



Merrimack Valley Housing Partnership
 Mailing: P.O. Box 1042
 Lowell, MA 01853
 978-459-8490
 mvhp@mvhp.org

One +Lowell Application

INCOME LIMITS

Household Size	1	2	3	4	5	6
100% Income Limit	\$96,250	\$110,000	\$123,750	\$137,500	\$148,500	\$159,500

SECTION I. GENERAL APPLICANT INFORMATION

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

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

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

SECTION II. HOUSEHOLD DATA List all people living in the household, regardless of age.

Name	Date of Birth	Relation to Borrower

Are you claiming an *exception* to the "First-Time Homebuyer Rule" as defined by the MHP One Mortgage Guidelines? Yes: _____ No: _____

If YES, please explain: _____

SECTION III. INCOME AND ASSET INFORMATION Complete the following information for each source of income and assets. If you need additional space, please provide the information in the Additional Information section at the end of this application.

Name of Income Earner	Income Source	Annual Income

Total Annual Income: _____

Name of Asset Account Holder	Asset	Current Balance

Total Assets: _____

SECTION IV. VERIFICATION OF ELIGIBILITY DOCUMENTS Provide the following documentation as applicable.

- Valid HUD Certified First-Time Homebuyer Certificate (required)
- Federal tax returns: most current 3 years. Request your tax summary sheet or letter of non-filing for the past 3 years call the IRS at **1-800-829-1040** or at **www.irs.gov**
- Statements for all assets: most current 2 months
- Wages: most current 5 consecutive paystubs; if business, 2 years profit & loss statement, K1, 1099 and business tax returns
- Social Security: most current award letter. Request your benefit verification letter at **1-800-772-1213** or online at **www.ssa.gov**
- IRA, Pension or Other Income derived from assets: most current statement indicating regular amounts received
- Child Support and/or Alimony: current documents indicating the payment amount. **Child Support Customer Service Bureau 1-800-332-2733**. Ask for "Information Letter".
- Affidavit of No Income for adults with zero income
- Proof of student status for dependent household members over the age of 18. Full-time students are exempt from income requirements.

SECTION V. INFORMATION ABOUT PROPERTY TO BE PURCHASED

Purchase Property Address: _____

City: _____ State: _____ Zip Code: _____

Dwelling Type: Condo: _____ Single-Family: _____ Two-Family: _____ Three-Family: _____

Purchase Price: _____

Source(s) of Down Payment: _____

Are you receiving any gifts as part of this transaction? No: _____ If Yes, indicate amount: _____

SECTION V. CLOSING INFORMATION

Anticipated Closing Date: _____

Lending Institution: _____ Loan Officer: _____

Lender Phone: _____ Lender Email: _____

Closing Attorney: _____

Attorney Phone: _____ Attorney Email: _____

Attorney Address: _____

Additional Information :

To the best of my/our knowledge, the information supplied in completing this form is true and accurate.

Borrower

Date

Co-Borrower

Date