



# HOME Opportunity Program



Sponsored by

## HOME BUYER APPLICATION

### HEAD OF HOUSEHOLD INFORMATION ONLY

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Gender  M  F

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

Current Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Head of Household:  Single  Married  Other

Date of Birth: \_\_\_\_\_ Ethnicity (Voluntary):

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaska Native & Black/African American	<input type="checkbox"/> American Indian/Alaska Native & Caucasian/White
<input type="checkbox"/> Latino	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian/Pacific Islander	Hispanic <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Other	<input type="checkbox"/> Asian & White

### OTHER HOUSEHOLD MEMBERS (attach sheet for additional)

<u>Name</u>	<u>Gender</u>	<u>DOB</u>
_____	M F	_____

Household Income (see worksheet, or attach current IRS tax form) \$ \_\_\_\_\_

Current Residential Status:  Rent  Own  Other

Do you currently own any residential property?  Yes  No

Do you currently live in Public Housing or receive any type of rental assistance?  Yes  No

To the best of your knowledge, have you ever previously received funding assistance through the HOME Investment Partnerships Program?  Yes  No

Type of assistance requested (indicate estimated amount)

Down payment \_\_\_\_\_

Closing cost \_\_\_\_\_

**TOTAL**

First Mortgage buy down for affordability \_\_\_\_\_

Reasonable Accommodation: If you or any person in your household needs additional accommodation in order to participate in the program because of a disability, please explain the accommodation needed on the "Reasonable Accommodation Request Form" provided by the sponsoring organization.

HOME Opportunity Program funds may only be used in conjunction with fixed interest rate and term, fully amortizing, first deed of trust loans. In no event may HOP funds be used to assist a homebuyer whose primary loan is a non-traditional product with features such as interest only, variable interest rates and/or terms, or balloon payments.

Please note that the HOME Opportunity Program provides priority to status to applicants from the Housing Choice Voucher Homeownership Program.

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et.seq. and liability for monetary damages to AHFC, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date