

Merrimack Valley Housing Partnership
P.O. Box 1042
Lowell, MA 01853-1042
Tel: 978-459-8490 Fax: 978-459-0194
www.mvhp.org

Merrimack Valley Regional Housing Consortium Down Payment Assistance Program

“THE TOWN PROGRAM”

Application

APPLICANT INFORMATION

Borrower's Name: _____ S.S. # _____

Co-borrower's Name: _____ S.S. # _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: () _____ Work Phone #: () _____

Type of Household (check one)

_____ Single/Non Elderly _____ Related /Single Parent _____ Other (specify)

_____ Elderly _____ Related/Two Parent _____

Are you Hispanic? _____ Yes _____ No

Race of Head of Household

_____ White _____ American Indian/Alaskan Native & White

_____ Black or African American _____ Asian & White

_____ Asian _____ Black or African American & White

_____ American Indian/Alaskan Native _____ American Indian/Alaskan Native & Black/African American

_____ Native Hawaiian/Other Pacific Islander _____ Other Multi Racial

Size of Household (List persons living in the household besides the borrowers)

Name	Age	Sex	Relation to Borrower
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever owned real estate (house, condominium or mobile home)?

_____ No _____ Yes, date sold: _____

INCOME INFORMATION

List names of wage earners and their income (employer income, social security, transitional assistance, child support, alimony and pensions) in the household from persons 18 years old or older except all full time students residing in the household.

<u>Name</u>	<u>Employer or Source</u>	<u>Years of Employment</u>	<u>Annual Salary</u>

Total Household Gross Annual Income Received from all Sources: \$ _____

ASSET INFORMATION: Supporting Documentation is Needed – Circle all that apply

- Do you have cash in: savings accounts, checking accounts, safe deposit boxes, etc.?** Yes No
If yes, which ones? _____ What is the total value? \$ _____ Account # _____
- Do you have revocable trusts available to you?** Yes No
If yes, what is the cash value? \$ _____ Account # _____
- Do you have any equity in rental property or any other capital investment?** Yes No
If yes, which ones? _____ What is the value? \$ _____
- Do you have stocks, bonds, treasury bills, certificates of deposit or money market accounts?** Yes No
If yes, which ones? _____ What is the total value? \$ _____
- Do you have Individual Retirement Accounts (IRAs) Keogh Accounts or 401-K etc.?** Yes No
If yes, which ones? _____ What is the total value? \$ _____
- Do you have Retirement and Pension Funds?** Yes No
If yes, which ones? _____ What is the total value? \$ _____
- Do you have a life insurance policy?** Yes No
If yes, what is the cash value available before death or the surrender value of a whole life policy? \$ _____
- Do you have personal property held as an investment such as gems, jewelry, coin collections, antique cars, etc.?** Yes No
If yes, what is the total value? \$ _____
- Have you received a lump sum payment such as inheritances, capital gains, lottery winnings, victim's restitution, or insurance settlements?** Yes No
If yes, which ones? _____ What is the total value? \$ _____
- Do you hold any current mortgages or deeds of trust?** Yes No
If yes, which ones? _____ What is the total value? \$ _____

INFORMATION ABOUT PROPERTY TO BE PURCHASED

Property Address: _____

Number of Units: _____

Number of bedrooms per unit: _____

Is the property free from lead-based paint? Yes No

Were any major mechanical deficiencies identified by the Home Inspector? Yes No
If yes, note that these conditions must be corrected prior to closing.

Were deficiencies identified in the Housing Quality Standards (HQS) Inspection? Yes No
If yes, attach plan to correct deficiencies within 24 months.

Confirmation of Receipt of Lead Pamphlet

I have received a copy of the pamphlet, *Protect Your Family from Lead in Your Home*, informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit.

Yes No

Purchase price of the property: \$ _____

Closing costs (excluding prepaid items such as insurance and real estate taxes): \$ _____

Down payment needed for closing: \$ _____

Amount of funds available for deposit and down payment: \$ _____

Exact source of down payment: _____

Anticipated closing date: _____ / _____ / _____
(mm/dd/yy)

To the best of my/our knowledge, the information supplied to you for the completion of this form is true and accurate. Any false statements made knowingly and willfully may subject the signer(s) to penalties under Section 1001 and 1010 of Title 18 of the United States Code.

Borrower Date

Co-Borrower Date