



## FREDERICK COUNTY HOMEBUYER ASSISTANCE PROGRAM

### Application for Closing Cost Assistance

Applicant(s) \_\_\_\_\_  
 Property Address \_\_\_\_\_

Amount Requested  
 \$ \_\_\_\_\_  
 (\$5,000 maximum)\*

**Applicant eligibility requirements:**

- Applicants must currently live or work in Frederick County;
- First time homebuyers or not owned residential property in the last three years;
- Occupy the home as the primary residence;
- Total gross household income at or below 70% of the Washington MSA median income limit established annually by the U.S. Department of Housing and Urban Development, adjusted for household size;
- Completion of first time homebuyer education from a HUD approved Housing Counseling Agency;
- Qualify for a 30 year fixed rate Maryland CDA or government backed mortgage (USDA, FHA, VA)

**Other Conditions:**

- The loan will be secured by a lien on the property with repayment due upon: 1) the sale, refinance or transfer of title on the property; or 2) when the property is no longer the primary residence of the owner;
- Applicant must obtain a home inspection and purchase a one year home warranty prior to closing;
- Co-signors are not permitted as all applicants are required to occupy the property;
- Have a minimum of **\$500** of own funds to put towards the purchase of the home;
- \*Applicants whose gross household income is below 50% AMI may be eligible for \$7,000.

**LENDER CHECKLIST FOR APPLICATION PACKAGE**  
 (ELECTRONIC PACKAGE TO BE SUBMITTED BY LENDER)

✓IF Done	REQUIREMENT	DOCUMENTATION	LENDER COMMENT
1 <input type="checkbox"/>	<b>Homebuyer information</b>	Homebuyer Assistance Application signed & dated	
2 <input type="checkbox"/>	<b>Ratified sales contract</b>	Ratified sales contract	
3 <input type="checkbox"/>	<b>Income verification from all sources for all adult members of household 18 years and older</b>	<b>VOE</b> and Minimum of <b>2 months</b> of pay statements <b>for all adult income earners</b> <b>Asset account information-</b> most recent bank statements; see page 4	
4 <input type="checkbox"/>	<b>Fixed rate 30 year mortgage</b>	1 <sup>st</sup> Mortgage Uniform Residential Loan Application- FNMA Forms 1003 & 1008	
5 <input type="checkbox"/>	<b>Homebuyer Education</b>	Certificate for Homebuyer Education, dated maximum one year before application date	
6 <input type="checkbox"/>	<b>Inspection &amp; 1 Year Warranty</b>	Inspection invoice & Home Warranty application	
7 <input type="checkbox"/>	<b>Appraisal</b>	Full report required	

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

Mortgage Co. \_\_\_\_\_ Est. Closing Date \_\_\_\_\_

Title Co. \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

**→ Notify Heather Sutton [hsutton@frederickcountymd.gov](mailto:hsutton@frederickcountymd.gov), 301-600-6647, of changes to ANY information provided on this page, particularly the Closing Date or the Title Company. Allow 21 days for processing, approval and settlement of a complete application.**

**Section B. Applicant(s)**

*Leave no blank spaces. If something does not apply, write N/A.*

**Applicant/Co-Applicant – All buyers on the sales contract; anyone named a borrower on the primary mortgage application; or anyone to be named in the deed as owner.**

**B1. Applicant Information** *(please print)*

<b>Applicant Name</b>																								
	(FIRST)				(LAST)				(MIDDLE OR M.I.)															
<b>Home Address</b>																								
	(STREET)																							
	(CITY, STATE, ZIP)																							
<b>Contacts</b>																								
	(PHONE DAY)						(PHONE NIGHT)																	
	(EMAIL)																							
<b>Soc Sec No.</b>				-									<b>Date of Birth</b> (MM-DD-YYYY)				-							

**B2. Co-Applicant Information** *(please print)*

<b>Co-Applicant Name</b>																								
	(FIRST)				(LAST)				(MIDDLE OR M.I.)															
<b>Home Address</b>																								
	(STREET)																							
	(CITY, STATE, ZIP)																							
<b>Contacts</b>																								
	(PHONE DAY)						(PHONE NIGHT)																	
	(EMAIL)																							
<b>Soc Sec No.</b>				-									<b>Date of Birth</b> (MM-DD-YYYY)				-							

**Section C. Household Members**

*Leave no blank spaces. If something does not apply, write N/A.*

- List **ALL** people who will live in the home, even if not related, **starting with the applicant(s)**.
- Student 18-and-older:** For a post high school student attending school fulltime, provide an **official school transcript**. If not a student or part-time student, provide income information, in Section D1.
- Newborn:** For a newborn child not listed on the most recent Federal tax return, provide a copy of the child's birth certificate or hospital verification.

