



SALES 4 REHAB APPLICATION

Name _____

Address _____ City/State/Zip _____

Phone _____ Email _____

Race: *White* *American Indian/Alaskan Native* *Black, not of Hispanic origin*

Asian/Pacific Islander *Other* _____

Ethnicity: *Hispanic/Latino* *Not Hispanic/Latino* *Prefer not to say*

I have read and agree to the policies and terms of sale for the **Sales 4 Rehab** Program. By my signature below I give consent for a confidential credit report check and financial disclosure. All information will be restricted and held in confidence by the Chautauqua County Land Bank.

_____ Signed _____ Date

_____ Printed Name _____ Last 4 digits -SSI #

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Occupation _____ Employer _____

Years at current place of employment _____ Years in Occupation _____

Current Salary \$ _____ per hour/week/annum (please circle)

Income verification provided:

- Tax Return
- W2
- Pay Stub

Please attach a copy of the above with your application.

Do you believe you qualify for low-to-moderate income programs? (Your household income must be below \$49,050 for a family of 2, \$ 55,350 for a family of 3, and \$61,500 for a family of 4. Data according to <https://www.ushousingdata.com/income-limits/chautauqua-county-ny>)

(circle appropriate answer) Yes No Not Sure

If you qualify, are you interested in home buying or rehab assistance program information?

(circle appropriate answer) Yes No

How many people will live in your house post-renovation? _____

How many:

Children 5 and under? _____

Children ages 6 to 12? _____

Children ages 12 to 18? _____

Adults under 62? _____

Adults over 62? _____

I hereby authorize the Chautauqua County Land Bank to perform a bank verification to ensure that I have the financial wherewithal to commit to the proposed reinvestment in this property.

Signature _____ Date _____

Financial Institution: _____ Phone: _____

Financial Institution: _____ Phone: _____