





PATHWAY TO PURCHASE First Time Homebuyers Assistance Loan Application

APPLICANT NAME(S):					Projected Closing Date:					
Property A	Address:									
		MAXI	MUM INCOM	ME CHART I	Jp To 80% A	MI				
1 Person 2 Person 3 Person 4 P						6 Person	7 Person	8 Person		
Up To 80% AMI	\$84,400	\$96,450	\$108,500	\$120,550	\$120,550 \$130,200 \$139,850 \$149,500					
	- - ATIFAS	T 21 BUS	INESS DA	YS (NOT	INCLUDIN	G FEDERA	L HOLIDAY	'S) FROM		
						ILL BE RET		C) 1 1 (C) II		
RATIOS:	(max	k is 35% o	n the front	47% on th	e back) N 0	O EXCEPTI	ONS			
Name of L	_ender:					npany Name:				
	cer:									
Loan Office	cer Phone #:	.			Contact Person:					
	PATHWAY TO PURCHASE LENDER Certification #:				PATHWAY TO PURCHASE TITLE COMPANY Certification #:					
Certificati	on #:			Cei	tification #:					
Loan Office	cer Email: _									
Contact Person:					Contact Person:					
				Pho	Phone Number:					
Phone Nu	Phone Number:				Email Address:					
Email add	Iress:									
Solling A	ant Nama			•	omnenze					
Selling Agent Name:				Company:						
Email:				Т	Telephone:					
Listing Agent Name:					Company:					
Email:				Т	Telephone:					

I/We are applying for the PATHWAY To purchase of the property listed below. List full names of All Purchasers who we		Ü	. ,	ent and	closing costs	assistance for the			
Are any of the Purchasers an Owne	Are any of the Purchasers an Owner or Co-Owner of any property? () Yes () No								
Have any of the Purchasers owned	a home within the	last 3 year	rs? (() Yes	() N	0			
IF YES TO ANY OF THE ABOVE S	IF YES TO ANY OF THE ABOVE STOP YOU ARE NOT QUALIFIED FOR PROGRAM								
Does Purchasers intend to live in this home as their primary residence? () Yes () No									
Have Purchasers successfully completed (minimum 8 hours) Housing Counseling course through a HUD Certified Counseling Agency and received a Certificate of Completion?									
() Yes, Name of Counseling Agency () Certificate Attached, Dated:	": 								
PROSPECTIVE PROPERTY INFORM	ATION								
Street Address									
City:	State: Zip C	ode:	F	Prop. Ta	x Account#:				
Offer or Contract Price:					ceed \$432,000 New Constru				
Is the property a foreclosure or short sa	ale?			_					
If yes provide name of bank or financial institution ownership entity:									
Name:									
BANK APPROVAL WITH AT LEAST 21 BUSINESS DAYS (NOT INCLUDING FEDERAL HOLIDAYS) REMAINING ON CONTRACT, TO ALLOW FOR PATHWAY TO PURCHASE PROCESSING, IS REQUIRED FOR ALL SHORT SALES. IF BANK APPROVAL HAS EXPIRED OR DOES NOT HAVE AT LEAST 21 BUSINESS DAYS (NOT INCLUDING FEDERAL HOLIDAYS) LEFT, EVIDENCE OF NEW REQUEST FOR EXTENSTION TO REO COMPANY MUST BE SUBMITTED WITH APPLICATION.									
Please note that name and address	of real estate age	nt listing	propert	ty will n	ot be accepte	ed.			
Is the property currently occupied?		() Yes	() No)					
If yes, is the property occupied by a tenant	:?	() Yes	() No)					
Has seller signed PATHWAY TO PURCHASE Property Occupancy Affidavit? () Yes () No									
If property is occupied by a tenant prop		e. PATHWA		PURCHA	SE will verify of	occupancy for each			

