

GOOD SAMARITAN HOMEOWNERSHIP PROGRAM

REGISTRATION FORM

- 1) Applicant(s) Name(s) _____
- 2) Address _____
- 3) City _____ State _____ Zip _____
- 4) Home Phone (____) _____
- Work Phone (____) _____
- Work Phone (____) _____
- 5) Household Size: # of Adults _____ # of Children _____
- 6) Current amount available for down payment \$ _____

The program is designed to help first time buyers with **gross annual household incomes at or under** the limits specified below:

<u>Household Size</u>	<u>Household Income</u>	<u>Household Size</u>	<u>Household Income</u>
1	\$37,170	5	\$57,225
2	\$42,420	6	\$61,530
3	\$47,800	7	\$65,730
4	\$52,000	8	\$70,035

- 7) Please check which income range most closely agrees with your own (include all salaries, child support, etc. in the household).

_____ \$14,999 or under	_____ \$25,000 to \$28,999	_____ \$38,000 to \$42,999
_____ \$15,000 to \$19,999	_____ \$29,000 to \$32,999	_____ \$43,000 or over
_____ \$20,000 to \$24,999	_____ \$33,000 to \$37,999	

- 8) Please check which outstanding debts you pay & how much you pay each MONTH?

_____ Car Loan #1	Amount \$ _____	_____ Visa / MasterCard	Amount \$ _____
_____ Car Loan #2	Amount \$ _____	_____ Child Support / Alimony	Amount \$ _____
_____ Bank Loan	Amount \$ _____	_____ Student Loan	Amount \$ _____
_____ Bank Loan	Amount \$ _____	_____ Other Debt	Amount \$ _____

- 9) Please check how you first heard of the Good Samaritan Homeownership Program? You may also wish to indicate what realtor, bank etc. you heard about us from?

_____ From a relative or friend: _____	_____ From a realtor: _____
_____ From the radio: _____	_____ From the Newspaper: _____
_____ From my Bank: _____	_____ Other: _____

- 10) Please check which type of housing you would consider buying? (more than one type may apply)

_____ Single Family _____ Duplex _____ 3 to 4 Family Home _____ 4+ Family Home

- 11) Please check where you are interested in purchasing housing? (more than one area may apply.)

_____ Southern Berkshire _____ Northern Berkshire _____ Pittsfield & Central Berkshire

- 2) If you have a specific town(s) in mind, please list : _____

- 3) What school district do you need/want to live in? _____

- 14) What price range are you looking in or what price range can you afford? \$ _____

All adults within the household & whose name will appear on the mortgage, who wish to utilize our program funds, **MUST** be willing to attend the entire series of seminars.

We (I) are/am interested in the GSHP. The fee for the seminar is \$25.00 per household. I/we have enclosed a check or money order made payable to Berkshire Fund so a seat may be reserved for us (me) at your next available seminar series. If this particular seminar has been filled, Berkshire Fund will contact you by phone and place your name on the next available waiting list. (For upcoming availability/location, please call 499-1630 ext. 108.)

SIGNATURE OF APPLICANTS: _____

DATE: _____

**RETURN FORM TO: Berkshire Housing Development Corp., 74 North St.,
Room 302, Pittsfield, MA 01201-5171**