



Homeward, Inc.
DOWN PAYMENT ASSISTANCE LOAN APPLICATION

I. APPLICANT INFORMATION

Applicant Name: _____ Marital Status: _____
 Co-applicant's Name: _____ Marital Status: _____
 Address: _____
 City: _____ Zip Code: _____
 County: _____ Cell Phone #: _____
 Applicant's SS#: _____
 Co-applicant's SS #: _____
 E-mail address: _____

Names and ages of other household members:

<u>NAME</u>	<u>AGE</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

II. EMPLOYMENT AND INCOME INFORMATION

Provide a copy of most recent tax return.

Applicant's Employer: _____ Length of Employment: _____
 Monthly Income (before taxes): _____

Co-applicant's Employer: _____ Length of Employment: _____
 Monthly Income (before taxes): _____

Other possible sources of income, please fill in the information for all that apply:

<u>Source:</u>	<u>Monthly Amount Received</u>	<u>Received By:</u>		
Social Security	_____	___ Applicant	___ Spouse	___ Other
Social Security Disability	_____	___ Applicant	___ Spouse	___ Other
Pension / Retirement	_____	___ Applicant	___ Spouse	___ Other
Welfare	_____	___ Applicant	___ Spouse	___ Other
Unemployment / Worker's Comp	_____	___ Applicant	___ Spouse	___ Other
Child Support / Alimony (optional)	_____	___ Applicant	___ Spouse	___ Other
Rental Income	_____	___ Applicant	___ Spouse	___ Other
Dividend / Annuity / IRA Income	_____	___ Applicant	___ Spouse	___ Other
Other _____	_____	___ Applicant	___ Spouse	___ Other
Other _____	_____	___ Applicant	___ Spouse	___ Other

Please list the employer & address for any other household members 18 or older, who are not full-time students: _____

III. ASSET INFORMATION

	Approximate Balance
Checking	_____
Checking	_____
Savings	_____
Savings	_____
Investments/IRA's	_____
Cash Value - Life Insurance	_____
Other Real Estate Investments	_____

IV. Down payment information

Address of property purchasing: _____
Purchase price: _____
Lender's name & address: _____
Down payment required by lender: _____
Loan amount requested: _____ Length of loan: 5 years ____ 10 years ____

YOUR PAYMENT WILL BE AN AUTOMATIC PAYMENT. PLEASE CHECK DATE YOJ WOULD LIKE.

7th ____ 21st ____

V. AGREEMENT & WAIVER OF CONFIDENTIALITY

My/our signatures authorize Homeward, Inc. to investigate employment status, statements or other data obtained from me/us. A photocopy, or exact reproduction of this agreement and waiver, as Duly executed, shall have the same force and effect as this original.

VI. SIGNATURES

I (We), hereby verify that the information submitted in the application is true and accurate to the best of my (our) knowledge and that I (We), have truly and accurately declared all my (our) income and resources available to me (us). I (We), do also give my (our) permission to supply Homeward, Inc. with any and all information necessary to verify the above information.

In the event that any of the foregoing information is untrue or incomplete, this application shall be rendered null and void.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

DATE

Subject to availability of funds.

Return completed application to: Homeward, Inc. Box 172, Humboldt, IA 50548

FOR DOWN PAYMENT ASSISTANCE LOANS, PLEASE HAVE YOUR LENDER INCLUDE THE FOLLOWING:

___ Copy of bank application at time of application

___ Copy of Purchase Agreement at time of application

___ Flood Certification at time of application

___ Copy of Appraisal prior to closing

___ Copy of Title Opinion prior to closing

___ Homeward, Inc. listed on homeowner's insurance policy showing Homeward, Inc. as a Mortgagee. Please provide a copy prior to closing.

___ Copy of Closing Disclosure @ closing