

# CHILMARK MORTGAGE INTEREST ASSISTANCE INCOME QUALIFICATION APPLICATION

(March 2003)

**DUKES COUNTY REGIONAL HOUSING AUTHORITY**  
**P.O. Box 4538**  
**Vineyard Haven, MA 02568**

**PHONE: (508) 693-4419 FAX: (508) 693-5710**

[WWW.VHO.VINEYARD.NET](http://WWW.VHO.VINEYARD.NET)

**PLEASE PRINT:**

1. **Name of Applicant** \_\_\_\_\_  
 Street \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

2. **Members of Household, including the Head of Household.**

Names: First, Middle, Last of all household members	Relationship to Head	Sex	Date of Birth	Social Security Number	Occupation or Grade in School
1.	HEAD				
2.					
3.					
4.					
5.					

3. Is a change in the household expected? (Circle One) Yes No  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

4. **ASSETS:** List below the assets of the Household. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc.

Household Member	Description of Assets	Value of Asset
	Checking Account #:	
	Savings Account #:	
	Other:	

**TOTAL ASSETS:** \_\_\_\_\_

**5. INCOME BEFORE DEDUCTION:**

Estimate the gross income (before taxes) anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources.

Household Member Number	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 Months
1.	Salaries & wages		
2.	Salaries & wages		
	V.A. Disability		
	Net income from business		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Unemployment or disability		
	Social Security benefits and/or SSI		
	Regular Alimony or Child Support		
	Other Income: _____		

**TOTAL GROSS INCOME** (Please specify monthly or weekly): \_\_\_\_\_

**6. ALLOWABLE EXPENSES:**

Expense for Care of Children or Sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Child Support Payments	

**TOTAL EXPENSES:** \_\_\_\_\_

**Applicant's Certification:**

**I certify that the information I have given in this application is true and correct and any false statement or misrepresentation may result in the cancellation of my application.**

**Sign under the pains and penalties of perjury.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

