



Downpayment Assistance Program Homebuyer Education (“Key” Program) Referral Form

Sponsor/Referral Name _____

Address _____

Telephone _____

Fax _____

Borrower Name _____

Address _____

Telephone _____

Proposed closing date _____

Month you would like to attend the class _____

Counseling Agency Referral Information

Name of Agency Greenville County Human Relations

Address 301 University Ridge Suite 1600, Greenville, SC 29601

Telephone (864) 467-7095

Date of Referral (To be completed by GHF) _____

I authorize the lender named above to provide the Greenville Housing Fund and the counseling agency named above with information and paperwork regarding my mortgage application, including copies of my loan application, credit report, asset and employment information and other related documentation, as requested by the agencies.

BORROWER SIGNATURE

DATE