



DOWN PAYMENT ASSISTANCE APPLICATION

APPLICANT INFORMATION

Last Name		First Name			MI
Current Address		City	State	Zip Code	
Home Phone Number () -	Cell Phone Number () -	E-mail Address			

ASSISTANCE REQUESTED

Home Purchase
 Home Refinance
 Elder Principal Pay-Down
 Principal Pay-Down

HOUSEHOLD INFORMATION

List all household members, including the applicant, who are or will be living within the household on a permanent basis.

Name (Last, First, Middle)	DOB (mm/dd/yyyy)	Social Security Number	Relation
	/ /	- -	SELF
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	
	/ /	- -	

APPLICANT CERTIFICATION

I certify, to the best of my knowledge and belief, that the information contained within or attached to this application regarding household composition, criminal history, income, net family assets, and allowances and deductions is accurate and complete. I have been fully informed and understand that any false statements or omissions provided in connection with this application, to the Department, regardless of time of discovery, shall be grounds for termination of housing assistance benefits, termination of tenancy, and disqualification of future housing assistance benefits in accordance with Department policy.

I, the undersigned, certify that I have read Part L (Down Payment Assistance Program) of the Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians Housing Assistance Handbook and agree to adhere and be bound by terms and conditions set forth in policy as well as other applicable policies of the Department.

Signature	Date
-----------	------