**Fairway Foundation**

Fairway Independent Mortgage Corporation in conjunction with the Fairway Foundation, their 501c3 not-for-profit arm, will be awarding a mortgage-free home to Veteran Purple Heart recipients wounded in Iraq or Afghanistan conflict.\* (see Application Details attached)

Please be sure to RETAIN THE PROGRAM GUIDELINES after you send in the application as it contains important program information.

Failure to provide complete and accurate information may cause disqualification.

1. Veteran Applicant: First M.I. Last \_\_\_\_\_\_\_\_\_\_

Street Address Town Zip

Mailing Address (if different from above)

Home Telephone # Cell Phone #

Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone #

Work Street Address Town Zip

Check here if not employed:

Stay-at-home parent Disabled Retired Other

2. Applicant #2 (Spouse/Partner/Caretaker, etc)

Name: First M.I. Last

Street Address Town Zip

Mailing Address (if different from above)

Home Telephone # Relationship to Applicant # 1:

Cell Phone # Employed by:

Work Telephone #

Work street Address Town Zip

Check here if not employed:

Stay-at-home parent Disabled Retired Other

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3. Total Number of Members in Household

4. Are you a U.S. Citizen? Applicant #1: YES NO

Applicant #2: YES NO

If you answered NO, are you a legal resident alien?

Applicant #1: YES NO

Applicant #2: YES NO

If you answered YES, you are required to provide proof of your legal alien status with

this application.

1. Do you presently own a home? Applicant #1: YES NO

Applicant #2: YES NO

1. Have you owned a home within the last three (3) years?

Applicant #1: YES NO \_\_\_\_\_\_\_

Applicant #2: YES NO \_\_\_\_\_\_\_\_

If either applicant answered "YES" to question 6, explain the circumstances under which you no longer own a home:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Applicant #2: Are you also U.S. active military or veteran? |  | YES NO |

If you answered YES, you are asked to provide a DD-214 form, indicating honorable discharge.

1. Do you own a time share?

Applicant #1: YES NO Applicant #2: YES NO

1. List the name of any member of the household who is disabled.

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**QUESTIONS 9 and 10 MUST BOTH BE ANSWERED**:

The following information is being requested for statistical and reporting purposes only, to comply with federal equal

o p p o rtunity requirements.

**Your a n s w ers will n o t a ffe c t you r eligibility for this program.**

**9. Ethnicity of Head of Household**: Are you Hispanic/Latino? Yes

(11) White

(12) Black/African American

(13) Asian

(14) American Indian or Alaska Native

(15) Native Hawaiian or Other Pacific Islander

(16) American Indian/Alaskan Native and White

(17) Asian and White

(18) Black/African American and White

(19) Amer. Indian/Alaskan Native and Black/African American

(20) Other Multi-Racial

(21) Asian/Pacific Islander

**10. Race of Head of Household**:

(11) White

(12) Black/African American

(13) Asian

(14) American Indian or Alaska Native

(15) Native Hawaiian or Other Pacific Islander

(16) American Indian/Alaskan Native and White

(17) Asian and White

(18) Black/African American and White

(19) Amer. Indian/Alaskan Native and Black/African American

(20) Other Multi-Racial

(21) Asian/Pacific Islander

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* 1. List each person who will live with you in the household. Start with yourself and please include **custodial** children (who live with you at least 50% of the time), spouse, fiancé, life partner, parent, friend, etc. (regardless of relationship)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | First Name: | Last Name | Circle one: Male or | Self | Annual Income |
|  | **Social Security #:** |  | Female  **Date of Birth:** |  |  |
| 2 | First Name: | Last Name | Circle one: Male or | Relationship to #1 | Annual Income |
|  |  |  | Female |  |  |
|  | **Social Security #:** |  | **Date of Birth:** |  |  |
| 3 | First Name: | Last Name | Circle one: Male or Female | Relationship to #1 | Annual Income |
|  | **Social Security #:** |  | **Date of Birth:** |  |  |
| 4 | First Name: | Last Name | Circle one: Male or | Relationship to #1 | Annual Income |
|  |  |  | Female |  |  |
|  | **Social Security #:** |  | **Date of Birth:** |  |  |
| 5 | First Name: | Last Name | Circle one: Male or | Relationship to #1 | Annual Income |
|  | **Social Security #:** |  | Female  **Date of Birth:** |  |  |
| 6 | First Name: | Last Name | Circle one: Male or | Relationship to #1 | Annual Income |
|  |  |  | Female |  |  |
|  | **Social Security #:** |  | **Date of Birth:** |  |  |
| 7 | First Name: | Last Name | Circle one: Male or Female | Relationship to #1 | Annual Income |
|  | **Social Security #:** |  | **Date of Birth:** |  |  |
| 8 | First Name: | Last Name | Circle one: Male or | Relationship to #1 | Annual Income |
|  |  |  | Female |  |  |
|  | **Social Security #:** |  | **Date of Birth:** |  |  |

