



Redevelopment Authority
of Prince George's County

9200 Basil Court | Suite 504 | Largo, Maryland 20774
301.883.5456 | 301.883.5291 fax



PRINCE GEORGE'S COUNTY
My HOME
LOAN PROGRAM APPLICATION

My HOME LN#: _____

APPLICANT NAME(S): _____

Projected Settlement Date: _____

Sales Contract Expiration: _____

(MUST BE AT LEAST 21 BUSINESS DAYS FROM DATE OF APPLICATION SUBMITTAL OR APPLICATION WILL BE RETURNED)

DTI: _____ (max is 45% on the back)

MAXIMUM INCOME CHART TO 80% AMI

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$60,100	\$68,650	\$77,250	\$85,800	\$92,700	\$99,550	\$106,400	\$113,700

<p>Name of Lender: _____</p> <p>Loan Officer: _____</p> <p>My HOME LENDER Certification #: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Email address: _____</p>	<p>Settlement Company: _____</p> <p>SETTLEMENT CO. Certification #: _____</p> <p>Contact Person: _____</p> <p>Phone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>
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Date HQS Inspection Requested from American Property Consultants: _____

Date HQS Inspection Completed: _____

American Property Consultants (<http://www.hudpass.com>) 1-800-272-7134 toll free 410-586-1963 fax
The password for ordering is: MHBS

SELLING Agent: _____	Company: _____
Email: _____	Telephone: _____
LISTING Agent: _____	Company: _____
Email: _____	Telephone: _____

I/We are applying for the My HOME Program down payment and closing costs assistance for the purchase of the property listed below.

List full names of **All Purchasers** who will have ownership of 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

Do All 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?

Yes, Name of Counseling Agency: _____ Not Yet

PROSPECTIVE PROPERTY INFORMATION

Street Address _____

City _____ State: _____ Zip Code: _____

Offer or Contract Price: _____ (Up to 80% of the AMI MUST NOT EXCEED \$295,000 for RESALES & \$370,000 for NEW CONSTRUCTION)

PROPERTY STATUS: _____ Foreclosure _____ Short Sale _____ Resale _____ New Construction

BANK APPROVAL WITH AT LEAST 21-BUSINESS DAYS REMAINING, TO ALLOW FOR MY HOME PROCESSING, IS REQUIRED FOR ALL SHORT SALES. IF BANK APPROVAL HAS EXPIRED OR DOES NOT HAVE AT LEAST 21 BUSINESS DAYS, EVIDENCE OF NEW REQUEST FOR EXTENSION TO REO COMPANY MUST BE SUBMITTED WITH APPLICATION.

Is your purchase price 1% less appraised value Yes No

Is the property currently occupied? Yes No

If yes, is the property occupied by a tenant Yes No

Has Seller signed My HOME Property Occupancy Affidavit? Yes No

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

If property is occupied by a tenant, property is not eligible. My HOME 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 () Yes () No
 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 () Yes () No
 Profession: _____ Yrs. in this Profession: _____
 Cell Phone _____ Home Phone _____ Work Phone _____

INCOME: (Gross Income – before taxes and deductions)
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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		Income	W	B-W	A	Amount
				Student	Income					
_____	_____	_____	_____	() Y () N	() Y () N	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	() Y () N	() Y () N	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	() Y () N	() Y () N	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	() Y () N	() Y () N	_____	_____	_____	_____	\$ _____
TOTAL:										\$ _____

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).

Checking Balance:	\$ _____	Bank Name/Location _____
Savings Balance:	\$ _____	Bank Name/Location _____
Vested Retirement Savings:	\$ _____	Description: _____
Stocks/Bonds:	\$ _____	Description: _____
Real Estate Owned- Value:	\$ _____	Description: _____
Other Assets – Value:	\$ _____	Description: _____
TOTAL VALUE:	\$ _____	Does the <u>Cash</u> Value of your assets exceed \$5,000 () Yes () No

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 My HOME Program 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 My HOME Program by a Participating Lender must include a ratified sales contract with at least 21 business days remaining on the contract term or an amendment extending contract by at least 21 business days; and that a My HOME Program application will not be accepted without compliance to the 21 business day contract term requirement.

I/we understand that completion of the HUD certified housing counseling course or the submittal of this application to the My HOME Program or the approval of a first mortgage by My HOME assistance, (does not guarantee approval of My HOME funds) that funds under the My HOME Program 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 My HOME Program, due to depletion of My HOME funds by other applications that are completed and ready to close.

I/we understand that the My HOME Program 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 the My HOME Program application must comply with My HOME Program Guidelines in place at the time my application is submitted to the My HOME Program.

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) 883-5570 TDD-(301) 883-5428

Applicant/Purchaser's Signature

Date

Co-Applicant/Purchaser's Signature

Date

PRINT NAME :

PRINT NAME :

Applicant's E-Mail Address:

Applicant's E-Mail Address:



9200 Basil Court, 5th floor, #546 Largo, Maryland 20774
TDD – (301) 883-5428 Hearing Impaired Only
Fax – (301) 883-5291 Telephone Transmitted Only