



DOWNPAYMENT ASSISTANCE PROGRAM - APPLICATION

Date of Application

1. _____

Applicant's Name

Social Security #

Co- Applicant's Name

Social Security #

2. Other Family Members (Include all minors) who will live in the home:

First & Last Name:

Birth date

Age

Relationship

3. Present Address: _____

Telephone # _____ Day time # (if different) _____

4. Nearest Relative: _____

Address: _____

5. Proposed Property Address: _____

6. Lending Institution: _____

7. Name of person you are working with from lending institution: _____

Address: _____

8. Total Estimated Amount of Closing Costs: _____

9. Total Closing Costs Requested: _____

10. Approximate Closing Date: _____

11. Applicant's Current Employer: _____

Gross Annual Income: _____

Co- Applicant's Employer: _____

Gross Annual Income: _____ Total Annual Income: _____

Work History: (for the past 5-years): List your present Employer or most recent job first.

Employer # 1 _____	Phone No. _____
Address _____	Title _____
Supervisor's Name & Title _____	
Length of Employment (mm/dd/yy) From _____ to _____	
Hours Per Week _____	Total Years _____ Months _____
Reason for Leaving _____	
May we contact this employer? _____ YES _____ NO If no, explain _____	

Employer # 2 _____	Phone No. _____
Address _____	Title _____
Supervisor's Name & Title _____	
Length of Employment (mm/dd/yy) From _____ to _____	
Hours Per Week _____	Total Years _____ Months _____
Reason for Leaving _____	
May we contact this employer? _____ YES _____ NO If no, explain _____	

Employer # 3 _____	Phone No. _____
Address _____	Title _____
Supervisor's Name & Title _____	
Length of Employment (mm/dd/yy) From _____ to _____	
Hours Per Week _____	Total Years _____ Months _____
Reason for Leaving _____	
May we contact this employer? _____ YES _____ NO If no, explain _____	

Employer # 4 _____ Phone No. _____
Address _____ Title _____
Supervisor's Name & Title _____
Length of Employment (mm/dd/yy) From _____ to _____
Hours Per Week _____ Total Years _____ Months _____
Reason for Leaving _____
May we contact this employer? _____ YES _____ NO If no, explain _____

RENTAL INFORMATION:

If residing at present address for less than 5-years, complete the following:

Former Address _____

Landlord Name _____ Amount of Rent _____
From _____ to _____

Former Address _____

From _____ to _____

Former Address _____

From _____ to _____

EDUCATION: Applicant

Schools/Colleges Attended:	# of Years	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____

