

MAYOR
Robert Liffland

TRUSTEES
Tracy Durkin
Wayne Osborn
Robert Murphy
Steven Walsh

Office of
Board of Trustees
Village of Pawling

9 Memorial Avenue
Pawling, New York
12564

Incorporated Feb. 9, 1893

CLERK
Jennifer Osborn

TREASURER
Marissa Skelly

Tel: (845) 855-1122
Fax: (845) 855-9317

May 5, 2011

Village of Pawling has two two-bedroom moderately priced units of housing for re-sale in the Baxter Green Subdivision. These units were developed under the Town's Affordable Housing Ordinance.

Once again, the Town will be working with NeighborWorks HomeOwnership Center of Dutchess County (NHC-DC) to identify eligible homeowners for these units. More detailed information follows. If you have any questions about this opportunity please contact NHC-DC (845-454-9288) or my office. The Village of Pawling continues to take pride in its commitment to affordable housing for our residents.

Sincerely,



Robert Liffland
Mayor

Village of Pawling Moderately Priced Housing Program

The sale prices for the units at the Baxter Green Subdivision are \$187,460 and \$235,322. Units may be purchased through an application process to financially eligible households as described in the village's ordinance. To be eligible, applicant's household income must be at or below the following:

- 1 person household - \$38,335*
- 2 person household - \$43,817*
- 3 person household - \$49,300*
- 4 person household - \$54,740*
- 5 person household - \$59,160*
- 6 person household - \$63,537*

Subject to change annually by HUD.

Household income shall include the income of all household members who will occupy the unit. The unit must be used as the buyer's primary residence.

In addition, the ordinance establishes the following priority order for applications:

Category 1.

1. Village and Town of Pawling Municipal employees for at least two years
2. Pawling Central School District employees for at least two years
3. Volunteer Fire Company and Ambulance Corps members for at least 5 years
4. Military Veterans who were residents for at least 2 years prior to service

Category 2

1. Households whose head of household or spouse is thirty(30) years of age or younger and is employed by the Village or Town of Pawling
2. Households whose head of Household or spouse is sixty-two(62) years of age or older

Category 3

1. Other persons employed in the Village or Town of Pawling
2. Other persons employed by employers whose business serve the Village of Pawling area

Category 4

1. All other financially-Eligible Households

The Village or the Town does not provide financing for these units. You must be able to qualify for a mortgage, make a down payment and pay the closing costs that are necessary to purchase a unit. To obtain a mortgage you need good credit, steady income and the unit must be affordable for your household's income.

NHC-DC will review all applications and develop a priority list, omitting the ineligible applications, and NHC-DC will issue an "Eligibility Certificate" to one (1) household and one (1) alternate for each unit available. The priority household will then contact the homeowner to tour the unit and enter into a purchase contract. Eligibility Certificates will be valid for 30 days from the date of issuance with the option to extend for another 30 days upon the approval of the Town and the seller. During this time the eligible household must enter into a contract with the developer to purchase the unit.

Applicants to the Program should take the following steps:

1. Complete and submit the Program application.
2. Assemble and submit the following documents:
 - a. Complete copies of the 2009 and 2010 Federal Tax Returns for each household member, with corresponding forms (W-2, 1099, etc.)
 - b. Four (4) consecutive weeks of most recent pay stubs for each employed household member.
 - c. Additional verification forms may be requested.
 - d. Proof of the ability to obtain a mortgage including:
 1. Pre-approval letter for a mortgage. (There should not be a fee to obtain this letter).

Applications with missing documentation will not be accepted.

For a detailed description of the program, please refer to the Affordable Housing section of the Village of Pawling's zoning law.

Applications can be downloaded at www.hudsonriverhousing.org and at www.villageofpawling.org. Applications will be accepted at NeighborWorks HomeOwnership Center of Dutchess County (NHC-DC), 291 Mill Street, Poughkeepsie, NY 12601 or the Village of Pawling, 9 Memorial Avenue, Pawling, NY 12564. You can also stop by either location to pick up an application packet. Applications will be accepted May 20, 2011 through June 20, 2011.

Affordable Housing Program Application

Return completed application to: Lashonda Denson, NeighborWorks HomeOwnership Center of Dutchess County, 291 Mill Street, Poughkeepsie, NY 12601.
Please check which home(s) you are applying for:

_____ 29 Baxter Rd
APPLICANT (A)

_____ 34 Tyrell Rd
CO-APPLICANT (C)

 First Middle Initial Last Name

 Mailing Address

 City, State, Zip

 County

 Home Phone Work Phone

 Fax Cell Phone

 E-Mail

 First Middle Initial Last Name

 Mailing Address

 City, State, Zip

 County

 Home Phone Work Phone

 Fax Cell Phone

 E-Mail

Date of Birth: _____ US Citizen: Foreign Born:

Single Married Legally Separated Widowed Divorced

#Years School: _____ Currently in School: Graduated:

Degree: GED/H.S. Diploma 2-Year 4-Year Masters

Owned a Home in the past five years? Disabled:

Date of Birth: _____ US Citizen: Foreign Born:

Single Married Legally Separated Widowed Divorced

Years School: _____ Currently in School: Graduated:

Degree: GED/H.S. Diploma 2-Year 4-Year Masters

Owned a Home in the past three years? Disabled:

RACE/NATIONAL ORIGIN

You are not required to furnish this race/origin information, but are encouraged to do so. You may not be discriminated against on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, it is required by Federal regulations to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

ETHNICITY

SEX

- Hispanic or Latino
- Not Hispanic or Latino

- Female
- Male

RACE/NATIONAL ORIGIN

You are not required to furnish this race/origin information, but are encouraged to do so. You may not be discriminated against on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, it is required by Federal regulations to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

I do not wish to furnish this information

- American Indian, Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

ETHNICITY

SEX

- Hispanic or Latino
- Not Hispanic or Latino

- Female
- Male

LIST HOUSEHOLD MEMBERS AND DEPENDENTS - Family Size: _____

A/C	First and Last Names	Age	DOB	Relationship	Household	Dependant	(if applicable) Annual Income
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

COMMENTS:

APPLICANT EMPLOYMENT

Employer Name

Mailing Address

City, State, Zip

Position

Date Started

Contact Name

Contact Telephone

Union: Self-Employed:

GROSS Pay per paycheck

How often are you paid?

