

PERHAM EDA DOWN PAYMENT ASSISTANCE PROGRAM

(Please print)



Date: _____

EDA Down Payment Funds Requested: \$ _____

APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

Phone: _____

Email Address: _____

Cell: _____

Current Address: _____

Employer: _____

Length of Employment: _____

CO-APPLICANT INFORMATION

Name: _____

Date of Birth: _____

Social Security Number: _____

Phone: _____

Email Address: _____

Cell: _____

Current Address: _____

Employer: _____

Length of Employment: _____

INCOME INFORMATION

List all household members, their monthly gross income and source of income that will be considered in obtaining your first mortgage including Child Support or Alimony if that amount is utilized by your lender for financing of your first mortgage.

Name	Birth Date	Monthly Gross Income	Source of Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Amount of Liquid Assets: \$ _____

Amount to go toward purchase: \$ _____

HOUSEHOLD INFORMATION

How many people live permanently in your household? _____

The following information is requested solely for the purposes of determining compliance with Federal civil rights laws. Your response will not affect consideration of your application.

Family Type in Household:

- ____ Couple with Children
- ____ Couple with No Children
- ____ Single Female with Children
- ____ Single Female with No Children
- ____ Single Male with Children
- ____ Single Male with No Children
- ____ Other: _____

Racial Makeup of Household

- ____ American Indian/Alaska Native
- ____ Asian/Pacific Islander
- ____ Black/African American
- ____ Hispanic
- ____ White
- ____ Other

Previous Residence

- ____ Owned
- ____ Rented
- Payment Amount
- \$ _____

HOMEBUYER EDUCATION: Previously Owned Home (Circle One) Yes No
If No Provide Certification: _____ Date Completed: _____

PROPERTY INFORMATION (Appraisal must be provided.)

Property Address: _____

Purchase Price: \$ _____ Appraised Value: \$ _____

Total Square Feet: _____ Finished Square Feet: _____

Are a range and refrigerator included in the home purchase: (Circle One) Yes No

FINANCING INFORMATION Loan Type: ___ FHA ___ VA ___ RD ___ 3% Conv. ___ 5% Conv.
___ Other (Please Specify:) _____

First Mortgage Lender: _____

Finance Officer: _____ Phone: _____

Amount of First Mortgage: (A copy of loan documents must be provided) \$ _____

Terms: Interest Rate: _____ % Amortization Period: _____ years Term: _____ years

Monthly P & I required to service this debt: \$ _____ Escrow for taxes & Insurance: \$ _____

Amount of Subordinate Mortgage if any (excluding EDA) \$ _____

Second Mortgage Lender: _____

Finance Officer: _____ Phone: _____

Terms: Interest Rate: _____ % Amortization Period: _____ years Term: _____ years

Monthly P & I required to service this debt: \$ _____

Buyer equity/savings being applied against purchase price: \$ _____

FINANCING INFORMATION

Please provide the following information about the applicant's financing:

Purchase Price: _____

Estimated Closing Costs: _____ (do not include pre-pays)

Estimated Pre-Paid Costs: _____

Total Estimated Due at Closing: _____

First Mortgage Amount: _____

Buyer Down Payment & Deposit: _____

EDA Down Payment Assistance: _____

Seller Paid Closing: _____

Other Funding: _____

Total Financing: _____

Total financing should equal total due at closing.

CLOSING INFORMATION

Closing Company: _____

Closing Agent: _____

Agent Phone: _____ Email: _____

Closing Date: _____

I hereby certify that, to the best of my knowledge, the above information is true and correct.

Lender Signature

Date

Title

Company

Applicant's Signature

Date

Co-applicant's Signature

Date

THE FOLLOWING INFORMATION IS REQUIRED.

1. Names – **as they are to appear** on mortgage documents (i.e. John F. Doe and Jane F. Doe).
2. A copy of your most recent Federal Tax Form.
3. Homebuyer Education completion certificate (if first time homebuyer).
4. Appraisal.
5. A copy of the Loan Application from first lender.

If you have questions regarding this form please contact Assistant Director Hope Williams at 218-346-4582 or via email at hwilliams@cityofperham.com.

All information is kept confidential.