



## Downpayment Assistance Program Homebuyer Certification

1. I (we) authorize \_\_\_\_\_ (Sponsor) to apply on my (our) behalf for GHF subsidy in the amount of \$ \_\_\_\_\_ to assist in the purchase of the property located at \_\_\_\_\_ (street address, city, state, zip) in Greenville, County.
2. I (we) further authorize \_\_\_\_\_ (Sponsor) to provide such additional information as may be requested by GHF for purposes of considering this application.
3. The above listed property will be my (our) primary residence.
4. I (we) understand that the GHF subsidy is a forgivable loan. The loan will be at no interest for 5 years. No payment will be required while I (we) am living in the property. When I (we) move before 5 years, there will possible be some repayment due to GHF.
5. I (we) further understand that GHF will take a lien on the property.
6. I (we) understand that the forgivable loan may be assigned or assumed by another individual (s) who qualifies as an “eligible household” as determined by the Greenville Housing Fund.
7. \_\_\_\_\_ (Sponsor) has thoroughly explained the details of the GHF loan and the affordability restrictions to my (our) satisfaction.
8. I (we) attest that the information that I (we) have submitted to \_\_\_\_\_ (Sponsor) for the purposes of this application is complete and accurate.

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BORROWER SIGNATURE

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DATE