Weekly Every Two Weeks Bi-Monthly Monthly

CO-APPLICANT EMPLOYMENT

Employer Name

Mailing Address

City, State, Zip

Position

Date Started

Contact Name

Contact Telephone

Union: Self-Employed:

GROSS Pay per paycheck

How often are you paid?

Weekly Every Two Weeks Bi-Monthly Monthly

APPLICANT PART-TIME/SECOND JOB

Employer Name

Mailing Address

City, State, Zip

Position

Years on Job

Date Started

Contact Name

Contact Telephone

Union: Self-Employed:

GROSS Pay per paycheck

How often are you paid?

Weekly Every Two Weeks Bi-Monthly Monthly

CO-APPLICANT PART-TIME/SECOND JOB

Employer Name

Mailing Address

City, State, Zip

Position

Years on Job

Date Started

Contact Name

Contact Telephone

Union: Self-Employed:

GROSS Pay per paycheck

How often are you paid?

Weekly Every Two Weeks Bi-Monthly Monthly

PREVIOUS EMPLOYMENT WITHIN PAST TWO YEARS (W-2s)

A/C _____ Employer Name _____

A/C _____ Employer Name _____

A/C _____ Employer Name _____

A/C _____ Employer Name _____

Position _____ Start Date _____ End Date _____

Position _____ Start Date _____ End Date _____

Position _____ Start Date _____ End Date _____

Position _____ Start Date _____ End Date _____

OTHER INCOME (Supporting Documentation i.e. Child Support Agreement, Award Letter, Statements, etc.)

Type	A/C	Monthly \$	Remarks
Alimony	_____	_____	_____
Child Support	_____	_____	_____
Disability	_____	_____	_____
Insurance/Annuity	_____	_____	_____
Interest/Dividends	_____	_____	_____
Pension	_____	_____	_____

	A/C	Monthly \$	Remarks
Public Assistance	_____	_____	_____
Social Security	_____	_____	_____
Trust Fund	_____	_____	_____
Unemployment	_____	_____	_____
VA Benefits	_____	_____	_____
Workers Comp.	_____	_____	_____

ASSETS (Supporting Documentation i.e. Account Statements. Note: You must also include the value of any assets disposed of in the past 24 months at less than fair market value.)

Type	A/C	Current Value	Penalty to Convert to Cash	Interest Rate	Asset Income
Checking	_____	_____	_____	_____	_____
Checking	_____	_____	_____	_____	_____
Money Market	_____	_____	_____	_____	_____
Mutual Fund	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____
Savings	_____	_____	_____	_____	_____
401K	_____	_____	_____	_____	_____
401K	_____	_____	_____	_____	_____
Bonds	_____	_____	_____	_____	_____
Business	_____	_____	_____	_____	_____
CVLI	_____	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____	_____
Stocks	_____	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

STATEMENTS BY ALL ADULT HOUSEHOLD APPLICANTS:

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, the application will be rejected.
2. We authorize Hudson River Housing and/or its agents to make any and all inquiries to verify this information, which may then be released to appropriate local agencies, and to contact previous and current landlords or other sources for verification or confirmation.
3. We authorize Hudson River Housing or its agents to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d) seeking information on our credit worthiness, credit standing, and credit capacity.
4. We understand that in the event our application qualifies for and is considered for homeownership of the subject premises, that our application may be placed in a lottery for the home, that will be drawn on a date to be announced. The selected lottery candidate will then be invited to make an offer on the available home. Submission of a complete and acceptable application is not an offer, or therefore, a promise or guarantee that we will be chosen as the purchasers of the subject property.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

SIGNATURE OF CO-APPLICANT _____ DATE _____



NeighborWorks HomeOwnership Center of Dutchess County

Lender Worksheet

This form must be completed by the Loan Officer and included with the application packet upon submission to NeighborWorks HomeOwnership Center of Dutchess County.

Client Name _____
Applicant _____ Co-Applicant _____

Lending Institution _____ Contact Name _____

Calculations Used:

MONTHLY HOUSEHOLD INCOME

\$ _____

Credit Score _____ Type of Mortgage _____

Interest Rate _____ Term _____ Total Mo. Payment (A) \$ _____

Principal & Int. Mo. Payment (B) \$ _____ Monthly Taxes(C)\$ _____ Monthly Ins (D) \$ _____

Note: B + C + D must equal A

MONTHLY DEBT \$ _____ HOUSING RATIO _____% HOUSING/DEBT RATIO _____%

Funds:

Selling Price \$ _____ Mortgage Amount \$ _____

Total Down payment \$ _____ Closing Cost/Pre-Paid Estimate \$ _____

Breakdown of Sources of Funds:

Down payment (other) \$ _____ Source _____

Down payment (other) \$ _____ Source _____

Down payment (other) \$ _____ Source _____

Amt./Source for C/Costs \$ _____ Source _____

Amt./Source for C/Costs \$ _____ Source _____

Notes: _____
