



# Oceanview Villas II

# APPLICATION & CREDIT CHECK AUTHORIZATION

All information must be provided for the application to be complete. Incomplete applications cannot be processed.

### APPLICANT INFORMATION

LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 MARITAL STATUS (CHECK ONE)  SINGLE  MARRIED  
 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PREVIOUS ADDRESS IF AT CURRENT ADDRESS LESS THAN TWO YEARS: \_\_\_\_\_  
 \_\_\_\_\_  
 HOME TEL# \_\_\_\_\_ WORK TEL# \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_  
 POSITION \_\_\_\_\_ YEARS ON JOB \_\_\_\_\_  
 CURRENT ANNUAL SALARY \$ \_\_\_\_\_ OVERTIME \$ \_\_\_\_\_  
 DIVIDENDS, INTEREST, OTHER INCOME \$ \_\_\_\_\_  
 FAMILY SIZE: ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_  
 INTERESTED IN:  ONE-FAMILY  TWO-FAMILY  
 DO YOU CURRENTLY:  OWN  RENT

### CO-APPLICANT INFORMATION

LAST NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 MARITAL STATUS (CHECK ONE)  SINGLE  MARRIED  
 DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 PREVIOUS ADDRESS IF AT CURRENT ADDRESS LESS THAN TWO YEARS: \_\_\_\_\_  
 \_\_\_\_\_  
 HOME TEL# \_\_\_\_\_ WORK TEL# \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_  
 POSITION \_\_\_\_\_ YEARS ON JOB \_\_\_\_\_  
 CURRENT ANNUAL SALARY \$ \_\_\_\_\_ OVERTIME \$ \_\_\_\_\_  
 DIVIDENDS, INTEREST, OTHER INCOME \$ \_\_\_\_\_  
 DO YOU CURRENTLY:  OWN  RENT

LIST ALL HOUSEHOLD MEMBERS (OTHER THAN APPLICANT & CO-APPLICANT), INCLUDING AGE & INCOME, THAT WILL BE LIVING WITH YOU IN THIS RESIDENCE

1. NAME _____	AGE _____	INCOME \$ _____	3. NAME _____	AGE _____	INCOME \$ _____
2. NAME _____	AGE _____	INCOME \$ _____	4. NAME _____	AGE _____	INCOME \$ _____

### APPLICANT AND CO-APPLICANT COMBINED

TOTAL AMOUNT OF MONEY AVAILABLE TO COVER DOWN PAYMENT AND CLOSING COSTS: \$ \_\_\_\_\_  
 SOURCE OF CASH (SAVINGS ACCOUNT, CHECKING ACCOUNT, MONEY MARKET, CDs, RETIREMENT ACCOUNT, GIFT, ETC.): \_\_\_\_\_  
 DEBT INFORMATION: INDICATE BELOW TOTAL CURRENT OUTSTANDING DEBTS FOR APPLICANT & CO-APPLICANT (I.E. AUTO LOANS, MORTGAGES, ALIMONY, STUDENT LOANS, CREDIT CARDS, ETC.)

TYPE OF LOAN	CREDITOR NAME	BALANCE OWED	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### CREDIT CHECK AUTHORIZATION

I (WE) AUTHORIZE THE HOUSING PARTNERSHIP DEVELOPMENT CORP. AND OCEAN VIEW VILLAS II CORP. TO OBTAIN A CREDIT REPORT ON THE APPLICANT NAMES LISTED ABOVE. I (WE) UNDERSTAND THAT WITH THIS APPLICATION, I AM (WE ARE) APPLYING FOR ELIGIBILITY IN THE HOUSING PARTNERSHIP DEVELOPMENT CORP.'S NEW HOMES PROGRAM.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ CO-APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE RETURN THE COMPLETED FORM TO: OCEAN VIEW VILLAS II CORP.  
 826 BROADWAY, 11TH FLOOR  
 FOR MORE INFORMATION CALL: 212-710-6027 NEW YORK, NY 10003