

Hagerstown Neighborhood Development Partnership/Hagerstown Home Store

Community Partner Incentive Program (CPIP)

Participants in the program must meet household income guidelines before applying.

| A. APPLICANT | | | B. CO-APPLICANT | | |
|--|------------------------------------|--|--|------------------------------------|--|
| Applicant's Name (include Jr. or Sr. if applicable) | | | Co-Applicant's Name (include Jr. or Sr. if applicable) | | |
| Social Security Number | Home Phone | Date of Birth (MM/DD/YYYY) | Social Security Number | Home Phone | Date of Birth (MM/DD/YYYY) |
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (include single, widowed or divorced) | <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Unmarried (include single, widowed or divorced) |
| Address (street, city, state, ZIP) | | | Address (street, city, state, ZIP) | | |
| Mailing address (if different from House Address) | | | Mailing address (if different from House Address) | | |
| Applicant | | EMPLOYMENT INFORMATION | | Co-Applicant | |
| Name & Address of Employer | | <input type="checkbox"/> Self Employed | Name & Address of Employer | | <input type="checkbox"/> Self Employed |
| Position/Title/Type of Business | | | Position/Title/Type of Business | | |
| Business Phone | Years at this employer | Years in this Line of Work | Business Phone | Years at this employer | Years in this Line of Work |
| PROPERTY INFORMATION | | | | | |
| Address of property you are purchasing (street, city, state, ZIP) | | | | | |
| HOUSEHOLD INFORMATION | | | | | |
| List income for ALL household members. | | | | | |
| Household member name | Relationship to Applicant | Date of Birth | Type of income (employment, SSI, SSDI, pension, other) | Amount received per month | |
| 1. Applicant | | | | | |
| 2. Co-Applicant | | | | | |
| 3. Additional members (children, grandparents, other) | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| <input type="checkbox"/> I have enclosed proof of income from all household members (Federal and State tax returns for the last 2 years; 3 months most recent pay stubs) | | | | | |

ASSETS OF APPLICANT & CO-APPLICANT

| List checking/savings accounts, other assets below. | Value | | Value |
|---|-------|---|-------|
| Name and address of Bank, or Credit Union | | Name and address of Bank, or Credit Union | |
| Account number | \$ | Account number | \$ |
| Name and address of Bank, or Credit Union | | Name and address of Bank, or Credit Union | |
| Account number | \$ | Account number | \$ |
| Securities/investments (describe) | \$ | Securities/investments (describe) | \$ |
| | \$ | | \$ |
| U.S. Savings Bonds | \$ | | \$ |
| Life insurance net cash value | \$ | Life insurance net cash value | \$ |
| Other Real Estate owned | \$ | Other Real Estate owned | \$ |
| Automobiles owned (make & year) | \$ | Automobiles owned (make & year) | \$ |
| Other assets (itemize) | \$ | Other assets (itemize) | \$ |
| | \$ | | \$ |

BACKGROUND OF APPLICANT & CO-APPLICANT

If a "Yes" answer is given to questions 1, 2, 3 or 5, please explain on an attached sheet.

APPLICANT CO-APPLICANT

- 1. Do you have any outstanding judgments?
- 2. In the last 7 years, have you declared Bankruptcy?
- 3. Have you had property foreclosed upon or given title or deed in lieu thereof?
- 4. Are you a co-maker or endorser on a note?
- 5. Are you a party in a lawsuit?
- 6. Do you currently occupy this property?
- 7. Is this be your primary residence?

Notes/Misc.

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Amount requested: \$

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ACKNOWLEDGEMENT & AGREEMENT

The undersigned agrees that the loan requested in this application will be secured by a promissory note or a mortgage secured to the property described herein. The undersigned agrees to abide by the terms of the Promissory Note or Mortgage securing the loan.

I/We understand that the selection of a Contractor or Dealer, acceptance of material used and work performed is my/our responsibility. The Hagerstown Neighborhood Development Partnership, Inc., does not guarantee material or workmanship.

I/We fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provision of Title 18, United States Code, Section 1014.

| | | | |
|-----------------------------------|------|--------------------------------------|------|
| Applicant's Signature X | Date | Co-Applicant's Signature X | Date |
|-----------------------------------|------|--------------------------------------|------|

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

If this loan is related to a dwelling, the following information is requested by the Federal Government to monitor this lender's compliance with Equal Credit Opportunity and Fair Housing laws.

| | | | | | |
|-------------------|--|--|---------------------|--|--|
| APPLICANT | <input type="checkbox"/> I do not wish to furnish this information | | CO-APPLICANT | <input type="checkbox"/> I do not wish to furnish this information | |
| Ethnicity: | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino | Ethnicity: | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| Race: | <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Asian | Race: | <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> White | | | <input type="checkbox"/> White | |
| Sex: | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Sex: | <input type="checkbox"/> Female | <input type="checkbox"/> Male |

- Is there a handicapped person in your household? Yes No
- Is anyone in your household age 62 or older? Yes No
- Is the head of household female? Yes No

RETURN APPLICATION

Before you return the application, have you:

- Completed the application?
- Attached copies of Federal & State tax returns for the last 2 years? Recent pay stubs?
- Signed the application?

RETURN INFORMATION TO:

Hagerstown Neighborhood Development Partnership, Inc./Hagerstown Home Store
21 East Franklin Street, Hagerstown, Maryland 21740

Telephone: 301-797-0900

Fax: 301-797-2991

The Hagerstown Neighborhood Development Partnership, Inc., reserves the right to deny an award to any applicant, subject to credit report and/or home inspection.



Equal Housing Opportunity. The Hagerstown Neighborhood Development Partnership and the Hagerstown Home Store do not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin or marital status.