

## **New Chauncey Housing, Incorporated**

279 Littleton Street  
West Lafayette, Indiana, 47906  
Office: (765) 743-6244  
Fax: (765) 743-6266  
Email: [programs.nchi@gmail.com](mailto:programs.nchi@gmail.com)  
[nchidirector@gmail.com](mailto:nchidirector@gmail.com)

- 1. Return your completed application and HOME Program Eligibility Release Form to NCHI.**
- 2. Ask your employer to complete and return the Employment Verification Form. (Be sure to fill out and sign the top portion first.)**
- 3. For your information, NCHI Program Procedures, Polies, and Criteria and Income Limits are provided**
- 4. Later, in order to complete your qualification, you will be asked to provide documentation for all income and assets. The documents will include copies of current:**
  - Pay stubs (most recent 6 months)**
  - Bank and investment account statements (most recent 6 months)**
  - Regular allowances, such as alimony, child support payments, etc. (if applicable)**
  - Regular contributions or gifts received from organizations or persons not residing in the dwelling (if applicable)**

# HOME Program Eligibility Release Form

Organization requesting release of information: Lafayette Housing Consortium

**Purpose:** Your signature on this HOME Program Eligibility Release Form, and the signatures of each member of your household who is 18 years of age or older, authorizes the above-named organization to obtain information from a third party relative to your eligibility and continued participation in the:

*HOME Homebuyer Program*

**Privacy Act Notice Statement:** The Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant’s eligibility in a HOME Program and the amount of assistance necessary using HOME funds. This information will be used to establish level of benefit on the HOME Program, to protect the Government’s financial interest, and to verify the accuracy of the information furnished. It may be released to appropriate Federal, state, and local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval, The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

**Instructions:** Each adult member of the household must sign a HOME Program Eligibility Release Form prior to the receipt of benefit.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR A COPY OF TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

**Information Covered:** Inquires may be made about items initialed by applicant/tenant.

	Verification Required	Initials
Income (all sources)		
Assets (all sources)		
Child Care Expenses		
Handicap Assistance Expense (if applicable)		
Medical Expense (if applicable)		
Other (list) _____ _____		
Dependent Deduction ____ Full-Time Student ____ Handicap/Disabled ____ Family Member ____ Minor Children		

**Authorization:** I authorize the above-named HOME Participating Jurisdiction and HUD to obtain information about me and my household that is pertinent to eligibility for participation in the HOME Program.

I acknowledge that:

- (1) A photocopy of this form is as valid as the original.
- (2) I have the right to review the file and the information received using this form (with a person of my choosing to accompany me).
- (3) I have the right to copy information from this file and to request corrections of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Head of Household-Signature, Printed Name, and Date: Family Member HEAD

Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #2

Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #3

Other Adult Member of the Household-Signature, Printed Name, and Date: Family Member #4

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## CONFIDENTIAL HOUSING ASSISTANCE APPLICATION

This is an application for assistance from New Chauncey Housing, Incorporated (NCHI). This application in no way commits the applicant nor New Chauncey Housing, Incorporated to any obligation.

Date: \_\_\_\_\_ Prospective NCHI Address (if known): \_\_\_\_\_

Applicant's (Head of Household) Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Co-applicant's Name: \_\_\_\_\_

Other members of your household:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

### **For NCHI Use Only**

Date Rec'd \_\_\_\_\_ Application# \_\_\_\_\_

Type Assist. Requested \_\_\_\_\_

Household Size \_\_\_\_\_

Income Limit \_\_\_\_\_

Income \_\_\_\_\_ Verify?  Yes  No

Elig. Deductions \_\_\_\_\_

Assets \_\_\_\_\_ x0.06%= \_\_\_\_\_

Eligible? \_\_\_\_\_ %AMI \_\_\_\_\_

Reviewed by/Date \_\_\_\_\_

Approved by/Date \_\_\_\_\_



## ADDITIONAL INFORMATION

Are you a first time homebuyer?  Yes  No

Are you coming from subsidized housing?  Yes  No

Have you completed homebuyer counseling?  Yes  No

Have you received any type of assistance?  Yes  No

If yes, please list: \_\_\_\_\_

The following information is required for statistical purposes so the U.S Department of Housing and Urban Development may determine the degree to which its programs are utilized by minority families.

Is the Head of Household:

Hispanic or Latino (regardless of race)?  Yes  No

Disabled?  Yes  No

Check one of the following:

Single, non-elderly (less than 62 years)

Elderly (one or two person household with a person at least 62 years of age)

Single parent with dependent child(ren) 18 years old or younger

Two parents with dependent child(ren) 18 years old or younger

Other (including household of two or more unrelated individuals): \_\_\_\_\_

Race of Head of Household (check only one):

White  Black/African American  Asian  American Indian/Alaska Native

Native Hawaiian/Other Pacific Islander  American Indian/Alaska Native & White  Asian & White

Black/African American & White  American Indian/Alaska Native & Black/African American

Other Multi-racial

## FINANCIAL INFORMATION

### ASSETS

(include bank, investment, etc. accounts & exclude vehicle and personal property)

