



DOWNPAYMENT ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION

DPA program you are applying for: Homebuyer Assistance Homes for Teachers 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? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Address of any property owned by applicant:			
1.		<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Investment Property
2.		<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Investment Property
PROPERTY INFORMATION			
Neighborhood/Subdivision name:			
Address:			
City:		State:	ZIP code:
TMS #:		County:	
Property Type	<input type="checkbox"/> New		<input type="checkbox"/> Existing
	<input type="checkbox"/> Single Family Home		<input type="checkbox"/> Condo
	Year built:		<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"/> Non Profit		<input type="checkbox"/> For Profit
		<input type="checkbox"/> Government Entity	
		<input type="checkbox"/> Other	
INSURANCE COMPANY INFORMATION			
Agency/Company Name:			
Contact Name and Title:			
Address:			
City:		State:	ZIP code:
Phone #: ()		Fax #: ()	
Email address:			
TITLE COMPANY INFORMATION			
Agency/Company Name:			
Contact Name and Title:			
Address:			
City:		State:	ZIP code:
Phone #: ()		Fax #: ()	
Email address:			

REAL ESTATE AGENT INFORMATION		
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	
HOME BUYERS 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.		

Borrower Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____