



Department of Housing & Community Development

Bridging Gaps, Building Dreams

Jonathan R. Butler, Director
Ashley P. Johnson-Hare, Deputy Director



Aisha N. Braveboy
County Executive

Prince George's County
Homebuyers Assistance Programs
Loan Application

APPLICANT NAME(S): Projected Closing Date:

Property Address:

MAXIMUM INCOME CHART

Table with 9 columns (Income Level, 1 Person, 2 Person, 3 Person, 4 Person, 5 Person, 6 Person, 7 Person, 8 Person) and 3 rows (Up To 80% AMI, Up to 120% AMI, etc.)

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

RATIOS: (max is 35% on the front 47% on the back) NO EXCEPTIONS

Form with two columns for lender and settlement company information, including fields for Name, Loan Officer, Contact Person, Phone Number, Email Address, and Certification Numbers.

Selling Agent Name: Company:

Email: Telephone:

Listing Agent Name: Company:

Email: _____ Telephone: _____

I/We are applying for the down payment and closing costs assistance program 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, provide date of purchase and address of the property: _____

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?

Yes, Name of Counseling Agency: _____

Certificate Attached, Dated: _____

PROSPECTIVE PROPERTY INFORMATION

Street Address _____

City: _____ State: _____ Zip Code: _____ Prop. Tax Account#: _____

Offer or Contract Price: _____

For Pathway to Purchase Only:

(must not exceed \$448,000.00) Resale

(Must not exceed \$485,000.00) New Construction

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 (NOT INCLUDING FEDERAL HOLIDAYS) REMAINING ON CONTRACT, TO ALLOW FOR PATHWAY TO PURCHASE PROCESSING, IS REQUIRED FOR ALL SHORT SALES. IF BANK APPROVAL HAS EXPIRED OR DOES NOT HAVE AT LEAST 21 BUSINESS DAYS (NOT INCLUDING FEDERAL HOLIDAYS) 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 the Property Occupancy Affidavit? Yes No

If property is occupied by a tenant property is not eligible.

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

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Job Location: _____

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Check One

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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			Amount
				Student	Income	[W] [B-W] [A]	
_____	_____	_____	_____	() Y () N	() Y () N () No-Inc.		\$ _____
_____	_____	_____	_____	() Y () N	() Y () N () No-Inc.		\$ _____
_____	_____	_____	_____	() Y () N	() Y () N () No-Inc.		\$ _____
_____	_____	_____	_____	() Y () N	() Y () N () No-Inc.		\$ _____
_____	_____	_____	_____	() Y () N	() Y () N () No-Inc.		\$ _____
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).

Average 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 Cash 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 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 Participating Lender must include a ratified sales contract with at least 21 business days (not including Federal Holidays) remaining on the contract term or an amendment extending contract by at least 21 business days (not including Federal Holidays); and that a application will not be accepted without compliance to this 21 business day (not including Federal Holidays) contract term requirement.

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

I/we understand that 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 the Program application must comply with Program Guidelines in place at the time My application is submitted to the 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) 883-5456 TDD-(301) 883-5428.

Applicant/Purchaser's Signature

PRINT NAME :

Date

Co-Applicant/Purchaser's Signature

PRINT NAME :

Date

