

Bronx Shepherds Restoration Corporation

1932 Washington Avenue, Bronx, New York 10457

(718) 299-0500 fax (718) 299-1512

email info@BronxShepherds.org http://www.BronxShepherds.org



Access To Home Program Application

Section 1

Name:		Age:	Social Security # :	
Address:				
Zip Code	Phone #:	No of Dependants:	Number of Bedrooms:	
<u>Names</u>	<u>Age</u>	<u>Source of Income</u>	<u>Income</u>	
1.				
2.				
3.				
4.				
5.				
6.				
Do you own this house or Apartment?		A. Alone:	B. Jointly	C. No
If you do not Own this Home or apartment, List the Owner`s Information:		Owner: Address: Telephone:		
What is the disability that will prevent your mobility in this home or Apartment:				
Number of apartments:		1	2	3
Proof of ownership:		A. Deed		B. Other

Section 2

Do you have any outstanding mortgage/liens		Yes:	No:
A. Home Improvement Loan:	B. Home Equity	C. Other	
If yes give full details in space provided below.			
Has this home received services from The Weatherization Assistance Program:		Yes:	No:
My home is in need of the following repairs or Services:			
1. Boiler	2. Windows/ Doors:	3. Roof repairs:	
4. Concrete	5. Insulation Plus:	6. Electrical upgrade:	
7. Plumbing upgrade:	8. Other:		

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Section 3

Checking Account #:		Saving Account #:	
Other Assets:			
Federal Income tax form:			
Proof of Current Income:	1. Pay Stubs:	2. Rents:	
	3. Pensions:	4. Others:	

I _____ hereby swear under oath that the information submitted in this application is true to the best of my knowledge. I further acknowledge that if it is discovered that I have misled the agency –Bronx Shepherds Restoration Corporation, that I would be liable to repay all cost incurred to the State of New York Housing Trust Fund Corporation.

Print Name: _____

Signature: _____ Date: _____

Agency Use Only:

<i>Section:</i>	<i>Block:</i>	<i>Lot:</i>
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Ownership Verified through:		Examination of deed:	Other:
Owner recommended for assistance through:			
1)	Senior – Help Deferred/ forgivable Loan Program:		
2)	Senior – Help Repayment Loan Program:		
3)	Refer to alternative funding Agency:		
4)	Predatory Lending Remediation Loan:		
Agency Signature:			Date:
Agency Comments:			