, etc. with attachments) and W-2s
10. Three most recent months' bank statements for every bank account
11. Copy of Social Security cards or Resident Alien cards for each household member age 18 and over
12. Photo ID for each household member age 18 and over
13. Disclosure of any relationships to any member of the RA, UHAB or other agencies facilitating the cooperative conversion

OPTIONAL BUT ENCOURAGED

14. Proof of mortgage readiness, if applicable:
 - A. Proof of the amount of the purchase price in an accessible account (checking, savings, Roth IRA, etc.)
 - B. Certificate of Completion from a New York State Financial Counseling Organization dated within the last two years
 - C. A soft-commitment letter from a bank;

*** A home visit may be performed by UHAB staff members. ***

** Preference may be given to any applicant who can document mortgage readiness. **