

LETTER OF INTEREST / PREFERENCES Sheet

To Whom It May Concern:

I would like to be considered to purchase a UHAB co-op apartment. I understand that by entering a lottery for a specific building, I will not necessarily receive an offer for an apartment. I also understand that to be considered for a lottery I must submit a completed UHAB application and all the required back-up materials.

The Apartment Addresses I am interested in by preference order:

First Choice: _____

Second Choice: _____

Third Choice: _____

OR

Fourth Choice: I will take the **first available unit in any building listed above** YES NO

PRINT Name: _____

Current Address: _____

Telephone #: _____

E-mail: _____

Signature

Date

This sheet is required for a completed UHAB application.

Cooperative Application

Applicant Information (NOTE: only applicants listed shall be considered prospective purchasers)

First Name:	Middle Name:	Last Name:	Email:
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Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long?
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Current Landlord:	Address:	Phone #:
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Previous address:

City:	State:	ZIP Code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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Size of Apartment Requested

studio_____ 1 bedroom_____ 2 bedroom_____ 3 bedroom_____ 4 bedroom_____

Co-applicant Information (see Note above for "Applicant")

Name:

Date of Birth:	SSN:	Phone:
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Current address:

City:	State:	Zip Code:
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Own Rent (Please circle)	Monthly payment or rent:	How long:
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Previous address:

City:	State:	Zip code:
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Owned Rented (Please circle)	Monthly payment or rent:	How long?
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Household Composition (List all persons who will live in apartment)

Full Name	Relationship to Applicant	Date of Birth and SOCIAL SECURITY #	Sex (M/F)	Contribute to household income? (y/n)
1.	SELF			
2.				
3.				
4.				
5.				
6.				

Applicant Employment Information

Current employer

Employer address:	How long?
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Phone:	E-mail:	Fax:
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City:	State:	Zip Code:
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Position:	Hourly Salary (please circle)	Annual Income:
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Do you have any other income? Yes No	Source:	Amount:
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Co-applicant Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Assets (you must also submit appropriate supporting documentation, which are listed on REQUIRED DOCUMENTS page)

Type	Applicant (y/n)	Co-Applicant (y/n)	** Others in household (y/n)
Checking Account			
Savings Account			
Stocks, Bonds			
Real Estate			
Retirement/Pension Funds, IRA			
Business Income			
Other			

Property Information

If you own your own residence, what is your monthly mortgage payment? \$_____/month Unpaid Balance \$_____

Do you own land? ___No ___Yes (if yes, please describe, including location)_____

Is there a mortgage on the land? ___No ___Yes If yes: Monthly Payment \$_____ Unpaid Balance \$_____

I hereby authorize Urban Homesteading Assistance Board, its successors and/or assigns to conduct an inquiry concerning my credit history, housing report, criminal report or whatever it deems necessary to process my application for residency. I agree to hold UHAB harmless for any claims that may arise as a result of this investigation. Willful false, misleading, or incomplete information in this application will be grounds for rejection of this application.

I also authorize UHAB to release any portion of my application and/or documents to a Shareholder Selection Committee if requested in the course of my application to purchase into an HDFC.

Signature of applicant:	Date:
Signature of co-applicant:	Date:

Complete applications will remain active for one year. In order to be considered for future opportunities within that timeframe, applicants will be asked to update information and reconfirm interest as needed. After the date listed above, applications will be discarded. To remain on the list, the applicant must submit a new and complete application.

Mail applications to:

**UHAB
Peck Slip Station
PO Box 1058
New York, NY 10272-1058
Attn: Marketing Services**

UHAB Homeownership Application Documents

Note: You must attend an “Intro to Limited Equity Co-op” class before your application will be considered for any unit UHAB sponsors. To attend a workshop, register for the next class listed on our website www.uhab.org or call (212) 479-3333.

REQUIRED DOCUMENTS

1. A complete application form with a non-refundable \$50.00 money order or certified bank check PER ADULT PURCHASER made payable to Urban Homesteading Assistance board for credit and criminal background check
2. A complete letter of interest declaring to which building or HDFC you are applying for
3. Three most recent consecutive pay stubs for all working household members
4. A letter from current employer verifying employment and length of service for all working household members
5. Documentation of all other sources of income such as SSI, SSA, Veterans, Pension, Unemployment Benefits, etc, *if applicable*
6. Copy of Section 8 Voucher or Certificate, *if applicable*
7. Proof you pay rent such as 3 rent receipts or a bank statement you annotate or a letter from your landlord
8. One copy of a current lease
9. Two years worth of tax filings (Form 1040, etc. with attachments) and W-2s
10. Three most recent months’ bank statements for every bank account
11. Copy of Social Security cards or “Green” card for each household member age 18 and over
12. Photo ID for each household member age 18 and over
13. Disclosure of any relationships to any member of the Resident Association, UHAB or other agencies facilitating the cooperative conversion.

OPTIONAL BUT ENCOURAGED

14. Proof you are ready to purchase by:
 - A. Proof of the amount of the purchase price in an accessible account (checking, savings, Roth IRA, etc.)
 - B. Certificate of Homeownership Counseling Completion from an approved New York State Financial Counseling Organization dated within the last two years
 - C. Ability to secure a bank commitment as soon as needed

* Preference may be given to applicants who can document mortgage readiness. *