

**CURE Development**

**Warburton Avenue, Suite 2A**

**Yonkers, NY 10701**

**Office: 914-207-0648 [www.curedevelopment.org](http://www.curedevelopment.org)**

Office use only: Date received _____ Hand-delivered or Mailed or Faxed Supporting documents attached? Yes/No
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**Home Improvement Program Application**

*Applicants are qualified on a first-come, first-served basis. An acceptable application must include all of these items:*

- One month’s most recent pay stubs for all working household members.
- Social security, pension, child support, alimony, or other benefit award letters. These must be CURRENTLY DATED (not the annual letter) and show amount of monthly benefits. Divorce decree, if applicable.
- Federal tax returns for the past three (3) years – with all schedules and W-2’s for all household members required to file.
- Three months’ most recent bank statements for all accounts, including checking, savings, money markets, mutual funds, retirement accounts, certificates of deposit, stocks and bonds, etc.
- Copy of deed or stock certificate (if coop). Deed must be in your name. If spouse’s name is on deed but is deceased, please provide death certificate. Certificate of Occupancy and survey, if available.
- Declaration page of homeowner’s insurance.
- Owner’s proof of identification and age.
- Most recent residential property tax bill.
- Interest rate of current mortgage, and interest rate on any secondary or silent mortgage.

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Applicants must be within the HUD guidelines to pre-qualify.

- HUD low income guidelines. 112% of low income for Westchester County:

1 person - \$75,533.    2 people - \$86,285.    3 people - \$97,037.    4 people - \$107,789.

5 people - \$116,480.    6 people - \$125,082.

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*Please print clearly –*

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Co-applicant: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Contact person: Applicant or Co-applicant? (circle) Email: \_\_\_\_\_

Number of people in household? \_\_\_\_\_

**List All Household Members:**

Name	Relationship	Birth Date	Gross Income

Total Annual Household Income: \$\_\_\_\_\_ Approximate savings from all sources: \$\_\_\_\_\_

- Type of home: (check one)
- one family
  - multi-family building  
Two Three Four (circle one)
  - condominium
  - cooperative

Approximate year home built: \_\_\_\_\_

**Please provide a detailed explanation of the types of repairs you need**

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**All information is held in the strictest confidence. There will be no discrimination against any person because of race, color, religion, sex, national origin, family status, or disabilities.**

**I/WE HEREBY AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO UNDERSTAND THAT FALSIFIED INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME/US FROM FURTHER CONSIDERATION. I/WE HAVE NO OBJECTIONS TO VERIFICATION OF THE FACTS ABOVE.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE FOLLOWING INFORMATION IS FOR STATISTICAL PURPOSES ONLY:**

**Ethnicity**

- Hispanic
- Non-Hispanic
- Choose not to respond

**Race (check all that apply)**

- American Indian / Alaskan
- Native Hawaiian or other Pacific Islander
- Choose not to respond
- Asian
- Black / Af Am

**Household Composition**

- Elderly
- Disabled
- Single (M\_\_\_ F\_\_\_)  
w/ \_\_\_\_\_ children
- Other: \_\_\_\_\_

**Source of Referral**

- Website
- Radio
- Flyer ( \_\_\_\_\_ )  
(Note location)
- Former Client/ Friend/ Family Member
- Municipal Office ( \_\_\_\_\_ )  
(Municipality)
- Other: \_\_\_\_\_

Please email this completed application to: [james@curedevelopment.org](mailto:james@curedevelopment.org)