





**Section 2- Co-Applicant Information:** \_\_\_\_\_ N/A

Name: \_\_\_\_\_  
 Last First Middle Initial

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_ M or \_\_\_\_\_ F

**Section 3- Employment and Income History:**

Applicant's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Estimated Gross Monthly Income: \$ \_\_\_\_\_ Years Employed: \_\_\_\_\_

Co-Applicant's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Estimated Gross Monthly Income: \$ \_\_\_\_\_ Years Employed: \_\_\_\_\_

**Section 4- Household Members:**

Please indicate all of the members (adults and children) you anticipate living in your home. List all income associated with each member to include, but not limited to SSI and disability, retirements, child support (active and arrears), as well as part-time employment income. Attach additional pages, if needed.

Name	Relationship	Date of Birth	Age	Gross Income/Pay Period	Source of Income
(Applicant)	Self				
(Co-Applicant)					



**Section 5- Lender and Real Estate Agent Information:**

The following people have assisted with this application and will with the lending/closing process:

**Mortgage Company:** \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Real Estate Agent's Company:** \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Section 6- Applicant(s) Signature(s):**

By signing this application, you are affirming the information provided is true and accurate to the best of your knowledge and copies are included. Please note that failing to provide all pertinent information may lead to disqualification from the program, and/or a delay in processing your application. *Please note the DPA program reserves the right at any time to limit the number of application submissions, deny, and/or rescind the program's initial approval.* Also, signing this application conveys your consent to allow the program to contact any source to solicit and/or verify any necessary information to determine your eligibility and/or creditworthiness for the DPCC program.

\_\_\_\_\_  
Signature of Application/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

## Application Check List and Cover Sheet

Thank you for your interest in the **You're HOME Hampton Roads** Regional Down Payment and Closing Cost (DPCC) Program. Please **return the Checklist along with the application** where it shows the documents provided with your application. Also, the *program does not accept original documents and is unable to make copies*. For those reasons, **please ensure only copies of your documents are provided with your application.**

### Verification of other income (Check all that applies and send copies)

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security Award letter | <input type="checkbox"/> Child Support or Alimony                |
| <input type="checkbox"/> Disability Award Letter      | <input type="checkbox"/> Workers Compensation or Severance Pay   |
| <input type="checkbox"/> Death Benefits               | <input type="checkbox"/> Annuity, Retirement, or Pension Payment |
| <input type="checkbox"/> Unemployment                 | <input type="checkbox"/> Trust Income                            |
| <input type="checkbox"/> Royalties                    | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Insurance Payments           |  |

### Verification of Assets for all household members- (Check all that applies and send copies)

- |  |   |
|--|---|
| <input type="checkbox"/> Certificates of Deposits (CD) | <input type="checkbox"/> Retirement Savings (i.e. IRA, 401K, 403B, Keogh) |
| <input type="checkbox"/> Money Market Account          | <input type="checkbox"/> Pension  |
| <input type="checkbox"/> Mutual Funds or Bonds         | <input type="checkbox"/> Life Insurance- Whole Life or Universal          |
| <input type="checkbox"/> Lottery Winnings              | <input type="checkbox"/> Victim's Restitution Insurance Settlements       |
| <input type="checkbox"/> Capital Gains                 | <input type="checkbox"/> Real Estate (other than primary residence)       |
| <input type="checkbox"/> Inheritances                  | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Annuity                       |   |

**Application (original) - completed and signed**

### Please provide copies of all of the documents listed below:

- |   |                          |
|---|--------------------------|
| Most recent check stubs- one (1) month for all household members  | <input type="checkbox"/> |
| Three (3) months of bank statements- for <b><u>all members</u></b>  | <input type="checkbox"/> |
| Last two (2) years of <b><u>Federal Tax Returns (signed)</u></b> with all schedules and <b><u>W-2 Forms</u></b> | <input type="checkbox"/> |
| Copy of lender's mortgage preapproval letter  | <input type="checkbox"/> |