Household Member	Asset Description (saving, checking, stocks, etc.)	Institution	Account #	Current Cash Value	Actual Yearly Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
1. Net Cash Value of Assets .....				\$	
2. Total Actual Income from Assets .....					\$
3. If line 1. is greater than \$5,000, multiply line by 0.06% and enter results here; otherwise, leave blank.					\$

### ANTICIPATED MONTHLY OR ANNUAL INCOME (Choose one)

Household Member	a. Wages/Salaries	b. Benefits/Pensions/ Social Security	c. Public Assistance	d. Other (Alimony, Child Support, Rental Income, One-time or Recurring Gift, etc.)
	\$	\$	\$	\$
From where:				
	\$	\$	\$	\$
From where:				
	\$	\$	\$	\$
From where:				
	\$	\$	\$	\$
From where:				
4. Column totals ...	a. \$	b. \$	c. \$	d. \$
5. Enter the greater of lines 2. or 3. from above .....				d. \$
6. Enter total of items from 4a. through 4d. and 5d. This is <i>Annual Income</i> .....				\$

**FINANCIAL INFORMATION (continued)**

**LIABILITIES**

**(include credit cards, loans, support to others, etc.)**

Family Member	Liability Description (credit card, student, real estate, automobile, alimony, etc.)	Institution	Account #	Monthly Payment	Unpaid Balance
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
1. Total Liabilities .....				\$	\$

**MONTHLY HOUSING EXPENSE**

Rent	\$
Mortgage Payment	\$
Insurance	\$
Property Taxes	\$
Utilities	\$
Other:	\$
Total Monthly Housing Expense .....	\$

# EMPLOYMENT

## Applicant

Employer's name: \_\_\_\_\_ Employer's address: \_\_\_\_\_

Years at Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

## Co-Applicant

Employer's name: \_\_\_\_\_ Employer's address: \_\_\_\_\_

Years at Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

If employed in current position for less than two years, complete the following:

A=Applicant or C=Co-Applicant

↓	Previous Employer/School	Address	Position/Title	Dates From/To	Monthly Income
					\$
					\$
					\$
					\$

## **Previous Foreclosure Record:**

Have you ever been obligated on a home loan, or a home improvement loan, which resulted in foreclosure, deed in lieu of foreclosure, or judgment (In last 7 years)?  Yes  No

If YES:

Property Address: \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Address of Lender: \_\_\_\_\_

## **\*\* For EMERGENCY REPAIR Requests ONLY \*\***

Existing debt on property to be rehabilitated:

Original Mortgage Amount: \$ \_\_\_\_\_ Unpaid Balance: \$ \_\_\_\_\_

Name of Lender: \_\_\_\_\_ Address of Lender: \_\_\_\_\_

## **Borrower's Certification**

The Borrower certifies that all information in this application, and all information furnished in support of this application, is true and complete to the best of the Borrower's knowledge and belief. Verification may be obtained from any source named herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT: Please fill in all information above the dotted line.**

**EMPLOYMENT VERIFICATION**

Employer: \_\_\_\_\_ Employee: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

I hereby consent and authorize you, my employer, to release the requested information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....  
**EMPLOYER OR AUTHORIZED REPRESENTATIVE: Please fill in all applicable spaces.**

Applicant's Job Title: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Base Pay Rate: \$ \_\_\_\_\_ /Hour; or \$ \_\_\_\_\_ /Week; or \$ \_\_\_\_\_ /Month

Full Time  Part Time  Temporary

If Temporary, employment will terminate: \_\_\_\_\_

If Part Time, average hours worked per week: \_\_\_\_\_

Overtime, if regular: \_\_\_\_\_

Annual bonuses, if regular: \_\_\_\_\_

Any other compensation not included above: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Authorized Representative

\_\_\_\_\_  
Title

Telephone: \_\_\_\_\_

**Return this form to:**

**New Chauncey Housing, Inc.**

**279 Littleton**

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**Lafayette Housing Consortium**

**HOME Program  
Income Limits**

**Effective June 15, 2018**

<b>2018 Low/Mod Income Limits per Number of People in Household</b>								
<b>% Area Median Income</b>	<b>1 person</b>	<b>2 persons</b>	<b>3 persons</b>	<b>4 persons</b>	<b>5 persons</b>	<b>6 persons</b>	<b>7 persons</b>	<b>8 persons</b>
0-30%	14,650	16,750	18,850	20,900	22,600	24,250	25,950	27,600
31-50%	24,400	27,850	31,350	34,800	37,600	40,400	43,200	45,950
51-60%	29,280	33,420	37,620	41,760	45,120	48,480	51,840	55,140
61-80%	39,000	44,600	50,150	55,700	60,200	64,650	69,100	73,550

Note from website: Family sizes in excess of 8 persons are calculated by adding 8% of the four-person income limit for each additional family member. That is, a 9-person limit should be 140% of the 4-person limit, the 10-person limit should be 148%.

To check updated limits: go to <https://onecpd.info/resource-library/home-income-limits/>

Alternate path is to go through the HOME Program webpage at:  
<http://www.hud.gov/offices/cpd/affordablehousing/programs/home/index.cfm>  
and follow link on right side to Income Limits.