

Community Development Committee

Village of Sloatsburg
96 Orange Turnpike
Sloatsburg, NY 10974

Financial Assistance Application

In order to assess your eligibility for this Program, please complete the following application completely. Failure to provide accurate information could result in ineligibility for funding. You must provide information for all persons living in the residence over 21 years of age. Income tax returns for the past two years must be provided as well as the current total household income for all residents living at the address. Eligibility will be determined on a case-by-case basis. **All information will be kept confidential.**

Applicant's Information

Full Name: _____
(Primary applicant)
Full Name: _____
(Secondary applicant)
Property Address 1: _____
Address 2: _____
City, State Postal Code: _____
Home Phone: _____ Work Phone: _____

Primary Applicant's Employment Information

Employment Status (check one):
 Full-Time Part-Time Retired Unemployed
Occupation: _____
Employer: _____
Address Line 1: _____
Address Line 2: _____
City, State Postal Code: _____
Length of time with Employer: _____ (years) _____ (months)

Secondary Applicant's Employment Information

Employment Status (check one):
 Full-Time Part-Time Retired Unemployed
Occupation: _____
Employer: _____
Address Line 1: _____
Address Line 2: _____
City, State Postal Code: _____
Length of time with Employer: _____ (years) _____ (months)

Property Information

Number of persons 21 & over at this address: _____
Name and address of Mortgagee: _____
Monthly mortgage payment: \$ _____ Yes No
Is applicant an owner-occupant of this property: Yes No
Length of time at this address: _____ (years) _____ (months)
Are there any co-owners of this property: Yes No
If yes, please list all: _____
Are there any outstanding judgments affecting this property (excluding mortgages):
 Yes No
Are any property tax payments in arrears: Yes No
Do you own any other property: Yes No

Household Financial Information

Provide amounts for all persons 21 year & over residing in the home.

Total household employment income: \$ _____
Total monthly Social Security income: \$ _____
Total monthly pension income: \$ _____
Total disability insurance: \$ _____
Income from rental properties: \$ _____
Other income: \$ _____
Include alimony, child support and all other income.

Total income: \$ _____
Total checking account balance: \$ _____
Total savings account balance: \$ _____
Total value of stock & bonds: \$ _____
Total value of other property owned: \$ _____
Total assets: \$ _____

Resident Information

Provide information for all persons residing in the home. For additional persons, attach another sheet.

Name: _____ F/T Student P/T Student

Date of Birth: _____

Employer Name & Address: _____

Name: _____ F/T Student P/T Student

Date of Birth: _____

Employer Name & Address: _____

Name: _____ F/T Student P/T Student

Date of Birth: _____

Employer Name & Address: _____

Name: _____ F/T Student P/T Student

Date of Birth: _____

Employer Name & Address: _____

Name: _____ F/T Student P/T Student

Date of Birth: _____

Employer Name & Address: _____

Name: _____ F/T Student P/T Student

Date of Birth: _____

Employer Name & Address: _____

Reason for Financial Assistance Request

Please explain the circumstances in support of your financial assistance request.

Acknowledgment

I, (We) hereby certify that I (we) have answered all of the information contained in this application truly and correctly to the best of my / our knowledge. I, (We) authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my / our employment, income, credit and residence for the purpose of evaluating this request. I, (We) understand that any misrepresentation may be cause for rejection of this request. In addition, I (we) agree to indemnify and hold the Sloatsburg Community Development Committee harmless against any and all claims, liabilities and expenses in connection with this program.

Primary Applicant signature _____

Dated: _____

Secondary Applicant signature _____

Dated: _____

Privacy Policy

The Sloatsburg Community Development Committee respects your right to confidentiality of your personal information and we value the trust you have placed in us. We want to assure you that we observe strict measures of security, confidentiality and privacy with respect to your application information.

Please return this application to:

Community Development Committee
Village of Sloatsburg
96 Orange Turnpike
Sloatsburg, NY 10974

If you have questions concerning this form, please contact the Village Office and provide your contact information so that someone from the CDC can contact you directly.