

Today's Date ____/____/____

Date Received by PCFD ____/____/____
(To Be Completed by PCFD)

Pawtucket Central Falls Development Home Buyer Application

Applicant:

Last Name:		First Name:		Date of Birth:	
Head of Household: Yes or No			# of people in Household:		
Gender: Male or Female	Disabled : Yes or No	Mailing Address:		Telephone:	
Social Security Number:		City:		Zip Code:	

Co-Applicant:

Last Name:		First Name:		Date of Birth:	
Head of Household: Yes or No			# of people in Household:		
Gender: Male or Female	Disabled : Yes or No	Mailing Address:		Telephone:	
Social Security Number:		City:		Zip Code:	

Household Information

Name: All Adults and children currently living in the household	Gross Annual Income	Source: Employment, alimony, etc.	Social Security #	Date of Birth:
Total:				

Ethnicity (optional):

<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Other

Payroll Period:

How often does your pay check come?

Applicant:

Monthly

Weekly

Bi-Weekly

Annually

Co-Applicant:

Monthly

Weekly

Bi-Weekly

Annually

Please check all the sources of income received by any member of the household:

Employment

Unemployment

Social Security

AFDC

GPA

SSI/SSD

Pensions

Disability

Other

Gross Total Monthly Household Income:

\$ _____

Gross Total Annual Household Income:

\$ _____

Please complete with the monthly income amount from each applicable source

	APPLICANT	CO- APPLICANT
1. Current Weekly/Bi-Weekly Gross Salary/ Hourly Wages		
2. Current Yearly Gross Salary/Hourly Wages		
3. Additional Monthly/Periodic Income		
A. Overtime		
B. Part-time employment		
C. Bonuses		
D. Dividends		
E. Interest Income		
F. Royalties		
G. Pensions		
H. Veterans Administration Compensation		
I. Gross Rental Income		
J. Alimony		
K. Child Support		
L. Public Assistance (GPA)		
M. Social Security Benefits		
N. Unemployment Compensation		
O. Income received from trust		
P. Income received from business activities or investments		
Q. Other		
R. Subtotal		
S. Subtotal for Additional Monthly/period income for the year For monthly income., line R x 12 months For weekly income, line R x 52 weeks For Bi-weekly income, line R x 26 weeks		
S. Total yearly Gross Income (add lines 2 and R)		

Comments:

Other income that is not listed above for any household member

Employment information (last 2 years)

If applicant is self-employed, submit current financial statement.

APPLICANT		CO-APPLICANT	
Name of Company:		Name of company:	
Address/ Phone #		Address/ Phone #	
Dates of Employment: From: To:		Dates of Employment: From: To:	
Weekly Income		Weekly Income	
Type of Employment		Type of Employment	

Previous Employment

APPLICANT		CO-APPLICANT	
Name of Company:		Name of Company:	
Address/Phone #:		Address/ Phone #:	
Type of employment:		Type of Employment:	
Dates of Employment From: To:		Dates of Employment: From: To:	

Bank Account Information

APPLICANT			CO-APPLICANT		
Type of Account	Balance	Account #	Type of Account	Balance	Account #
Savings Bank Name:	\$		Savings Bank Name:	\$	
Checking Bank Name:	\$		Checking Bank Name:	\$	
Other Bank Name:	\$		Other Bank Name:	\$	

Car Loan

APPLICANT			CO-APPLICANT		
Balance Owed	Monthly Payment	With Whom	Balance Owed	Monthly Payment	With Whom

Credit Cards, Student Loans or Other Installment Accounts

APPLICANT		CO-APPLICANT	
Account	Monthly Payment	Account	Monthly Payment

Have you taken the 1st time homebuyer’s class ? _____

When did you receive your certificate/date of graduation? _____

The applicant is also responsible to update PCFDC regarding all new changes in address, telephone number, name change, and number of bedrooms required. Failure to do so may result in applicant being removed from the waiting list if no response is received from the applicant to the periodic waiting list update.

I/ We hereby attest that all the information that has been provided is true. I/We understand that is the information is determined to be false, that my/our application will be rejected.

Applicant’s Signature: _____ Date: _____

Co-Applicant’s Signature: _____ Date: _____