



HOME PURCHASE INSPECTION ASSISTANCE 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:	
New Property Address:			
City:	State:	ZIP Code:	
Previous address:			
City:	State:	ZIP Code:	

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 INFORMATION

Name:		Do you intend to occupy the property as your primary residence? <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			

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):		

Applicant/Co-Applicant – Do you have additional source of income? <input type="checkbox"/> Y <input type="checkbox"/> N	
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Name of Realtor and contact telephone number:

Name of Lender and contact telephone number:

HOME PURCHASE INSPECTION ASSISTANCE GRANT DISCLOSURE

Because this is a grant, a lien will not be placed on your home under this program.

Grant funds will be paid to qualified purchaser providing the purchaser provides Housing and Neighborhood Services the following within 30 days of purchasing their home:

Lender or buyer must provide the Housing Department with:

1. Copy of signed Purchase and Sales Agreement and Amendments
2. Copy of the signed Deed
3. Copy of signed Promissory Note
4. Copy of signed Closing Disclosure
5. Copy of Home Inspection Report & Paid Invoice

By signing below, I acknowledge any money received from the HNSD Home Purchase Inspection Assistance is a grant.

Applicant

Date

Co-Applicant

Date



Continued on next page



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) agree to provide the HNSD with information it requests in a timely manner. The undersigned applicant(s) certify that all information reported above and on the HNSD and/or bank loan application is true and accurate.

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

City of Savannah, Housing & Neighborhood Services Department

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Tiwana L. Bacon

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