



**Redevelopment Authority**  
of Prince George's County



**HOUSING INVESTMENT TRUST FUND**  
**PRINCE GEORGE'S COUNTY PURCHASE ASSISTANCE PROGRAM (PGCPAP)**

**Loan Application**

**APPLICANT NAME(S):** \_\_\_\_\_

**PROPERTY ADDRESS:** \_\_\_\_\_

**MAXIMUM INCOME CHART Above 80% not to exceed 120% AMI**

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Above 80% up to 120% AMI	\$65,650 To \$98,450	\$75,000 To \$112,500	\$84,400 To \$126,600	\$93,750 To \$140,650	\$101,250 To \$151,900	\$108,750 To \$163,150	\$116,250 To \$174,400	\$123,750 To \$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 EXTENSION 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).

Full Time

NAME	Relationship	Gender	D O B	Student	Income	W  B-W  A	Amount
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No-Inc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No-Inc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> No-Inc.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> \$

**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

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Applicant/Purchaser's Signature  
PRINT NAME :

Date

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Co-Applicant/Purchaser's Signature  
PRINT NAME :

Date

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