

**NEIGHBORS OF WATERTOWN, INC.**  
**1 12 FRANKLIN STREET • WATERTOWN, NY 13601**  
**Phone: (315) 782-8497 • Fax: (315) 782-0102**  
<http://www.neighborsofwatertown.com>

**HOMEBUYERS ASSISTANCE PRE – APPLICATION**

I AM INTERESTED IN(CHECK ONE)		EDUCATION COURSE PREFERENCE	
<input type="checkbox"/>	Single family home	<input type="checkbox"/>	Saturday
<input type="checkbox"/>	Multi family home	<input type="checkbox"/>	Evening

Applicant's Name:

Co-Applicant's Name:

Current Address:

Current Address #2:

City:

State:

Zip:

How long have you lived at this address?

Phone #

# of Persons in household:

Monthly Rent:

Monthly Utilities:

**EARNED INCOME: INCLUDE EMPLOYMENT AND SELF-EMPLOYMENT INCOME FOR ALL HOUSEHOLD MEMBERS OVER 18.  
 FOR SELF EMPLOYMENT SHOW GROSS BUSINESS INCOME.**

Name:	Employer:	Employer's Address:	Annual Income:

**OTHER HOUSEHOLD INCOME: (VETERANS, SSI, SSD, PENSION, INTEREST, DIVIDENDS, ALIMONY, CHILD SUPPORT, ETC.)**

Source:	Amount:	Per (Week, Month, Year) Select One:					
		<input type="checkbox"/>	Wk	<input type="checkbox"/>	Mth	<input type="checkbox"/>	Yr
		<input type="checkbox"/>	Wk	<input type="checkbox"/>	Mth	<input type="checkbox"/>	Yr
		<input type="checkbox"/>	Wk	<input type="checkbox"/>	Mth	<input type="checkbox"/>	Yr

**OTHER ASSETS: (SAVINGS, REAL PROPERTY, INVESTMENTS, IRA's, ETC.)**

Asset:	Total Value:	Cash Value:

**OUTSTANDING DEBTS: (CAR LOAN, STUDENT LOAN, CREDIT CARDS, ETC.)**

Type:	Monthly Payment:	# of Payments Left:	Balance:

**I/WE HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicant:	Date:
Co-Applicant:	Date: