Redevelopment Authority
of Prince George's County

PGCPAP

HOUSING INVESTMENT TRUST FUND

PRINCE GEORGE'S COUNTY PURCHASE ASSISTANCE PROGRAM (PGCPAP)

Loan Application

APPLICANT NAME(S): _____

PROPERTY ADDRESS: _____

MAXIMUM INCOME CHART UP TO 120% AMI

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Up to 120% AMI	$98,450	$112,500	$126,600	$140,650	$151,900	$163,150	$174,400	$185,650

MUST BE AT LEAST 21 BUSINESS DAYS (NOT INCLUDING FEDERAL HOLIDAYS) LEFT ON SALES CONTRACT FROM DATE OF APPLICATION SUBMITTAL OR APPLICATION WILL BE RETURNED

DTI: 35% front max 47% back max (35.01% or 47.01%) will not be accepted. NO EXCEPTIONS

Lender Company Name:

_____

Loan Officer: _____

Email Address: _____

PGCPAP Loan Officer Certification #:

_____

Contact Person: _____

Phone Number: _____

Email Address:

Settlement Company Name:

_____

Contact Person: _____

Email Address: _____

PGCPAP TITLE COMPANY Certification #:

_____

Contact Person: _____

Phone Number: _____

Email Address:

Selling Agent Name: _____ **Company:** _____

Email: _____ **Telephone:** _____

Listing Agent Name: _____ **Company:** _____

Email: _____ **Telephone:** _____

I/We are applying for the **PGCPAP** down payment and closing costs assistance for the purchase of the property listed below.

List full names of All Persons who will have ownership in the property:

_____

Are any of the Purchasers an Owner or Co-Owner of any property? ☐ Yes ☐ No
Have any of the Purchasers owned a home within the last 3 years? ☐ Yes ☐ No

IF YES TO ANY OF THE ABOVE STOP YOU ARE NOT QUALIFIED FOR THIS PROGRAM.

Does Purchasers intend to live in this home as their primary residence? ☐ Yes ☐ No

Have Purchasers successfully completed (minimum 8 hours) Housing Counseling course through a HUD Certified Counseling Agency and received a Certificate of Completion? (**IN CLASSROOM ONLY**)

☐ Yes, Name of Counseling Agency: _____
☐ Certificate Attached, Dated: _____

PROSPECTIVE PROPERTY INFORMATION

Street Address _____

City: _____ State: _____ Zip Code: _____

Property Tax Account: _____

Offer or Contract Price: _____ (UP TO 120% AMI) (Sales Price limit is $462,000.00).

Is the property a foreclosure or short sale? _____

If yes provide name of bank or financial institution ownership entity:

Name: _____

BANK APPROVAL WITH AT LEAST 21 BUSINESS DAYS REMAINING ON CONTRACT, NOT INCLUDING FEDERAL HOLIDAYS TO ALLOW FOR PGCPAP PROCESSING, IS REQUIRED FOR ALL SHORT SALES. IF BANK APPROVAL HAS EXPIRED OR DOES NOT HAVE AT LEAST 21 BUSINESS DAYS LEFT, EVIDENCE OF NEW REQUEST FOR EXTENSTION TO REO COMPANY MUST BE SUBMITTED WITH APPLICATION.

Please note that name and address of real estate agent listing property will not be accepted.

Is the property currently occupied? ☐ Yes ☐ No
If yes, is the property occupied by a tenant? ☐ Yes ☐ No
Has seller signed PGCPAP Notice to Seller Affidavit? ☐ Yes ☐ No

If property is occupied by a tenant property is not eligible. PGCPAP will verify occupancy for each application submitted.

APPLICANT/PURCHASER INFORMATION:

NAME:_____

Date of Birth: _____ AGE:____ SS#: _____

☐US Citizen, or ☐ Registered Alien No: _____

PRESENT ADDRESS: No. Years_____
Street: _____

City, State, ZIP:

_____

FORMER ADDRESS: No. Years: _____

Street: _____

City, State, ZIP:

_____

Dependents other than listed by Co-Applicant:

No: ____Ages:_____

Marital Status: ☐ Married, ☐ Separated, ☐ Unmarried

_____

Name & Address of Employer:_____

_____

_____

Job Location:_____

Type of Business:_____Self Employed? _____

Profession: _____ Yrs. in this Profession: _____

Cell Phone	Home Phone	Work Phone
_____	_____	_____

INCOME: (Gross Income – before taxes and deductions)

W = Weekly, B-I = Bi-Weekly, A = Annual

APPLICANT:		Check One		
		W	B-W	A
Base Employment	$_____	☐	☐	☐
Overtime	$_____	☐	☐	☐
Bonus/Commission	$_____	☐	☐	☐
Dividend/Interest	$_____	☐	☐	☐
Pension/SSI/Annuity	$_____	☐	☐	☐
Child Support	$_____	☐	☐	☐
Other:	$_____	☐	☐	☐
TOTAL:	$_____			

CO-APPLICANT/PURCHASER INFORMATION:

NAME: _____

Date of Birth:_____ AGE:____ SS#:_____

☐ US Citizen, or ☐ Registered Alien No: _____

PRESENT ADDRESS: No. Years_____
Street: _____

City, State, ZIP:

