

**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.