

FIRST TIME HOMEBUYER PRE-APPLICATION

PLEASE PRINT CLEARLY. ONE FORM PER APPLICANT.

Today's Da	ate:
Applicant's	s Last Name :
First Name	2:
Mailing Ad	ddress:
City:	State: Zip Code:
Email:	
Phone N	lumber with Area Code:
• To	the best of your ability, please answer the following questions:
1.	How many people are living in your household?
2.	What is your gross monthly household income (before taxes)?
3.	What is your monthly debt payment (example: car loan/student loan/credit card)?
4.	To the best of your knowledge, what is your current credit score?
5.	What amount do you currently have in savings?
6.	Have you already applied with a lender and been pre-approved for a home loan?
prohibiting informatio discrimina	ring information is requested by the Federal Government in order to monitor compliance with Federal Laws g discrimination against applicants seeking to participate in this program. You are not required to furnish this in, but are encouraged to do so. This information will not be used in evaluating your application or to te against you in any way Male Female
Race/Ethr	nicity (mark one or more): White/Caucasian Black or African-American Hispanic /Latino American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander
	did you hear about our program? (Check all that apply) Website Phone Word of mouth rop-in Event Other Social Media

(Over)

Forms may be submitted in-person, emailed to <u>Jordan.hamrick@cityofrockhill.com</u>, or mailed to our office:

First Time Home Buyer Program Housing and Neighborhood Services PO BX 11706 Rock Hill, SC 29731-1706

*Program participants must be 18 years or older.

*Pre-application, enrollment in financial training, and buyer's class are requirements prior to application for the HDCRH First Time Home Buyer Assistance Program. **ENROLLMENT DOES NOT GUARANTEE ASSISTANCE.**

I subscribe and affirm, under the penalties of law, that the statements in this application (including statements made in any accompanying documents) has been examined by me, and to the best of my knowledge and belief is true and correct. I understand that by signing this application, I consent to any other inquiry to verify or confirm the information I have given. I understand that this application does not guarantee that assistance will be granted, but will be used in determining eligibility for the program.

Applicant signature:	Date:		
Co-applicant signature:	Date:		
starting your financial and/or homebuying education. F	steps in our program. We will be in contact with you about or questions, contact Jordan Hamrick at (803) 325-2523 or @cityofrockhill.com		
FOR OFFICE USE ONLY			
Income: 30% Extremely Low 50% Very Low 80% Low			
Credit Score Debt-to-Income Ratio R	reserves		
Program entry level: Financial Literacy Training Homebuyer's Class			
The information above was verified by:			
Staff signature	Date		