_____

FORMER ADDRESS: No. Years: _____

Street: _____

City, State, ZIP:

_____

Dependents other than listed by Co-Applicant:

No: ____ Ages: _____

Marital Status: ☐ Married, ☐ Separated, ☐ Unmarried

_____

Name & Address of Employer:_____

_____

_____

Job Location:_____

Type of Business:_____Self Employed? _____

Profession: _____ Yrs. in this Profession: _____

Cell Phone	Home Phone	Work Phone
_____	_____	_____

INCOME: (Gross Income – before taxes and deductions)

W = Weekly, B-I = Bi-Weekly, A = Annual

APPLICANT:		Check One		
		W	B-W	A
Base Employment	$_____	☐	☐	☐
Overtime	$_____	☐	☐	☐
Bonus/Commission	$_____	☐	☐	☐
Dividend/Interest	$_____	☐	☐	☐
Pension/SSI/Annuity	$_____	☐	☐	☐
Child Support	$_____	☐	☐	☐
Other:	$_____	☐	☐	☐
TOTAL:	$_____			

Provide the following for each person who will live in the home being purchased (excluding Applicant and Co-Applicant).

NAME	Relationship	Gender	D O B	Full Time Student	Income	W	B-W	A	Amount
				☐ Y ☐ N	☐ Y ☐ N ☐ No-Inc.	☐	☐	☐	$
				☐ Y ☐ N	☐ Y ☐ N ☐ No-Inc.	☐	☐	☐	$
				☐ Y ☐ N	☐ Y ☐ N ☐ No-Inc.	☐	☐	☐	$

TOTAL COMBINED ANNUAL HOUSEHOLD INCOME: $_____

ASSETS

(Assets include: cash value of life insurance policies and revocable trusts, retirement/pension funds, cash held in checking/savings accounts,

Stocks/bonds, equity in rental property, personal property held as investments such as gems/jewelry/coin collection/antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one time receipts such as inheritances/capital gains/insurance settlements, and any other asset not listed).

Average Checking Balance: $_____ Bank Name/Location_____

Savings Balance: $_____ Bank Name/Location_____

Vested Retirement Savings: $_____ Description: _____

Stocks/Bonds: $_____ Description: _____

Real Estate Owned- Value: $_____ Description: _____

I/we certify that all information in this application and all information furnished in support of this application are given for the purpose of being approved for down payment/closing cost assistance under the **PGCPAP** in order to purchase the property listed at the beginning of this application. The undersigned hereby gives the Prince George's County **DHCD** the right to obtain all information, which in its sole discretion is necessary to determine eligibility, including a credit report and to verify the information provided in this application. The undersigned also authorizes the first trust mortgage lender to release to the Prince George's County **DHCD** any information related to my (our) application for a mortgage loan. I/we acknowledge that this information will be solely used for determining eligibility and will be treated confidentially in accordance with the provisions of the Federal Privacy Act.

False Statement: Any applicant who makes or causes to be made a false statement or report, whether in the nature of an understatement or overstatement of financial condition or any other fact material to the approval of the application shall be subject to immediate disqualification, immediate acceleration of the loan, and criminal penalties authorized under the laws of the State of Maryland.

I/we understand that all applications submitted to the PGCPAP by a PGCPAP Participating Lender must include a ratified sales contract with at least 21 business days remaining on the contract term not including Federal Holidays or an amendment extending contract by at least 21 business days. The PGCPAP application will not be accepted without compliance to these 21 business days' contract term requirements.

I/we understand that completion of a HUD certified housing counseling course or the submittal of this application to the PGCPAP or the approval of a first mortgage by a PGCPAP Participating Lender does not guarantee approval of PGCPAP assistance; that funds under the PGCPAP are awarded on a first come first ready basis; and that an incomplete application or failure to provide requested information may result in the inability to fund My application after submittal to the PGCPAP, due to depletion of PGCPAP funds by other applications that are completed and ready to close.

I/we understand that the PGCPAP Guidelines may be amended as deemed appropriate and that such amendments may occur after submission of an application for a first mortgage to My participating lender and that PGCPAP application must comply with PGCPAP Guidelines in place at the time My application is submitted to the PGCPAP.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

APPLICANT: I do not wish to furnish this information _____(Initials)

Male ☐, Female ☐, American Indian ☐, Alaskan Native ☐, Hispanic ☐, Asian ☐, Pacific Islander ☐, Black ☐,

White ☐, Other ☐

CO-APPLICANT: I do not wish to furnish this information _____(Initials)

Male ☐, Female ☐, American Indian ☐, Alaskan Native ☐, Hispanic ☐, Asian ☐, Pacific Islander ☐, Black ☐,

White ☐, Other ☐

Is anyone in the household: Elderly ☐, Disabled ☐, handicapped ☐ No ☐ Yes

If yes, how many persons? _____

Prince George's County DHCD encourages and mandates all actions to affirmatively further fair housing. We do not discriminate on the basis of race, color, religion, sex, national origin, disability or familial status.

If you have any questions call (301) 883-5300 TDD-(301) 883-5428

Applicant/Purchaser's Signature	Date	Co-Applicant/Purchaser's Signature	Date
PRINT NAME:		PRINT NAME:	