



**OFFICE OF COMMUNITY DEVELOPMENT
NEIGHBORHOOD STABILIZATION PROGRAM**

40 MAIN STREET, HEMPSTEAD, NY 11550

Phone: 516-572-1936 Facsimile: 516-572-0843

Website: <http://www.nassaucountyny.gov/agencies/OCD/index.php>



Neighborhood Stabilization Program Application

To be completed by both applicant and co-applicant

Applicant:

Name: _____

Social Security #: _____

Home Address: _____

Telephone #: _____

Email: _____

Employment History:

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

How many years at position: _____

If less than a year at your present place of employment, list
your hire date: _____

*If less than two years at current employer, please list
prior employment history including job description:*

Co-Applicant:

Name: _____

Social Security #: _____

Home Address: _____

Telephone #: _____

Email: _____

Employment History:

Name of Employer: _____

Employer Address: _____

Employer Telephone #: _____

Occupation: _____

Gross Monthly Income: _____

How many years at position: _____

If less than a year at your present place of employment, list
your hire date: _____

*If less than two years at current employer, please list
prior employment history including job description:*

Additional Financial Information

Please list any other monthly household income. Include income from a pension fund, SSI, SSD, child support or any other supplementary income received.

Applicant:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Co-Applicant:

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Number of individuals (family members) in the household: _____

Name	Relationship to Applicant/Co-Applicant	Age	Monthly Income	
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
			<u>Applicant</u>	<u>Co-Applicant</u>
			Yes or No	Yes or No
Have you had any outstanding judgments in the last 7 years?			_____	_____
Have you declared bankruptcy?			_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof?			_____	_____
Are you a co-maker or endorser on a note? (If yes, please explain)			_____	_____
Are you a party in a lawsuit?			_____	_____
Are you obligated to pay alimony, child support or separated maintenance?			_____	_____
Are you a U.S. citizen?			_____	_____
If "no" are you a legal resident alien?			_____	_____
Will you occupy the home you purchase as your principal residence?			_____	_____

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency as to any manner within its jurisdiction.

INFORMATION FOR HUD MONITORING PURPOSES

This question is being asked for statistical purposes to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer will not affect, in anyway, your selection for the program. If you do not wish to furnish the below information, please check the box below. We must review the below material to assure that the disclosure satisfies all requirements of HUD.

Borrower ☐ I do not wish to furnish this information
 Ethnicity ☐ Hispanic or Latino Yes ☐ No ☐
 Race/Nationality: ☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black
☐ African American
☐ Other Multi-Racial
☐ Asian/Pacific Islander

Co-Borrower ☐ I do not wish to furnish this information
 Ethnicity ☐ Hispanic or Latino Yes ☐ No ☐
 Race/Nationality: ☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native & White
☐ Asian & White
☐ Black/African American & White
☐ American Indian/Alaskan Native & Black
☐ African American
☐ Other Multi-Racial
☐ Asian/Pacific Islander

BANKING INFORMATION

Applicant:	Co-Applicant:
Bank Name:	Bank Name:
Account #:	Account #:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Balance:	Balance:
Bank Name:	Bank Name:
Account #:	Account #:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other
Balance:	Balance:

ASSET TEST

Applicant(s) must meet the asset test of not having more than 25% of the median price of a home on Long Island in liquid assets (not including pension or retirement accounts), after the required down payment and closing costs. This asset test will be subordinate to local municipal guidelines for senior citizens.

Will you be able to obtain a gift if you do not have adequate funds to cover closing costs? Yes ☐ No ☐

If yes, amount: From Whom:

(Relationship, i.e., Parent, Sister, Etc.)

Please provide a letter from donor stating that the money provided is a gift and will not have to be returned.

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency as to any manner within its jurisdiction.

CURRENT MONTHLY EXPENSES:

Please list all monthly expenses (Rent, Loans, Charge Accounts, and any other debts)

<u>Creditor / Lenders</u>	<u>Account # (if any)</u>	<u>Monthly Amount</u>	<u>Balance</u>
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Real Estate Information

Have you (the applicant) or co-applicant ever owned a home, property or shares of a home or property (co-op/condo) and/or do you currently own any real estate? Yes ☐ No ☐

If yes, please provide details as to dates and circumstances of ownership.

This application and the items listed on the checklist attached will be used to determine eligibility for this program.

A money order for fifty dollars (\$50) non-refundable application fee must accompany the application to cover the cost of processing it.

Questions should be directed to the Nassau County Office of Community Development at the number listed.

WARNING: Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency as to any manner within its jurisdiction.

