Cohoes Local Development Corp.

Acquisition Program Application

Date / / Referred by? _____

Applicant Name _____

Address _____ City/Town _____ Zip Code _____

Home Phone _____ Work Phone _____ e-mail _____

Have you attended a homebuyer education course or are you currently registered for one? yes no

What Stage are you at in the homebuying process? (please circle one below) Location? _____ Date / /

just looking *house chosen* *offer made* *purchase contract signed* Property to be Purchased (if known): _____

Household Members (including applicant)

Name	**Relationship**	**Date of Birth**	**Source of Income** (child support, alimony, SSI, SSD, earned income)	**Gross Annual Income** (before taxes)
	SELF			

Repairs Needed (if known)**:** _____

FOR OFFICE USE ONLY	
	Total Household Income
	Household Size
	% Area Median Income

NOTE: As part of this grant program, you and your heirs may be subject to a lien against your property for a period of upto ten (10) years and you must agree to a "recapture" of the grant amount should you not remain a primary resident of the property for that period of time. You must also keep your mortgage and insurance payments current and not sell or rent the property. A copy of the grant enforcement note and mortgage is available for you to review, prior to signing, upon request. Your signature below represents that all the information provided is true and correct to the best of your knowledge and that you have read and understand the above paragraph.

Applicant Signature Date

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