



DOWNPAYMENT ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION

DPA program you are applying for: Homebuyer Assistance Home from Work

Name:

Date of birth: SSN: SCDL #:

Current address:

City: State: ZIP code:

Home #: () Cell #: () Work #: ()

Email address:

Own Rented Monthly payment or rent: How long?

Name of a relative not residing with you:

Address: Phone #: ()

City: State: ZIP code:

EMPLOYMENT INFORMATION

Current employer: Start date:

Supervisor's name: Years with employer:

Address:

City: State: ZIP code:

Phone #: Email address:

Position: Hourly Salary Annual income:

Previous employer: Start date:

Supervisor's name: End date:

Address: How long?

City: State: ZIP code:

Phone #: Email address:

Position: Hourly Salary Annual income:

HOUSEHOLD INFORMATION

Number of persons in household, **including** applicant(s):

Name	SSN	Age	Employer	Annual Income
				\$
				\$
				\$
				\$
				\$
				\$

Have you owned a property within the past 3 years? YES NO
 Address of any property owned by applicant:

1. Primary Residence Investment Property

2. Primary Residence Investment Property

PROPERTY INFORMATION

Neighborhood/Subdivision name:

Address:

City: State: ZIP code:

TMS #: County:

Property Type	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Year built:
	<input type="checkbox"/> Single Family Home	<input type="checkbox"/> Condo	<input type="checkbox"/> Townhome
	# of bedrooms:		# of bathrooms:
	Energy Star compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADA/Sec. 504 compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO

GHF FUNDING REQUEST

Anticipated closing date:	Application date:
Downpayment requested: \$	Additional subsidy received: \$
Closing costs requested: \$	Total closing costs: \$
Total funds requested: \$	

MORTGAGE INFORMATION

Sales price: \$	Mortgage Type: <input type="checkbox"/> VA <input type="checkbox"/> FHA <input type="checkbox"/> Conventional <input type="checkbox"/> USDA
Borrower's mortgage amount: \$	(After all subsidies have been applied)
Interest rate:	Fixed rate: Loan term:

SPONSOR REFERRAL INFORMATION

Agency/Company Name:

Contact Name and Title:

Address:

City: State: ZIP code:

Phone #: () Fax #: ()

Email address:

Agency/Company Type: (check all that apply)	<input type="checkbox"/> Developer	<input type="checkbox"/> Lender	<input type="checkbox"/> Government Entity
	<input type="checkbox"/> Non Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Other

REAL ESTATE AGENT INFORMATION

Buyer's Agency/Company Name:

Contact Name and Title:

Address:

City: State: ZIP code:

Phone #: () Fax #: ()

Email address:

Seller's Agency/Company Name:

Contact Name and Title:

Address:

City: State: ZIP code:

Phone #: () Fax #: ()

Email address:

CLOSING ATTORNEY INFORMATION		
Agency/Company Name:		
Contact Name and Title:		
Address:		
City:	State:	ZIP code:
Phone #: ()	Fax #: ()	
Email address:		
BENEFICIARY DATA		
CHECK ALL THAT APPLY: Information provided in this section is used for reporting to GHF funding sources only.		
Income Level		
<input type="checkbox"/> Extremely Low Income Household (30% and below of AMI)	<input type="checkbox"/> Low Income Household (51% to 80% of AMI)	
<input type="checkbox"/> Very Low Income Household (31% to 50% of AMI)	<input type="checkbox"/> Moderate Income Household (81% to 120% of AMI)	
Household Information		
<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Two Parent Household	
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Senior Head of Household (Age 62+)	
<input type="checkbox"/> Disabled Household Member	<input type="checkbox"/> Handicapped Household Member	
<input type="checkbox"/> Dual Income Household	<input type="checkbox"/> Other	
RACE AND ETHNICITY		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> Asian	<input type="checkbox"/> White	
<input type="checkbox"/> African American or Black	<input type="checkbox"/> Uncategorized or Multiethnic Heritage	
HOMEBUYERS INVESTMENT		
At least \$500 must be invested in the home buying transaction by the buyer.		
_____ Appraisal		
_____ Home Inspection		
_____ Credit Report		
_____ Earnest Money		
_____ Other-Specify:		
_____ Total		
Greenville Housing Fund is an equal opportunity organization. We adhere to a policy of making funding decisions without regard to race, color, religion, sex, national origin, citizenship, marital status, disability, or age.		
I authorize this application to be viewed by GCRA, HUD and other agencies for the sole purpose of eligibility determination.		

Borrower Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____