



**PRELIMINARY APPLICATION FOR:
140 Beech Street, Holyoke MA**

APPLICANT(S): _____

ADDRESS: _____

TELEPHONE NO.: HOME: _____ WORK: _____ OTHER: _____

ALL FAMILY MEMBERS TO OCCUPY RESIDENCE (including applicant)

NAME	RELATIONSHIP TO APPLICANT	* AGE	PRESENT EMPLOYER	CURRENT OR MONTHLY WAGES

* You are only required to give the age of minor children.

TOTAL NUMBER OF PERSONS TO OCCUPY RESIDENCE: _____

APPLICANT: LIST OF EMPLOYERS FOR THE PAST FIVE (5) YEARS

COMPANY NAME	FULL ADDRESS	IMMEDIATE SUPERVISOR	FROM	TO

CO-APPLICANT: AND/OR OTHER FAMILY MEMBERS: LIST EMPLOYERS FOR PAST FIVE (5) YEARS

NAME OF FAMILY MEMBER	COMPANY NAME	FULL ADDRESS	IMMEDIATE SUPERVISOR	FROM	TO



PRELIMINARY APPLICATION FOR 140 Beech Street, Holyoke MA
LIST RESIDENCES FOR PREVIOUS FIVE (5) YEARS

PRESENT ADDRESS:	FROM	TO	OWNER'S NAME	OWNER'S ADDRESS
1.				
PREVIOUS ADDRESSES:				
1.				
2.				
3.				

APPLICANT'S DATE OF BIRTH: _____ CO-APPLICANT'S DATE OF BIRTH: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____

CO-APPLICANT'S SOCIAL SECURITY NUMBER: _____

GROSS ANNUAL EARNINGS OF FAMILY FOR PREVIOUS YEAR: \$ _____

(Program participants will be required to verify income through submission of the family's copies of: **1040 or 1040 I.R.S. forms.**)

(Pay stubs or wage reports may be required from employers.)

I do hereby make application for the purchase of a TWO-FAMILY HOME AT 140 BEECH STREET.

I authorize investigation of all statements contained in this application, and I specifically authorize any credit reporting service, employers, landlord/tenant service and personal references to disclose any information about me. I also authorize the sharing of any and all information obtained, in connection with my application, with any participating Lender Bank and/or government lending institution. I further understand that misrepresentation or omission of facts called for is cause for denial of this application. I acknowledge receipt of the criteria for 140 BEECH STREET PRELIMINARY APPLICATION.

DATE: _____

(All persons 18 years of age or more who will be residing at this address must sign this form.)