

CUMBERLAND HOUSING ALLIANCE

635 East First Street, Cumberland, MD 21502

Cornerstone Hill Purchase Qualification Application

Please complete all sections of this Application and ANSWER all questions. The answers provided on this document are utilized to determine your eligibility for purchasing one of the properties at Cornerstone Hill. DO NOT leave any questions blank. If a question does not apply write "NO". If you do not understand a question, ask your coordinator or sales agent for an explanation.

WARNING: Making false statements on this affidavit is considered FRAUD and may result in TERMINATION from the program and CRIMINAL PROSECUTION.

HEAD OF HOUSEHOLD					
Last Name	First Name	Home Phone Number			
		()			
Street Address	Apt Number	Cell Phone Number			
		()			
City State	Zip Code	Work/Message Phone Number			
		()			
Driver's License #	State:	Expires:			
In Case of an	Addraga	Phone No.			
Emergency Notify: Name	Address	FIIOHE NO.			

followed by spouse/co-head then oldest to youngest household members.											
Full Name Exactly as appears on Social Security card	Social Security #	Age	Birthdate mm/dd/yy	Place of Birth	Relationship to Head of Household	Sex M/F	Race Code	Ethnicity Code	Marital Status Code		
1)					Head of Household						
2)											
3)											
4)											
5)											
6)											

Race Code: 1 = White, 2 = Black, 3 = American Indian or Alaskan Native, 4 = Asian/Pacific Islander,

5 = Other- Specify

Ethnicity Code: 1 = Hispanic, 2 = Not Hispanic

Marital Status Code: S = Single, M = Married, P = Separated, D = Divorced

(SS), Supplemental to Social Security (SSI), Temporary Cash Assistance (TCA), Unemployment, Employment, Child Support, Alimony, VA, Railroad, TEMHA, Pension, Severance Pay, Food Stamps, Cash, Tips, Bonuses, Military or Reserve pay, etc. Source Gross Employer Telephone Household Member Name of Monthly Employer Name & Address Number Income Income 1 2 3 4 You are required to submit with this application, the first page of the last two years of your Federal tax return and the pay stubs for all income sources for a two month period prior to the application submission date. CERTIFICAION OF AFFIDAVIT WARNING Title 18, Section 1001 of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER MARYLAND STATE LAW. I I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct to the best of my knowledge, information, and belief. I/We understand and acknowledge that making false statements on this affidavit is a crime under state and federal law, which may result in termination from the program and criminal prosecution. Signature of Head of Household Date Signature of Spouse Date **** If you have anyone outside your household helping you to complete this form, please provide their name and their relation to your family **** Name **Relationship to Family** Date

HOUSEHOLD INCOME - Please list all household members who have an income. Includes: Social Security