

DOWNPAYMENT ASSISTANCE PROGRAM
APPLICATION

GENERAL INFORMATION

Date: _____

Name:

Social Security #:

Date of Birth

Co-Applicant Name:

Social Security #:

Date of Birth

Address

City, State

Zip Code

Primary Phone # (H): _____

(W): _____

(Cell): _____

Co-Applicant (W): _____

Primary E-mail: _____

Alternate: _____

Most Convenient Time to Set-Up An Appointment: _____

Marital Status:

_____ Married

_____ Unmarried (Single, Divorced, Widowed)

_____ Separated

Dependents:

Name

Social Security Number

Date of Birth

Name

Social Security Number

Date of Birth

Name

Social Security Number

Date of Birth

Name

Social Security Number

Date of Birth

Name

Social Security Number

Date of Birth

EMPLOYMENT AND INCOME

APPLICANT'S GROSS INCOME:

\$ _____ \$ _____ \$ _____ \$ _____
Hourly Weekly Monthly Yearly

Employer Name: _____

Employer Address: _____

Start Date: _____ Length of Time At Current Employment: _____

Part Time: Yes / No Full Time: Yes / No Seasonal: Yes / No Temporary: Yes / No

IF LESS THAN TWO (2) YEARS, PREVIOUS EMPLOYER:

\$ _____ \$ _____ \$ _____ \$ _____
Hourly Weekly Monthly Yearly

Employer Name: _____

Employer Address: _____

Start Date: _____ Length of Time At Current Employment: _____

Part Time: Yes / No Full Time: Yes / No Seasonal: Yes / No Temporary: Yes / No

CO-APPLICANT'S GROSS INCOME:

\$ _____ \$ _____ \$ _____ \$ _____
Hourly Weekly Monthly Yearly

Employer Name: _____

Employer Address: _____

Start Date: _____ Length of Time At Current Employment: _____

Part Time: Yes / No Full Time: Yes / No Seasonal: Yes / No Temporary: Yes / No

IF LESS THAN TWO (2) YEARS, PREVIOUS EMPLOYER:

\$ _____ \$ _____ \$ _____ \$ _____
Hourly Weekly Monthly Yearly

Employer Name: _____

Employer Address: _____

Start Date: _____ Length of Time At Current Employment: _____

Part Time: Yes / No Full Time: Yes / No Seasonal: Yes / No Temporary: Yes / No

OTHER INCOME SOURCES

Child Support - Monthly

Child's Name	Date of Birth	\$ _____
Child's Name	Date of Birth	\$ _____
Child's Name	Date of Birth	\$ _____
Child's Name	Date of Birth	\$ _____

Pension/Disability/Social Security - Monthly

Recipient Name	Source	\$ _____
Recipient Name	Source	\$ _____
Recipient Name	Source	\$ _____

Savings Interest

Bank/Credit Union	Source	\$ _____
Bank/Credit Union	Source	\$ _____
Bank/Credit Union	Source	\$ _____

Other Income

Name of Source	\$ _____
Name of Source	\$ _____
Name of Source	\$ _____

Total Monthly Income From Other Sources:	\$ _____
Total Applicant Monthly Employment Income:	\$ _____
Total Co-Applicant Monthly Employment Income:	\$ _____
Total Household <i>Monthly</i> Income:	\$ _____
Total Household <i>Yearly</i> Income:	\$ _____

HOUSING PRIORITIES

Number of Bedrooms: _____ Number of Bathrooms: _____

Special Needs (Handicapped, Elderly): _____

Have you owned a home within the past three (3) years: _____ Yes _____ No

Are you currently residing in Public Housing? _____ Yes _____ No

Are you currently participating in any Self-Sufficiency Program
such as Project Self-Sufficiency, etc.?.? _____ Yes _____ No

Are you currently participating in a Housing Choice Voucher Program?
If "Yes", describe the program: _____ Yes _____ No

FIRST-TIME HOMEBUYER PROGRAM

Each applicant must make the following certifications:

1. I/We understand and agree that the answers given on all pages represent those individuals who I expect to initially share occupancy of the Residence with me.

2. I certify that if applying for VHDA financing, I am a first-time homebuyer, who has not had an ownership interest in a principal residence for at least three (3) years prior to applying for financing. A principal residence includes a single-family residence, a condominium, share in a housing cooperative, any manufactured home or mobile home permanently affixed to a permanent foundation and considered real property, or occupancy in a multifamily residence owned by me. An ownership interest means ownership by any means, whether outright or partial, including property subject to mortgage or other security interest; it also includes a fee simple ownership interest, a joint ownership interest by joint tenancy in common, or tenancy by the entirety or a life estate interest.

3. I understand and agree that if the DPA Loan is issued on my behalf, it may not be transferred.

4. I understand and agree that I may seek financing from any Lender of my choosing, and further understand that CRHA reserves the right to deny DPA if it believes the lender is charging excessive fees and/or mortgage interest rates to complete the loan transaction.

CERTIFICATION OF THE APPLICANT

I acknowledge that a material misstatement negligently made by me in this application or in any other connection with my applying for a DPA Loan will constitute a violation punishable by a fine and possible criminal penalties imposed by law, and will result in the cancellation or revocation of the Loan. I acknowledge that any false statement or misrepresentation or the fraudulent use of any instrument, facility, article, or other valuable thing or service pursuant to my participation in the DPA program is punishable by fine.

APPLICANT

DATE

APPLICANT

DATE

Name and Title of CRHA Representative _____

DATE