NAME	<u>IASER INFORMATI</u>	<u>ON:</u>	NAME	IKCHASEK INFORI	WATION:		
Date of Birth:	AGE: SS#	<u> </u>	Date of Birth: AGE: SS#				
() US Citizen, or () R	Registered Alien No: _		() US Citizen, or () Registered Alien No:				
PRESENT ADDRESS: Street:			PRESENT ADDRESS: No. Years				
City, State, ZIP:			City, State, ZIP:				
FORMER ADDRESS: Street:		ears:	FORMER ADDRESS: No. Years:				
City, State, ZIP:			City, State, ZIP:				
Dependents other than No:	listed by Co- <u>Applicar</u> Ages:		Dependents other than No:	n listed by Co- <u>Applicar</u> Ages:	<u>nt</u> :		
Marital Status: () Mar	ried, () Separated, () Unmarried	Marital Status: () Mar	ried, () Separated, () Unmarried		
Name & Address of En	nployer:		Name & Address of Er	mployer:			
Job Location:	0.115		Job Location:				
Type of Business:	Self Em	ployed?	Type of Business:	Self Emp	oloyed?		
Profession:	Yrs. in this Pro	fession:	Profession:	Yrs. in this Prof	fession:		
Cell Phone	Home Phone	Work Phone	Cell Phone	Home Phone	Work Phone		
INCOM E: (Gross Inco		d deductions) = Bi-Weekly, A = Annual	INCOM E: (Gross Inco	ome – before taxes ar W = Weekly, B-I = B			
APPLICANT:		Check One	APPLICANT:		Check One		
Base Employment	\$	i i i	Base Employment	\$			
Overtime	\$		Overtime	\$			
Bonus/Commission	\$		Bonus/Commission	\$			
Dividend/Interest	\$		Dividend/Interest	\$			
Pension/SSI/Annuity	\$ \$		Pension/SSI/Annuity	\$			
Child Support Other:	ψ ¢		Child Support Other:	Ф			
TOTAL:	\$		TOTAL:	 \$	<u> </u>		
	•	•	101712.	¥	-1		
Provide the following	for each person wh	o will live in the home	being purchased (exclu Full Time	ding Applicant and	Co-Applicant).		
NAME	Re	lationship Gender D		e W B-W	A Amount		
	1.0			N () No-Inc. _	\$		
		i i		N () No-Inc. _	<u> </u>		
			<u> </u>	N() No-Inc.	<u> </u>		
			(() Y () N (() Y ()	N () No-Inc.	<u> </u>		
			() Y () N () Y ()	N () No-Inc.	\$		
		-		TOTAL	: \$		

		<u>ASSETS</u>					
(Assets include: cash value of life insurance policies and revocable trusts, retirement/pension funds, cash held in checking/savings accounts, Stocks/bonds, equity in rental property, personal property held as investments such as gems/jewelry/coin collection/antique cars, IRA's, CD's, mortgages or deeds of trust held by applicant, lump sum or one-time receipts such as inheritances/capital gains/insurance settlements, and any other asset not listed).							
Average Checking Balance:	\$	Bank Name/Location					
Savings Balance:	\$	Bank Name/Location					
Vested Retirement Savings:	\$	Description:					
Stocks/Bonds:	\$	Description:					
Real Estate Owned- Value:	\$	Description:					
Other Assets – Value:	\$	Description:					

I/we certify that all information in this application and all information furnished in support of this application are given for the purpose of being approved for down payment/closing cost assistance under the **PATHWAY TO PURCHASE** Program in order to purchase the property listed at the beginning of this application. The undersigned hereby gives the Prince George's County DHCD the right to obtain all information, which in its sole discretion is necessary to determine eligibility, including a credit report and to verify the information provided in this application. The undersigned also authorizes the first trust mortgage lender to release to the Prince George's County DHCD any information related to my (our) application for a mortgage loan. I/we acknowledge that this information will be solely used for determining eligibility and will be treated confidentially in accordance with the provisions of the Federal Privacy Act.

<u>False Statement</u>: Any applicant who makes or causes to be made a false statement or report, whether in the nature of an understatement or overstatement of financial condition or any other fact material to the approval of the application shall be subject to immediate disqualification, immediate acceleration of the loan, and criminal penalties authorized under the laws of the State of Maryland.

I/we understand that all applications submitted to the PATHWAY TO PURCHASE Program by a PATHWAY TO PURCHASE Participating Lender must include a ratified sales contract with at least 21 business days (not including Federal Holidays) remaining on the contract term or an amendment extending contract by at least 21 business days (not including Federal Holidays); and that a PATHWAY TO PURCHASE application will not be accepted without compliance to this 21 business day (not including Federal Holidays) contract term requirement.

I/we understand that completion of a HUD certified housing counseling course, or the submittal of this application to the PATHWAY TO PURCHASE Program, or the approval of a first mortgage by a PATHWAY TO PURCHASE Participating Lender does not guarantee approval of PATHWAY TO PURCHASE assistance; that funds under the PATHWAY TO PURCHASE Program are awarded on a first come first ready basis; and that an incomplete application or failure to provide requested information may result in the inability to fund My application after submittal to the PATHWAY TO PURCHASE Program, due to depletion of PATHWAY TO PURCHASE funds by other applications that are completed and ready to close.

I/we understand that the PATHWAY TO PURCHASE Program Guidelines may be amended as deemed appropriate and that such amendments may occur after submission of an application for a first mortgage to My participating lender and that PATHWAY TO PURCHASE Program application must comply with PATHWAY TO PURCHASE Program Guidelines in place at the time My application is submitted to the PATHWAY TO PURCHASE Program.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

<u>APPLICANT</u> : I do not wish to furnish this Male, Female, American Indian		,	_, Pacific Islander	_, Black	,White
Other					
CO-APPLICANT: I do not wish to furnish Male, Female, American Indian, Other			Pacific Islander <u>,</u> B	slack <u>,</u> Wi	nite <u>,</u>
Is anyone in the household: elderly (), d	isabled (), handicapped	d()No`	Yes If yes, how ma	any persons	;
Prince George's County DHCD encou discriminate on the basis of race, colo If you have any questions call (301) 88	r, religion, sex, national	origin, disability o	•	using. We	do not
Applicant/Purchaser's Signature PRINT NAME:	Date	Co-Applicant	/Purchaser's Signat	:ure	Date