



**Redevelopment Authority**  
of Prince George's County



**PATHWAY TO PURCHASE**  
**First Time Homebuyers Assistance**  
**Loan Application**

APPLICANT NAME(S): \_\_\_\_\_ Projected Closing Date: \_\_\_\_\_

Property Address: \_\_\_\_\_

**MAXIMUM INCOME CHART Up To 80% AMI**

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Up To 80% AMI	\$67,950	\$77,650	\$87,359	\$97,505	\$104,850	\$112,600	\$120,350	\$128,150

**MUST BE AT LEAST 21 BUSINESS DAYS (NOT INCLUDING FEDERAL HOLIDAYS) FROM DATE OF APPLICATION SUBMITTAL OR APPLICATION WILL BE RETURNED**

RATIOS: \_\_\_\_ (max is 35% on the front 47% on the back) **NO EXCEPTIONS**

<p><b>Name of Lender:</b> _____</p> <p><b>Loan Officer:</b> _____</p> <p><b>Loan Officer Phone #:</b> _____</p> <p><b>PATHWAY TO PURCHASE LENDER</b></p> <p><b>Certification #:</b> _____</p> <p><b>Loan Officer Email:</b> _____</p> <p><b>Contact Person:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Email address:</b> _____</p>	<p><b>Settlement Company Name:</b> _____</p> <p><b>Contact Person:</b> _____</p> <p><b>PATHWAY TO PURCHASE TITLE COMPANY</b></p> <p><b>Certification #:</b> _____</p> <p><b>Contact Person:</b> _____</p> <p><b>Phone Number:</b> _____</p> <p><b>Email Address:</b> _____</p>
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**Selling Agent Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Listing Agent Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

I/We are applying for the PATHWAY TO PURCHASE Program down payment and closing costs assistance for the purchase of the property listed below.

List full names of All Purchasers who will have ownership of the property:

\_\_\_\_\_

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 years?     Yes             No

**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 INFORMATION**

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Prop. Tax Account#: \_\_\_\_\_

Offer or Contract Price: \_\_\_\_\_ (Up To 80% AMI) **(must not exceed \$323,000.00) Resale**  
**(Must not exceed \$401,000.00) New Construction**

Is the property a foreclosure or short sale? \_\_\_\_\_

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 EXTENSION TO REO COMPANY MUST BE SUBMITTED WITH APPLICATION.**

***Please note that name and address of real estate agent listing property will not be accepted.***

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 property is not eligible. PATHWAY TO PURCHASE will verify occupancy for each application submitted.**

**APPLICANT/PURCHASER INFORMATION:**

NAME \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ SS# \_\_\_\_\_

( ) US Citizen, or ( ) Registered Alien No: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ No. Years \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_ No. Years: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Dependents other than listed by Co-Applicant:

No: \_\_\_\_\_ Ages: \_\_\_\_\_

Marital Status: ( ) Married, ( ) Separated, ( ) Unmarried

Name & Address of Employer: \_\_\_\_\_

Job Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Self Employed? \_\_\_\_\_

Profession: \_\_\_\_\_ Yrs. in this Profession: \_\_\_\_\_

Cell Phone	Home Phone	Work Phone
_____	_____	_____

**INCOM E:** (Gross Income – before taxes and deductions)

W = Weekly, B-I = Bi-Weekly, A = Annual

APPLICANT:

Check One

		W	B-W	A
Base Employment	\$			
Overtime	\$			
Bonus/Commission	\$			
Dividend/Interest	\$			
Pension/SSI/Annuity	\$			
Child Support	\$			
Other:	\$			
<b>TOTAL:</b>	<b>\$</b>			

**CO-APPLICANT/PURCHASER INFORMATION:**

NAME \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ SS# \_\_\_\_\_

( ) US Citizen, or ( ) Registered Alien No: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ No. Years \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

FORMER ADDRESS: \_\_\_\_\_ No. Years: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Dependents other than listed by Co-Applicant:

No: \_\_\_\_\_ Ages: \_\_\_\_\_

Marital Status: ( ) Married, ( ) Separated, ( ) Unmarried

Name & Address of Employer: \_\_\_\_\_

Job Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Self Employed? \_\_\_\_\_

Profession: \_\_\_\_\_ Yrs. in this Profession: \_\_\_\_\_

Cell Phone	Home Phone	Work Phone
_____	_____	_____

**INCOM E:** (Gross Income – before taxes and deductions)

W = Weekly, B-I = Bi-Weekly, A = Annual

APPLICANT:

Check One

		W	B-W	A
Base Employment	\$			
Overtime	\$			
Bonus/Commission	\$			
Dividend/Interest	\$			
Pension/SSI/Annuity	\$			
Child Support	\$			
Other:	\$			
<b>TOTAL:</b>	<b>\$</b>			

Provide the following for each person who will live in the home being purchased (excluding Applicant and Co-Applicant).

NAME	Relationship	Gender	D O B	Full Time			Amount
				Student	Income	[W   B-W   A]	
_____	_____	_____	_____	( ) Y ( ) N   ( ) Y ( ) N   ( ) No-Inc.			\$ _____
_____	_____	_____	_____	( ) Y ( ) N   ( ) Y ( ) N   ( ) No-Inc.			\$ _____
_____	_____	_____	_____	( ) Y ( ) N   ( ) Y ( ) N   ( ) No-Inc.			\$ _____
_____	_____	_____	_____	( ) Y ( ) N   ( ) Y ( ) N   ( ) No-Inc.			\$ _____
_____	_____	_____	_____	( ) Y ( ) N   ( ) Y ( ) N   ( ) No-Inc.			\$ _____
<b>TOTAL:</b>							\$ _____

**TOTAL COMBINED ANNUAL HOUSEHOLD INCOME: \$ \_\_\_\_\_**

**ASSETS**

(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.

**False Statement:** 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**

**APPLICANT:** I do not wish to furnish this information \_\_\_\_ (Initials)

Male \_\_, Female \_\_, American Indian \_\_, Alaskan Native \_\_, Hispanic \_\_, Asian \_\_, Pacific Islander \_\_, Black \_\_, White \_\_, Other \_\_

**CO-APPLICANT:** I do not wish to furnish this information \_\_\_\_, (initials)

Male \_\_, Female \_\_, American Indian \_\_, Alaskan Native \_\_, Hispanic \_\_, Asian \_\_, Pacific Islander \_\_, Black \_\_, White \_\_, Other \_\_

Is anyone in the household: elderly ( ), disabled ( ), handicapped ( ) \_\_No \_\_Yes If yes, how many persons

Prince George's County DHCD encourages and mandates all actions to affirmatively further fair housing. We do not discriminate on the basis of race, color, religion, sex, national origin, disability or familial status.

If you have any questions call (301) 883-5300 TDD-(301) 883-5428

\_\_\_\_\_  
Applicant/Purchaser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant/Purchaser's Signature

\_\_\_\_\_  
Date

PRINT NAME :

PRINT NAME :