

LAWRENCE COUNTY DOWN PAYMENT ASSISTANCE PROGRAM

Administered by DON Enterprises, Inc.

APPLICATION

Applicant information:

(All information provided will be kept confidential)

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Social Security Number: _____

Current Address:

Phone Number: _____

Email Address: _____

Marital Status: Single Married Divorced Widowed

Number of Dependents (Including Yourself): _____

Household Information:

(Please list all individuals who will be living in the home, including yourself.)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Attach an additional Sheet, if necessary.

Total Gross Annual Household Income, from all sources:

\$ _____

Home Purchase Information:

Property Address: _____

Purchase Price: _____

Loan Type: Conventional FHA VA USDA Other: _____

Please attach the following documents to your application:

- Proof of all forms of income for all household members
- Mortgage pre-approval letter or proof of means to acquire the home
- Copy of signed Sales Agreement
- Certificate of completion of a homeownership education course

By signing below, I, _____, affirm that all information provided in this application and attached documentation is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification from the Lawrence County Down Payment Assistance Program.

By signing below, I, _____, consent to be featured in marketing materials if chosen to be a recipient of this grant and authorize the use of my name, image, and story.

Applicant Signature: _____ Date: _____

For Office Use Only:

Date Application was received: _____

Grant Approved: Yes No Amount of Grant \$ _____

Program Representative Signature: _____

Date: _____