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* 1. CURRENT EMPLOYMENT: List all current employers for each wage earner over 18 years of age listed in section above. Include a separate sheet for any other employers. Do not list any past employers.

|  |  |  |
| --- | --- | --- |
| Your Name: | Employed by: | Gross Annual Income:  $ |
| Location Address: |  |
| Job Title: | Full Time employee?  YES / NO  Please circle your choice |
| Date Hired: |

|  |  |  |
| --- | --- | --- |
| Your Name: | Employed by: | Gross Annual Income:  $ |
| Location Address: |  |
| Job Title: | Full Time employee?  YES / NO  Please circle your choice |
| Date Hired: |

|  |  |  |
| --- | --- | --- |
| Your Name: | Employed by: | Gross Annual Income:  $ |
| Location Address: |  |
| Job Title: | Full Time employee?  YES / NO  Please circle your choice |
| Date Hired: |

|  |  |  |
| --- | --- | --- |
| Your Name: | Employed by: | Gross Annual Income:  $ |
| Location Address: |  |
| Job Title: | Full Time employee?  YES / NO  Please circle your choice |
| Date Hired: |

* 1. ANY OTHER SOURCES OF INCOME: List all sources of income other than wages (i.e., social security, disability, unemployment, retirement income, workers comp, investment income, etc.) and state the frequency it is paid (i.e., weekly, monthly, annually, etc.) and provide proof (award letter, annual statement, etc.).

|  |  |  |  |
| --- | --- | --- | --- |
| Recipients Name | Income Source | Amount | Frequency |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

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* 1. BANKING INFORMATION: Please provide current information for each bank account held by any adult household members and send copies of the last three months bank/financial statements for each account listed below. Also include any retirement accounts, such as 401-K accounts, IRA’s stocks, bonds, money market accounts, certificates of deposits (CD accounts), etc.

Please include separate sheet for any other financial information

Name(s) on the Account:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: | | | |
| Account Number: | | | |
| Current Balance (as of today’s date): | | | |
| Check Account Type: | Savings |  |  |
| Checking |  |  |
| Other |  |  |

Name(s) on the Account:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: | | | |
| Account Number: | | | |
| Current Balance (as of today’s date): | | | |
| Check Account Type: | Savings |  |  |
| Checking |  |  |
| Other |  |  |

Name(s) on the Account:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: | | | |
| Account Number: | | | |
| Current Balance (as of today’s date): | | | |
| Check Account Type: | Savings |  |  |
| Checking |  |  |
| Other |  |  |

Name(s) on the Account:

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name: | | | |
| Account Number: | | | |
| Current Balance (as of today’s date): | | | |
| Check Account Type: | Savings |  |  |
| Checking |  |  |
| Other |  |  |

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**Please read this entire page and then sign below.**

**I hereby authorize** the release of financial information by and to the Fairway Foundation Office on my behalf in relation to this application for the Veterans Home Giveaway. This authorization includes the release of any financial information and documentation to the Fairway Foundation Office, its affiliates or from any employer.

**I understand that providing false or incomplete information may disqualify me** from consideration

Applicant #1 Signature \_\_\_\_\_\_\_\_Date

Applicant #2 Signature Date \_\_\_\_\_\_\_\_

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**Required Documentation Checklist**

* **Use this checklist to be sure your application package is complete.**
* **Your application will not be considered complete unless all the following applicable documentation is included.**
* **Incomplete applications will not be reviewed for eligibility.**
* **Applicants will be informed when the decision has been made by the Veteran selection Committee.**

**Signed and dated** Fairway Foundation Application.

**Two months of current consecutive pay stubs** showing year-to-date gross earnings for all household members over 18 years of age. If year-to-date earnings are not included on pay stubs, a letter signed by your employer on company letterhead is required. Letter must state your title/position, annual salary and/or rate of pay, with number of weekly hours worked.

**Three (3) current consecutive bank/financial statements** with all pages for each applicable bank account. Please note that applicant(s)

**Copies of your signed** IRS 1040-Federal Tax Returns with all required schedules and W-2 statements for the last three years . If you file electronically, please sign all schedules before sending them.

**Current school transcripts** for household members over the age of 18 receiving some type of income (if applicable).

**Copies of documentation** for Social Security Benefits, Disability Income, Pension Income, Unemployment, etc. (if applicable).

**Separation Agreement** or Divorce Decree (if applicable).

**Proof** of legal resident alien status (if applicable).

**For U.S. military veterans**, a DD-214 discharge form verifying honorable discharge

and VA Award Letter indicating disability award if any.

RETURN BY U S POSTAL SERVICE OR TO RETURN BY COURIER SERVICE TO or Drop off at:

Fairway Foundation

1757 Veterans Highway, Suite 12

Islandia, NY 11749

Ph. 631-881-5100 email: [FairwayFoundationNY@gmail.com](mailto:FairwayFoundationNY@gmail.com)

Suffolk County Veteran Not Profit Registration Permit number 012

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