PECONIC BAY REGION COMMUNITY PRESERVATION FUND
TOWN OF SOUTHAMPTON
FIRST-TIME HOMEBUYER'S EXEMPTION APPLICATION

Schedule A Information Relating to Conveyance — Please print or type

Grantor ☐ Individual ☐ Corporation ☐ Partnership ☐ Other	Name (individual: last, first, middle initial)	Social Security Number
	Mailing Address	Social Security Number
	City State Zip Code	Federal Employer ID Number
Grantee ☐ Individual ☐ Corporation ☐ Partnership ☐ Other	Name (individual: last, first, middle initial)	Social Security Number
	Mailing Address	Social Security Number
	City State Zip Code	Federal Employer ID Number

Location and description of property conveyed

Tax Map Designation				Address	Village/ Hamlet	Town
Dist	Section	Block	Lot			

Date of Contract: ____ ____ ____ (Month Day Year)

Date of Conveyance: ____ ____ ____ (Month Day Year)

Schedule B: Income and Purchase Price

1. Income…….. $_____
   (Verified by latest available Federal or State Income Tax Return)
2. Purchase Price…….. $_____
   (Verified by executed contract of sale)

The undersigned Applicant(s)/Grantee(s) hereby certifies/certify that the property which is the subject of the application will be the primary residence of the Applicant(s) and that the Applicant(s) is/are a "first time homebuyer(s)" as defined by Section 1449-aa(18) of the New York State Tax Law. A first time homebuyer is a person who has not owned a primary residence and is not married to a person who has owned a residential property, including a manufactured home, town house or condominium at any time during the three-year period immediately prior to the date of the conveyance and does not own a vacation or investment home as of such date. This application, including any certification, schedule or attachment is, to the best of his/her/their knowledge, true and complete.

False statements made pursuant to this application are punishable by Class-A misdemeanor.

_____ _____

Applicant (Grantee) Applicant (Grantee)

ACKNOWLEGMENT

State of New York)
County of Suffolk) ss.

On the ____day of _____, 20 __, before me, the undersigned, a notary public in and for said state, personally appeared_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his capacity, and that by his/her signature on the instrument, the individual, or the persons on behalf of which the individual acted, executed the instrument.

_____
Notary Public

ACKNOWLEGMENT

State of New York)
County of Suffolk) ss.

On the ____day of _____, 20 __, before me, the undersigned, a notary public in and for said state, personally appeared_____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that (s)he executed the same in his capacity, and that by his/her signature on the instrument, the individual, or the persons on behalf of which the individual acted, executed the instrument.

_____
Notary Public

Approved:

_____ _____

CPF Manager - Town of Southampton Date