



Five County Association of Governments

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

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 will not affect the outcome of your application in any way.

Head of household is: Male _____ Female _____

Ethnicity: (select one) Hispanic or Latino _____ Not-Hispanic or Latino _____

Race: (select all that apply)

American Indian or Alaska Native _____ Asian _____ Black or African American _____

Native Hawaiian or Other Pacific Islander _____ White _____ Other _____

Do you have a disability? Yes _____ No _____

Employer name: _____

Employer phone number: _____ Length of time on job: _____

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: _____

City: _____ Year home built: _____

Home is: Detached Single Family _____ Town home _____ Condominium _____

Purchase price: \$ _____ Appraised value (if known): \$ _____

of bedrooms: _____ Amount of down-payment (requested): \$ _____

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 2010 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: _____