	<b>Name (first and last) Please print</b>	<b>Age</b>	<b>If over 18 in school fulltime? Circle Yes or No</b>
1.			<b>Applicant</b>
2.			<b>Co-Applicant (if applicable)</b>
3.			<b>Yes/No</b>
4.			<b>Yes/No</b>
5.			<b>Yes/No</b>
6.			<b>Yes/No</b>
7.			<b>Yes/No</b>

**Section D. Income Information**

*Leave no blank spaces. If something does not apply, write N/A.*

Household Income *Please answer each question.* **Report all sources of income for all those who will be occupying the home.**

**D1. EMPLOYMENT** Provide two months of paycheck statements. All job related income will be verified by contacting the employer. **List below.**

Name of Household Member	Monthly Gross Pay/Income	Name, Address & Phone Number of Employer
<b>OTHER INCOME</b>		<b>Circle Yes or No</b>
Do you or any household member(s) receive <b>cash, tips or bonuses</b> ? (If yes, provide documentation.)		Yes/No
Are you or any household member(s) <b>self-employed</b> ? (If yes, provide 2 years of fully signed tax returns with all schedules and a current profit and loss statement.)		Yes/No
Do you or any household member(s) receive <b>military reserve pay</b> ? (If yes, provide documentation.)		Yes/No

**D2. PENSION / SSI / OTHER INCOME / ASSET INCOME** Provide either the award letter or two months of benefit statements or income receipts from any assets. **List below.**

Do you or any household member(s) receive <b>pension, retirement benefits, workman's compensation, annuity or any other benefits or pensions</b> ?		Yes/No
Do you or any household member(s) receive <b>unemployment benefits or disability benefits</b> ?		Yes/No
Do you or any household member(s) receive <b>Social Security/ SSI benefits</b> ?		Yes/No
Do you or any household member(s) receive income from <b>an asset</b> , such as savings interest, dividends?		Yes/No
Do you or any household member(s) receive income from rental property, or any other source not listed above?		Yes/No
Name of Household Member	Monthly Benefit/Asset Income	Name, Address & Phone Number of Agency/Office/Asset

*For additional information, attach a separate page with the above information.*

**D3. CHILD SUPPORT/ALIMONY** If you are a single parent, **complete this for each child.** If you do not receive alimony or child support, write N/A. For any payment listed, provide the award letter.

Household Member Receiving Payment	Type of Payment Child Support or Alimony	Monthly Amount

**Section E. Assets/Bank Accounts**

*Leave no blank spaces. If something does not apply, write N/A.*

Assets are bank or other accounts that can be converted to cash. Provide information for all members of the household who will occupy the housing unit. **List all accounts below.**

<b>E1. BANK ACCOUNT INFORMATION</b> Attach copy of <b>two months</b> of most recent statements			<b>Circle Yes or No</b>
Do you or any household member(s) have a <b>savings or checking account</b> ?			Yes/No
Do you or any household member(s) have <b>stocks, mutual funds, bonds or certificates of deposit (CD)</b> ?			Yes/No
Do you or any household member(s) have a <b>money market fund or trust fund</b> ?			Yes/No
Do you or any household member(s) have a <b>retirement, 401K, 457; federal thrift savings plan (TSP), IRA or Keogh account</b> ?			Yes/No
Do you or any household member(s) have a <b>life insurance policy with cash value</b> ?			Yes/No
Do you or any household member(s) have <b>ANY</b> other asset not listed above? If yes, list below.			Yes/No
<b>Name of Household Member on Account</b>	<b>Bank Name</b>	<b>Account Number</b>	<b>Current Value</b>
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>E2. PROPERTY</b> Attach copy of ownership- property tax statement, legal document, vehicle registration, or for disposition of property, completed contract. <b>If yes, list below</b>			<b>Circle Yes or No</b>
Do you or any household member(s) own or have an interest in <b>commercial or residential real estate or mobile home</b> ?			Yes/No
Do you or any household member(s) own or have an interest in a <b>time-share</b> ?			Yes/No
Have you or any household member(s) <b>sold any real estate</b> in the last two years?			Yes/No
Do you or any household member(s) have a <b>recreational vehicle (RV, ATV, boat, other)</b> registered to him/her?			Yes/No
<b>Name of Household Member/Registered Owner</b>		<b>Type of Asset</b>	<b>Value</b> (cash or market value)
			\$
			\$
			\$

*For additional information, copy this page and attach with the above information.*

FREDERICK COUNTY DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

**CERTIFICATION AND AUTHORIZATION TO VERIFY/RELEASE INFORMATION**

I certify that the information provided on this application and supporting documents are true and complete to the best of my knowledge. I am aware that any misrepresentation will result in the forfeiture of my right to participate in the Frederick County Homebuyer Assistance Program, and I may be subject to additional penalties and legal action.

