DPA APPLICATION COVERSHEET

Applicants for Downpayment Assistance (DPA) from the HRDC will need to provide/bring the following to their counseling session:

- Completed DPA Application. Please do not complete the section entitled "PROPOSED FIRST MORTGAGE INFORMATION" on the top of page 3 of the application. Your loan officer will provide this information once your bank has completed underwriting your loan.
- For all household members over the age of 18 who are paid bi-weekly, bi-monthly or monthly, you will need to provide copies of their most recent 5 consecutive paycheck stubs from all sources of income.
- For all household members over the age of 18 who are paid weekly, you will need to provide copies of their most recent 9 consecutive paycheck stubs from all sources of income.

Once you have completed your DPA counseling session, you will need to provide:

- 1. Copies of Driver Licenses (or State Issued ID), Social Security Cards and Birth Certificates for all household members.
- 2. Any additional information determined to be necessary to process your DPA Application.

You may drop off or mail the above documentation to the HRDC office at 32 S Tracy Ave, Bozeman, MT 59715. Alternatively you may email your application together with supporting documentation to Ken Martinez (phone: 406-585-4875), Secondary Lending Specialist at dpa@thehrdc.org

HRDC APPLICATION FOR DOWN-PAYMENT ASSISTANCE/ INCOME VERIFICATION

A complete application package shall include completion of the application, intake, and copies of all forms from the application checklist. Until all application materials are received and completed in full and all requested documentation is attached, the application will not be considered complete.

Applicant Information

Applicali	Ch	neck one of the following:	Requesting Downpayment Assistance		
				Not Requesting DPA: Income Verification Only	
Name:	First	MI	Last	<u> </u>	
	riist	IVII	Lasi		
Address:					
Auuress.	Street				
	City	State	Zip code	County	
Phone:				_	
	Home	Woi	rk		
	Cell				
E-mail:		Pret	ferred Method of	Contact?	
Househo	old Size (includin	ng Dependants and Occup	oying Co-Borrow	er)======>	
Co-∆nnli	cant Information	1			
co-Appii		•			
Name:	Final	A 41	1 4	_	
	First	MI	Last		
Address:	<u> </u>				
	Street				
	City	State	Zip code	County	
Phone:	Home	Wor	rk	_	
	7101110		N.		
	Cell				
E-mail:	-	Pret	ferred Method of	Contact?	
EMPLOY	MENT INFORM <i>A</i>	ATION			
Applican	t		Co-Applic	cant	
	. ,			mployer:	
Title:			Title:		
Hire Date	:			·	
Address:			Address:		
N A a sa é la la cart			NA 41-1- 1		
Monthly Income:			Monthly Ir	ncome:	

If employed in current position, please comple			wo years, or	if you are e	mployed in	more than or	пе		
Employer:			_	Employer:				<u>-</u>	
Title:				Title:	ïtle:				
Dates Employed:			_	Dates Employed:					
Address:			_	Address:				_	
Monthly Income:			_	Monthly Income:					
Are you self employed?				Are you self employed?					
MONTHLY INCOME I	NFORMATION	N							
Gross Monthly Incon	ne	App	olicant	Co-Ap	plicant		Total		
Employment Income									
Self-employment incor	me								
Overtime									
Bonuses									
Commissions									
Rental Income									
Alimony/Child Support	t								
Pension Income									
Public Assistance									
Dependent SSI income	e								
Disability Income									
Other									
TOTAL									
HOUSING EXPENSE Current Rent Payment Other Housing Costs:		ION							
TOTAL:			_						
PROPOSED FIRST N	MORTGAGE	INFORMA	TION						
Type of Loan:	VA		Conventio	nal		Other			
Type of Loan.	FHA		RD	iai		Otrici			
	, .								
Term:	_	Rate:			Amortization	on Type:		fixed	
Proposed Mortgage Pa Proposed Insurance Co Proposed Real Estate	osts:								
Proposed Mortgage Ins	surance:				<u>-</u>				
Proposed Homeowners TOTAL:	s Assoc. Du	es:							

ASSETS									
		Applicant	Co-Applicant	Total					
Checking Account									
Savings Account									
Cash									
CD's									
Securities									
Retirement Accounts									
Real Estate Owned									
Net Income from Business									
Other									
TOTAL									
		<u> </u>		-					
LIABILITIES									
Please list any debt you l		=		ld support/alimony					
expenses. Do not include	e rent, utilities	, or other monthly expe	nses such as food.	_					
Paid to:	Whose debt?	Current Balance	Monthly Payment	Months left to pay	Interest Rate				
			, ,	, ,					
TOTAL									
101712									
DECLARATIONS									
Applicant Co-A									
1) Are there any outsta	nding judgm	ents against you?							
2) Have you declared b	ankruptcy w	ithin the last seven ye	ars?						
3) Have you had prope	rty foreclose	d upon in the last seve	en years?						
4) Are you party to a la	wsuit?								
5) Have you been oblig	ated on any	loan that resulted in fo	oreclosure,						
transfer of title in lieu	of foreclosu	ire, or judgment?							
6) Are you presently in default with any Federal Debt?									
7) Are you presently in default with any financial obligations?									
8) Are you a first-time h	nomeowner a	as classified in MBOH	guidelines?						
DISCLOSURES									
I O and the Alexander and									
I Certify the following: 1) That I have read and	understand	The Road to Home pr	naram quidelines						
2) That all of the represe		=	-	-horrowers or					
agents of either are a			21.223 by myoon, oo						
· ·									
A If a a t			-						
Applicant			Date						

Date

Co-Applicant