

**TOWN OF AMHERST
FIRST TIME HOMEBUYER PROGRAM**

REQUEST TO BE PLACED ON THE WAITING LIST

Please fill in the following information to be placed on the waiting list:

Name: _____

Street Address with Zip code: _____

Telephone Number: _____

Email: _____ Preferred Contact Method? _____

Total number of people in household: _____

Approximate Current Gross Yearly Income for all household members \$ _____

How did you hear of our program? _____

Are your rental payments current?	Yes	No
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Have you been prequalified for a mortgage	Yes	No
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When do you plan on buying a home in Amherst? _____

I understand that this information will be kept confidential and certify that it is correct to the best of my knowledge. I also acknowledge that I will need to attend the free homebuyer's workshop through Belmont Housing Resources before I can be qualified for the program.

Homebuyer's Signature

Date

Return this completed form to:

**Amherst Planning Department
Community Development Program
5583 Main Street
Williamsville, NY 14221
Email: sfitzpatrick@amherst.ny.us
Phone: (716) 631-7082 • Fax: (716) 631-7153**