



Employer Assisted Home Purchase Program Application

APPLICANT INFORMATION

Name:		How did you hear about the program?	
Date of birth:	SSN:	Cell Phone:	
Marital Status: (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Email Address:		Home Phone:	
Current address:			
City:	State:	ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other		How long at this address?	
Monthly payment or Rent: \$		Do you receive Section 8? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$	
Previous address (if less than 2 years at current address):			
City:	State:	ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other		Monthly payment or rent: \$	How long at this address?
What is your comfort level for a House Payment?			

APPLICANT EMPLOYMENT INFORMATION

Employer:		Start Date:	
Address:		Work Phone:	
City:	State:	ZIP Code:	
Position:	(Check One) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Annual (Enter Amount) \$ (How Many Hours A Week):		

APPLICANT ADDITIONAL EMPLOYMENT INFORMATION

Employer:		Start Date:	
Address:		Work Phone:	
City:	State:	ZIP Code:	
Position:	(Check One) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Annual (Enter Amount) \$ (How Many Hours A Week):		

ASSETS (CHECKING, SAVINGS, 401K) OR SOURCES OF INCOME

	CHECKING	



CO-APPLICANT INFORMATION

Name:		Will you live in new home being purchased? <input type="checkbox"/> Y <input type="checkbox"/> N	
Date of birth:	SSN:	Cell Phone:	
Marital Status: (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Email Address:		Home Phone:	
Current address:		How long at this address?	
City:	State:	ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other			
Monthly payment or Rent: \$		Do you receive Section 8? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$	
Previous address (if less than 2 years at current address):			
City:	State:	ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other	Monthly payment or rent: \$	How long at this address?	

CO-APPLICANT EMPLOYMENT INFORMATION

Employer:		Start Date:	
Address:		Work Phone:	
City:	State:	ZIP Code:	
Position:	(Check One) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Annual (Enter Amount) \$ (How Many Hours A Week):		

CO-APPLICANT ADDITIONAL EMPLOYMENT INFORMATION

Employer:		Start Date:	
Address:		Work Phone:	
City:	State:	ZIP Code:	
Position:	(Check One) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Annual (Enter Amount) \$ (How Many Hours A Week):		

Assets (Checking, Savings, 401k) or Sources of Income

NAME OF BANK OR CREDIT UNION	TYPE	ACCOUNT BALANCE
	CHECKING	



LIST ALL OCCUPANTS THAT WILL BE LIVING IN THE HOUSE TO BE PURCHASED

NAME:	Relationship	AGE	Income/Benefit
	Self		

Will the number of household members change over the next 12 months? Y N

If Y, explain:

Are you a "first time homebuyer"*? Y N

*A first-time home buyer is a person that has not been the owner-occupant of a home in the last three years or has been displaced from their home as a result of civil action or relocation.

Do you Have a Realtor? Y N

Name of Realtor:

Do You Have a Lender? Y N

Name of Lender:

Are you currently under contract to buy a Home? Y N

Address?

**Anticipated Closing Date
of Home Purchase?**

- I am not a Manager at MHU
- I am a current full-time, 32 hours per week employee who has worked for MHU or other contracted service company for at least one year
- I have been in good standing with MHU or other contracted service company for the most recent year of employment. I understand that this will be verified by HR and include compliance with system policies such as time and attendance.
- I have never participated in this program before
- I understand that if I purchase and occupy a home with a fellow co-worker, we will be considered for a single benefit.
- I understand that I must own and occupy the home as my primary residence for five years after purchase
- I understand that the home must be located within the City of Savannah, be safe, habitable and meet basic housing quality standards established by the Housing & Neighborhood Services Department



ADDITIONAL REQUIRED INFORMATION

Are you in the military, a Veteran or a Surviving Spouse of Veteran? Y N

Do you have student loans? Y N Expected Graduation Date? _____

DREAM MAKER LOAN DISCLOSURE

The HNSD Dream Maker Home Buyer Assistance Program is not a grant. **THIS IS A LOAN.** No payments are due until you (1) sell or transfer home, (2) refinance your first mortgage, or (3) if, you no longer occupy your home as your principal residence. No interest is charged while you have the HNSD Dream Maker Home Buyer Assistance Loan and your loan is not in default.

By signing below, I acknowledge any money received from the HNSD Dream Maker Home Buyer Assistance Program is a loan and not a grant.

Applicant Date Co-Applicant Date

DEMOGRAPHIC INFORMATION OPTIONAL

Applicant: I do not wish to furnish this information.

Co-Applicant: I do not wish to furnish this information.

(Check appropriate choices on each line)

(Check appropriate choices on each line)

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Ethnicity:

Hispanic or Latino Not Hispanic or Latino

Race: American Indian Alaska Native
 Asian Black or African American Native
 Hawaiian Other Pacific Islander White

Race: American Indian Alaska Native
 Asian Black or African American Native
 Hawaiian Other Pacific Islander White

Sex: Male Female

Sex: Male Female

AUTHORIZATION & CERTIFICATION:

The undersigned applicant(s) authorize the City of Savannah, Housing & Neighborhood Services Department (HNSD), to verify all information reported above and on the HNSD and/or bank loan application. This includes permitting his/her/their bank to provide the HNSD with copies of information obtained by the bank and reported to it by the applicant(s). The applicant(s) also authorize the HNSD to obtain his/her/their credit report(s) as part of this application process. The applicant(s) agree to provide the HNSD with information it requests in a timely manner. The undersigned also understands that completing this application process should not be construed as being approved of a loan. The undersigned applicant(s) certify that all information reported above and on the HNSD and/or bank loan application is true and accurate. This application is an attachment to the Uniform Residential Loan Application provided by the lender.

I hereby certify that I am:(ALL SIGNERS MUST INITIAL ONE OF THE FOLLOWING)

a US Citizen or a legal alien a US Citizen or a legal alien

Signature of Applicant

Date

Signature of Co-Applicant

Date