NEIGHBORHOOD STABILIZATION PROGRAM CHECK LIST OF REQUIRED DOCUMENTATION

		APPLICANT	CO-APPLICANT
1.	Program Application (this document) filled-out and signed.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Money Order for \$50 payable to: Nassau County.	<input type="checkbox"/>	
3.	Program Guidelines initialed at bottom of each page.	<input type="checkbox"/>	<input type="checkbox"/>
4.	NOI Form completed in Excel with all fields completed, and initialed at bottom (1 for each house you wish to buy).	<input type="checkbox"/>	
5.	Provide two (2) months most recent banking and financial statements. * 3% down must be buyer's own funds. * Total Assets/ gifts must equal or exceed the amounts shown on NOI.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Copies of Federal Income Tax Returns, <u>SIGNED</u> on pg 2, w all schedules & W-2 statement(s) for the last three years.		
	*Transcripts are not accepted.		
	2013	<input type="checkbox"/>	<input type="checkbox"/>
	2012	<input type="checkbox"/>	<input type="checkbox"/>
	2011	<input type="checkbox"/>	<input type="checkbox"/>
7.	Completed and signed 4506-T (request for copy of tax return)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Four (4) <u>most recent consecutive</u> pay stubs that indicate year-to-date gross income. *If year-to-date gross is not on the pay stub, a letter from the employer on company stationery is required.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Mortgage pre-approval from a recognized lender.	<input type="checkbox"/>	<input type="checkbox"/>
10.	Release and Authorization form signed.	<input type="checkbox"/>	<input type="checkbox"/>
11.	If applicable, documentation for Social Security benefits, child support, pensions, disability, unemployment, etc.	<input type="checkbox"/>	<input type="checkbox"/>
12.	If applicable, school transcripts for dependents over age 18.	<input type="checkbox"/>	<input type="checkbox"/>
13.	If applicable, separation agreement or divorce decree.	<input type="checkbox"/>	<input type="checkbox"/>

If you do not qualify, please do not apply.

PLEASE BRING, OR MAIL THE COMPLETED APPLICATION TO:

Nassau County Office of Community Development
40 Main Street, Hempstead, NY 11550



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RELEASE & AUTHORIZATION FORM

The undersigned authorize and instruct the Nassau County Office of Community Development, (hereafter NCOCD) to obtain and review "non-public personal information" including, but not limited to: my credit report bank statements, pay stubs, income tax returns and W2s, total debt information, income, living expenses and personal information concerning my financial circumstance including any computations, or assessments based thereon, for the purpose of determining or/and evaluating mortgage readiness, and program eligibility.

In furtherance of the above, the undersigned authorizes my lender, and/or banking institution, to release and to provide personal information to NCOCD including, but not limited to: financial information, pre-approvals, credit reports, uniform residential loan applications, mortgage commitments, and real estate appraisals.

Additionally the undersigned authorizes NCOCD to release the above-mentioned information to pertinent entities with program oversight or in connection with the application of any grant or subsidy on my behalf; including, but not limited to: the Federal Secretary of Housing and Urban Development (HUD); New York State Homes and Community Renewal (HCR); program monitors; grant providers and/or any relevant entity/agency others.

MUST BE SIGNED BY APPLICANT AND CO-APPLICANT

Applicant's Name (Print)	Date
X	
Applicant's Signature	
<hr/>	
Social Security Number	

Co-Applicant's Name (Print)	Date
X	
Co-Applicant's Signature	
<hr/>	
Social Security Number	

Short Form Request for Individual Tax Return Transcript

OMB No. 1545-2154

▶ **Request may not be processed if the form is incomplete or illegible.**

Tip. Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number or individual taxpayer identification number on tax return
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	
Third party name Nassau County Office of Community Development Address (including apt., room, or suite no.), city, state, and ZIP code 40 Main Street, Hempstead NY 11550	Telephone number 516-572-1936
Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.	
6 Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days. <div><div>2011</div><div>2012</div><div>2013</div></div>	
<input type="checkbox"/> Check this box if you have notified the IRS or the IRS has notified you that one of the years for which you are requesting a transcript involved identity theft on your federal tax return.	

Note. If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS may notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, **either** husband or wife must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign Here	Signature (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
	Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

The IRS has created a page on IRS.gov for information about Form 4506T-EZ at <http://www.irs.gov/form4506>. Information about any recent developments affecting Form 4506T-EZ (such as legislation enacted after we released it) will be posted on that page.

Caution. Do not sign this form unless all applicable lines have been completed.

Purpose of form. Individuals can use Form 4506T-EZ to request a tax return transcript for the current and the prior three years that includes most lines of the original tax return. The tax return transcript will not show payments, penalty assessments, or adjustments made to the originally filed return. You can also designate (on line 5) a third party (such as a mortgage company) to receive a transcript. Form 4506T-EZ cannot be used by taxpayers who file Form 1040 based on a tax year beginning in one calendar year and ending in the following year (fiscal tax year). Taxpayers using a fiscal tax year must file Form 4506-T, Request for Transcript of Tax Return, to request a return transcript.

Use Form 4506-T to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506T-EZ to the address below for the state you lived in when the return was filed.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Mail or fax to the "Internal Revenue Service" at:

RAIVS Team
Stop 6716 AUSC
Austin, TX 73301
512-460-2272

RAIVS Team
Stop 37106
Fresno, CA 93888
559-456-5876

RAIVS Team
Stop 6705 P-6
Kansas City, MO 64999
816-292-6102

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the address on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address.

Signature and date. Form 4506T-EZ must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506T-EZ within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506T-EZ exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. If you request a transcript, sections 6103 and 6109 require you to provide this information, including your SSN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506T-EZ will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 9 min.; **Preparing the form**, 18 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506T-EZ simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Products Coordinating Committee
SE:W:CAR:MP:T:M:S
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.