

# Fairway Foundation, Inc.

4801 S. Biltmore Lane  
Madison, Wisconsin 53718

1200 Veterans Highway, Suite 102  
Hauppauge, New York 11788  
Tel. 631-881-5100 / Fax. 631-851-8715

Fairway Independent Mortgage Corporation in conjunction with the Fairway Foundation, their 501c3 not-for-profit arm, will be awarding a home to an honorably discharged Veteran who served post 9/11/01 and is a Purple Heart recipient. (See 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 \_\_\_\_\_



**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 opportunity requirements.

**Your answers will not affect your 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

- a. 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 Female	Self	Annual Income
	Social Security #:		Date of Birth:		
2	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
	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 Female	Relationship to #1	Annual Income
	Social Security #:		Date of Birth:		
5	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
	Social Security #:		Date of Birth:		
6	First Name:	Last Name	Circle one: Male or Female	Relationship to #1	Annual Income
	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 Female	Relationship to #1	Annual Income
	Social Security #:		Date of Birth:		

- b. 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:	

- c. 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
		\$	
		\$	
		\$	
		\$	

- d. **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		

**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 \_\_\_\_\_

## **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.

**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  
1200 Veterans Highway, Suite 102  
Hauppauge, NY 11788

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

Suffolk County Veteran Not Profit Registration Permit number 012