



## Five County Association of Governments

Mailing Address: 1070 West 1600 South, Bldg. B  
St. George, UT 84770

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### **CITY OF ST. GEORGE DOWN PAYMENT ASSISTANCE PROGRAM (DPAP)**

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Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Co-Applicant Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant e-mail address: \_\_\_\_\_

How long have you lived at your current address: \_\_\_\_\_

Have you owned a home in the past three (3) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Supplying this information is optional and will not affect the outcome of your application in any way

Head of household is: Male \_\_\_\_\_ Female \_\_\_\_\_

Ethnicity: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Race: (check all that apply)

American Indian/Alaska Native \_\_\_\_\_ Black or African American \_\_\_\_\_

Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Asian \_\_\_\_\_

Employer name: \_\_\_\_\_ Length of time on job: \_\_\_\_\_

Employer phone number: \_\_\_\_\_

Total gross household income (form 1040 line 37): \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

Household composition: List the head of your household and all members who live in your home. Give the relationship of each family member to the head of the household. Children's SSN not applicable

	Full Name	Relationship	Age	Social Security #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Current housing: Apartment \_\_\_\_\_ Other (specify) \_\_\_\_\_

Monthly rent cost \_\_\_\_\_ Monthly utility cost \_\_\_\_\_

***TYPE OF HOME YOU WISH TO PURCHASE AND LOCATION:***

Address: \_\_\_\_\_ Age of home: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home is: Detached Single Family \_\_\_\_\_ Town home \_\_\_\_\_ Condominium \_\_\_\_\_

Purchase price: \$ \_\_\_\_\_ Amount of down-payment (requested): \$ \_\_\_\_\_

Appraised value (if known): \$ \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Title Company:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

**All application submittals must include the following:**

- Letter of loan approval from lender
- Copy of completed 2009 tax return (if you itemized deductions include IRS Schedule A)
- Copy of two most recent paystubs (one month total)
- Applicants Drivers License (ID card) and Social Security Card available to be copied
- Copy of your signed Real Estate Purchase Contract (REPC)

***I/We hereby apply for a Down Payment Assistance Program loan. I/We agree to comply with all terms and conditions of the Program. I/We understand that this loan must be paid in full upon sale or refinancing (including home equity loans) of the above referenced property. I/We understand that failure to comply with any condition, or the submission of false or misleading information may result in rejection of this application. I/We also understand that I/We am not committed to buy the above referenced property. Five County Association of Governments reserves the right to verify information in this application, once it is accepted.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_