



Down Payment Assistance Application

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone: _____

E-mail Address: _____ Cell: _____

Current Address: _____

Employer: _____

CO-APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Social Security Number: _____ Phone: _____

E-mail Address: _____ Cell: _____

Current Address: _____

Employer: _____

INCOME INFORMATION

List all household members, their monthly gross income and source of income that will be considered in obtaining your first mortgage, including – Child Support, Alimony if that amount is utilized by your lender for financing of your first mortgage.

<u>Name</u>	<u>Birth Date</u>	<u>Monthly Gross Income</u>	<u>Source of income</u>
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Name **Birth Date** **Monthly Gross Income** **Source of Income**

Total Amount of Liquid Assets: \$ _____ **Amount to go toward purchase: \$** _____

HOUSEHOLD INFORMATION

How many people live permanently in your household? _____

HOMEBUYER EDUCATION:

(Provide Certification)

Sponsoring Organization: _____

Date Completed: _____

PROPERTY INFORMATION (appraisal must be provided)

Property Address: _____

Purchase Price: \$ _____ Appraised Value: \$ _____

Will the property be your principal residence? _____

FINANCING INFORMATION

First Mortgage Lender: _____

Finance Officer: _____

Contact Information: Phone Number _____ E-mail _____

CLOSING INFORMATION

Closing Company: _____

Closing Agent: _____ Phone: _____

Agent E-mail: _____ Closing Date: _____

I hereby certify that, to the best of my knowledge, the above information is true and correct.

Lender Signature

Date

Title

Company

Applicant's Signature

Date

Co-applicant's Signature

Date

THE FOLLOWING INFORMATION IS REQUIRED

1. Names – **as they appear** on mortgage documents (i.e. John F. Doe and Jane F. Doe).
2. Homebuyer Education completion certificate.
3. Letter of support from employer. (Template included.)

All information is kept confidential.

Date received: _____ **by:** _____

If you have any questions, please do not hesitate to contact our office.

Thank you.

Kathy Misson
V.P. Mortgage Lending
(218) 844-7015
kmisson@mmcdc.com
NMLS ID #200106

Karen Larson
Underwriter
(218) 844-7013
klarson@mmcdc.com
NMLS ID #743033

Angie Schute
Mtg. Loan Processor
(218) 844-7023
aschute@mmcdc.com
NMLS ID #743032

Casey Sandberg
Mtg. Loan Processor
(218) 844-7024
csandberg@mmcdc.com
NMLS ID #460592

To Whom it May Concern:

_____ has been an employee of
Employee

_____ since _____.
Company Name

We support his/her application for a Down Payment Assistance loan through the HOME program administered by MMCDC.

If you have any questions, please contact _____ at _____.

Sincerely,