



Neighborhood Housing Services of New Haven  
Positioning New Haven's Neighborhoods to Succeed

HOME MAINTENANCE AND ENERGY CONSERVATION  
INDIVIDUAL DEVELOPMENT ACCOUNT PROGRAM

Application Form

Please note: All information requested on this application form will be kept confidential within Neighborhood Housing Services of New Haven and Home Maintenance and Energy Conservation IDA Program partner organizations and evaluators.

Eligibility Information

To qualify for the Home Maintenance and Energy Conservation IDA Program, applicants must:

1. Agree to use all funds from the IDA Program to undertake repairs or energy conservation measures on a newly purchased home, or, in the case of existing homeowners, use all funds to undertake rehabilitation and/or energy conservation work as described in the Program Guidelines
2. Have a household income no greater than 120% of median household income, depending on the number of people in the household (see the most recent AMI chart below)

Family Size	1	2	3	4	5	6	7	8
Max. Gross Income	67,956	77,664	87,372	97,080	104,846	112,613	120,379	128,146

(Program staff will independently verify all information given in this application.)

3. Do you currently own a home? Yes No (circle one)

Are you in the process of buying a house for the first time? Yes No (circle one)

Applicant's Personal Information

Name: \_\_\_\_\_

Social Sec. No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Gender:  Female  Male

Ethnicity:  African American  Caucasian  
 Latino or Hispanic  Asian, Pacific Islander  
 Native American  Other (please specify: \_\_\_\_\_)

Applicant's marital status:

Single (never married)  Married  Separated  Divorced  Widowed

Please return completed application and the \$25.00 application to NHS of New Haven  
333 Sherman Avenue, New Haven, CT 06511 Attn. Tracey Neal  
(203) 562-0598 T | (203) 772-2876 F | tsmith-neal@nhsofnewhaven.org E



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Highest Level of Education Completed:

- Below High School Diploma
- Some college
- Bachelor's Degree
- High School Diploma or GED
- Associates Degree
- Master's Degree

How long have you lived at your current address? \_\_\_\_\_

How did you hear about this IDA Program? \_\_\_\_\_

Do you have any special needs the staff Neighborhood Housing Service should know about? If yes, please explain. \_\_\_\_\_

**Household Information**

*The income and number of people residing in the home are the primary qualifications. You must report the income of all people in the home who are eighteen years of age and older.*

How many adults (18 yrs and older) currently live in applicant's household: \_\_\_\_\_

How many children (under 18 yrs) currently live in applicant's household: \_\_\_\_\_

What is the primary language spoken in your household? \_\_\_\_\_

If it is not English, is English also spoken? \_\_\_\_\_

Eligible Cities
New Haven
Hamden
West Haven
East Haven
North Haven

**Employment Information**

Primary Employment Status (choose one):

- Employed more than full-time (overtime or more than one job, for yourself or others)
- Employed full-time (for yourself or others)
- Employed part-time (for yourself or others)
- Working and in school or job training
- Laid off, waiting for call back
- Currently in school or job training
- Currently seeking employment
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

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Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date of Hire: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Please complete the following information for each person occupying your household.

Name	Relation-ship	Age	Sex	Full-time Student (Y/N)?	Employer	Monthly Income
	self		M/F			
			M/F			
			M/F			
			M/F			
			M/F			
			M/F			
			M/F			

**Applicant's Income Information**

TOTAL income of all household members - please list gross income (before taxes):

<u>Category</u>	<u>Monthly Income</u>	<u>Last Year's Annual Income</u>
Formal employment (wages)	\$ _____	\$ _____
Self-employment ( <i>selling things you make, doing laundry, sewing, childcare, etc.</i> )	\$ _____	\$ _____
Government assistance ( <i>TANF, Food Stamps, SSI, Social Security, Unemployment or Veterans' Benefits</i> )	\$ _____	\$ _____
Pensions or retirement income	\$ _____	\$ _____
Child support / alimony payments	\$ _____	\$ _____
Friends or family	\$ _____	\$ _____
Investment income	\$ _____	\$ _____
Section 8 Subsidy	\$ _____	\$ _____
Other (please specify: _____)	\$ _____	\$ _____

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How much do you think you can afford to save each month? \$ \_\_\_\_\_

When do you plan on purchasing a house? \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Were you born in a foreign country? \_\_\_\_\_

If yes, what country? \_\_\_\_\_

**Emergency Contact Information**

*Please list a relative or friend who would definitely know how to contact you, even if you move:*

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Applicant Certification**

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. I authorize NHS/New Haven HomeOwnership Center to:

- (a) pull my/our credit report to review my/our credit file for housing counseling in connection with my/our pursuit of receiving this IDA grant;
- (b) pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- (c) for first-time homebuyers, obtain a copy of the HUD-1 Settlement Statement, Appraisal, 1003-Loan application, GFE, T&L, commitment letter, Purchase and Sales Agreement and Real Estate Note(s) when I purchase a home, from either my attorney and/or the lender who made me/us a loan and/or the title company that closed the loan.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date received: _____	<i>For Office Use Only</i>	
<input type="checkbox"/> Application complete	Application reviewed by: _____	
<input type="checkbox"/> Interview scheduled: _____		
Participant start date: _____		
<input type="checkbox"/> Paper file established	<input type="checkbox"/> Budgeting Class date _____	
<input type="checkbox"/> Data entered CMax/ HCO	<input type="checkbox"/> Deposit start date _____	

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