

AMOUNT: _____ DATE: _____ INITIALS _____

North Suburban Consortium's First Time Homebuyers Counseling Workshop Application

Date: _____

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: () _____ Email address: _____

What Type of Property would you like to purchase?

Condo _____ One _____ Two _____ Three _____

FUNDING INFORMATION

How many People live in your household? _____

PUT A CHECK MARK FOR YOUR FAMILY SIZE AND INDICATE IF YOUR FAMILY
HOUSEHOLD INCOME IS BELOW OR ABOVE THE FIGURE SHOWN.

ONE PERSON FAMILY ()	BELOW () \$46,300	ABOVE ()
TWO PERSON FAMILY ()	BELOW () \$52,950	ABOVE ()
THREE PERSON FAMILY ()	BELOW () \$59,500	ABOVE ()
FOUR PERSON FAMILY ()	BELOW () \$66,100	ABOVE ()
FIVE PERSON FAMILY ()	BELOW () \$71,450	ABOVE ()
SIX PERSON FAMILY ()	BELOW () \$76,750	ABOVE ()
SEVEN PERSON FAMILY ()	BELOW () \$82,050	ABOVE ()
EIGHT PERSON FAMILY ()	BELOW () \$87,350	ABOVE ()

White Black Hispanic Asian Other

Elderly Disabled

Male Head of Household Yes No

Female Head of Household Yes No

CERTIFICATION

The applicant certifies that all information in this application is true to the best of his or her knowledge and gives his or her permission to verify information provided from any source herein.

Applicant's Signature

Spouse's Signature

Date: _____

Please note: Due to space limitations, a total of no more than two adults (per household) may attend classes (adults only please).

North Suburban Consortium Workshop & Certificate - \$60.00
(Required to participate in NSC's First Time Homebuyers Program)

Return this form with your check to:

North Suburban Consortium
Government Center
200 Pleasant Street, Room 621
Malden, MA 02148
(781) 324-5720
Fax: (781) 322-3734