I authorize the Frederick County Department of Housing and Community Development to verify information on this application and obtain supporting documents to verify eligibility for the Frederick County Homebuyer Assistance Program. Entities authorized to release information include, but are not limited to, employers; mortgage companies; banks; and offices administering social security, retirement funds, unemployment and child support.

I retain the right to review information in my file.

A photocopy of this form may be considered valid and the original will be kept on file for the purpose of obtaining information pertaining to this loan.

Signature of Applicant/Borrower

Date

\_\_\_\_\_  
Print Name

Signature of Co-Applicant/Borrower

Date

\_\_\_\_\_  
Print Name

**Signatures of other household members reporting income.** *Copy and add additional page, if needed.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Frederick County Department of Housing and Community Development

401 Sagner Avenue • Frederick, Maryland 21701

301-600-6091 • FAX 301-600-3585 • TTY Use Maryland Relay

[www.frederickcountymd.gov/housing](http://www.frederickcountymd.gov/housing)

# Frederick County Homebuyer Assistance Loan Programs

## BORROWER(S) AFFIDAVIT

The Frederick County HAP loan is a zero percent (0%) interest, deferred payment loan, secured by a Deed of Trust on the property. The loan is due and payable in full upon the occurrence of any of the following events, more fully detailed in the Deed of Trust/Promissory Note: 1) the sale or transfer of any interest in the property to any other person or entity; 2) if property is no longer occupied as the principal residence, which includes the death of the Borrower; or 3) on the refinance of the First Deed of Trust.

Borrower(s) hereby acknowledge that the loan is subject to the requirements of the specified loan program of the application, as described in the program fact sheet available online at [www.frederickcountymd.gov/housing](http://www.frederickcountymd.gov/housing).

Borrower(s) certify to not having owned residential property in the last 3 years.

Borrower(s) certify that the property will be their primary residence.

Borrower(s) hereby agree to keep the property in good repair and in compliance with all applicable local Codes and Ordinances.

Borrower(s) hereby agree to provide proof of insurance annually, listing the County as additional lien holder (mortgagee).

Borrower(s) certify having a combined household income at or below the specified program income limits based on the HUD published Area Median Income for Frederick County on the date of this application through the date of closing on the property to be purchased using the loan funds.

Borrower(s) agree to complete a Homebuyer Education Program through an approved agency and provide a Certificate of completion prior to settlement.

Borrower(s) agree to provide a ratified sales contract and all other applicable information required by this application.

Borrower(s) hereby certify and represent to the Frederick County Department of Housing and Community Development (FCDHCD) that the information provided in this Loan Application is true, correct and complete.

**Borrower(s) declare under penalty of perjury that the information provided on this Loan Application and Borrower's Affidavit is true and correct.**

Date: \_\_\_\_\_ Applicant/Borrower: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant/Borrower: \_\_\_\_\_

**Submit completed, signed application with supporting documentation via email to:**

**Heather Sutton**  
Frederick County Department of Housing & Community Development  
[hsutton@frederickcountymd.gov](mailto:hsutton@frederickcountymd.gov)

**ALLOW 21 DAYS FOR PROCESSING AND FUNDING COMPLETE APPLICATIONS**

## Frederick County Homebuyer Assistance Program Equal Opportunity Data Collection Self Certification Form

Frederick County Department of Housing is required to obtain the following information from the Head of the Household for statistical purposes only to determine whether the benefits of this program are being made to available to all persons on a non-discriminatory basis.

### To be completed by the Head of the Household only:

<u>What is your gender?</u>	Male _____	Female _____
<u>Are you a person with a disability?</u>	Yes _____	No _____
<u>Are you a person age 62 or older?</u>	Yes _____	No _____
<u>Are you a female head of household?</u>	Yes _____	No _____
<u>Are you a Military Veteran?</u>	Yes _____	No _____

What is your Race? Do you identify yourself as: (select one or more)

- \_\_\_\_\_ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- \_\_\_\_\_ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- \_\_\_\_\_ Black or African American: A person having origins in any of the black racial groups of Africa.
- \_\_\_\_\_ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_\_ White
- \_\_\_\_\_ American Indian or Alaska Native & White
- \_\_\_\_\_ Asian & White
- \_\_\_\_\_ Black or African American & White
- \_\_\_\_\_ American Indian or Alaska Native & Black or African American
- \_\_\_\_\_ More than one race selected (not listed above)

What is your Ethnicity? Do you identify yourself as (select only one):

- \_\_\_\_\_ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
- \_\_\_\_\_ Not Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.