



City of Falls Church

AFFORDABLE HOMEOWNERSHIP PROGRAM

LENDER APPROVAL FORM

THIS FORM IS TO BE FILLED BY BY APPLICANTS ON LOAN AND COMPLETED BY LENDER

**LIST ALL HOUSEHOLDS MEMBERS INCLUDING CHILDREN AND GROSS INCOME
(Please type and check boxes directly in the form below)**

MEMBER NAME	MEMBER PHYSICAL ADDRESS (NO P.O. BOX NUMBERS)	GROSS ANNUAL INCOME	ON LOAN	ON DEED
		\$		
		\$		
		\$		
		\$		
		\$		

PROGRAM ELIGIBILITY

Check if any of the following reported on Credit Report for Member listed above:

	Do any applicants on loan have a middle credit score less than 620?
	Has any applicant on loan or deed been a homeowner within the last 3 years?
	Is any member of the household above the age of 62 or disabled?

HOUSEHOLD ASSETS

Including but not limited to: Savings, Checking, CDs, IRA, Stocks, Bonds

Total Financial Accounts:	\$
Total Cash on Hand:	\$
Total Monetary Gifts:	\$
Total Grants:	\$
Other:	\$
TOTAL VERIFIED ASSETS:	\$
Combined Gross Income:	\$

We hereby certify under penalty of law that all of the information provided on this application form is true, complete, and correct. I understand that I am required to report any changes in household composition, income, or assets annually and at the time of home purchase. I also understand that any person who attempts to obtain housing assistance by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime punishable under federal and state law and may result in determination of ineligibility for any DHCD/FCRHA housing program. I acknowledge that a false declaration is grounds for disqualification from the Homeownership Program and from the opportunity to purchase using a First-Time Home-buyer Program. By signing this form, I agree to the release of my/our financial information as may be necessary to verify eligibility to participate in a homeownership opportunity and agree to the exchange of this information between the City of Falls Church and National Housing Partnership Foundation, U.S. Department of Housing and Urban Development, Lender and Loan Servicer, and other providers of federal, state, or local assistance.

ALL APPLICANTS ON LOAN MUST SIGN

APPLICANT PRINT NAME

SIGNATURE

DATE

CO-APPLICANT PRINT NAME

SIGNATURE

DATE

THIS CONDITIONAL APPROVAL LETTER IS CONSIDERED TRUE, COMPLETE & CORRECT UNTIL _____

I understand that this form is being used primarily by the purchaser(s)/borrower(s) as documentation for application to the Falls Church Affordable Homeownership Program.

DATE

LENDER

LOAN TYPE: _____

MAX SALES PRICE: _____ INTEREST RATE: _____

COMPLETED BY (NAME): _____ LENDING INSTITUTION: _____

LENDER'S SIGNATURE: _____ DATE COMPLETED: _____

PHONE NUMBER: _____ EMAIL: _____