

AHP / DPP® Beneficiary Questionnaire

Complete a Beneficiary Questionnaire for each household member, 18 years of age or older.

Household Member Information

Household Member Name: Age: Number of Household Members:

Are you currently a student? Yes No If student, anticipated graduation date:

The home being purchased will be used as my primary residence. Marital Status: Married Separated

* You are considered a first-time homebuyer if any of the following is true: Unmarried (includes Single, Divorced, Widowed)

- 1) You have not owned a home during the three-year period prior to the purchase date, or
- 2) You are divorced, legally separated, or widowed and only owned a home with a (former) spouse, or
- 3) You owned a property that could not be brought into compliance with building codes for less than the cost of a permanent structure.

In the past 5 years, I received an AHP/DPP grant.

* Are you a first-time homebuyer? Yes No Yes No

Employment Information

Are you currently employed? ** Yes No If unemployed, date of last position:

If self-employed, name of business: Date business established:

Do you have any pending employment/income changes? Yes No If yes, please explain below.

| | Employer Name | Phone No. | Position | Termination | | Pay Frequency |
|---|---------------|-----------|----------|-------------|------|---------------|
| | | | | Start Date | Date | |
| 1 | | | | | | ▼ |
| 2 | | | | | | ▼ |
| 3 | | | | | | ▼ |

| Other Income ** | Periodic Payment Amount | Pay Frequency | Annualized Pay |
|--------------------------------|-------------------------|---------------|----------------|
| Unemployment | | | |
| Social Security | | | |
| Disability/Supplemental Income | | | |
| Child Support | | | |
| Alimony | | | |
| Pension/Annuities | | | |
| Rental Income | | | |
| Other | | | |

** If no income sources are disclosed above, a Certificate of Zero Income form MUST be completed.

Comments:

Egt hlec vqp < "Kegt wh { "j cv'j g' lphqto cvqp'r tqxkf gf "cdqyg"ku'twg. "eqo r ngvg. "cpf "ceewtcvg0"Kwpf gtucpf "j cv'providkpi "hng tgr tgujpcvqp"j gtgkp "o c { "eqpukwg"cp"cev'qh'fcwf 0"Kcempqy rgi i g'y cv'j g' lphqto cvqp'r tqxkf gf "ku'dgkpi "wugf 'hqt 'j g ur gelhe "r wtr qug'qh'f gvtg lpkpi "y j gy gt "o { "j qwugj qrf "ku'gri kdrq"vq'tgegkxg"cuukwpeg"j tqwi j "j g'Hef gtcnJ qo g'Nqcp Dcpn'qih'Ej keci q)u'CHqtf cdng'J qwukpi 'Rtqi tco 0"Khwj gt'egt wh { "j cv'cmkpego g'qh'cp { "hkp "ku'hwm' "f luerqugf "qp"j ku s wgu'kppckg. "cpf "y km'hwm' "eqqr gtcvg'y kj "j g'Ur qpuqt"cpf/or"O go dgt"vq"qdvclp"qt'r tqxkf g"cp { "pgeguuct { "lpego g" xgt hlec vqp"qt"qy gt "f qewo gpw"vq'eqphkto "j g' lphqto cvqp'r tqxkf gf 0

Signature: _____

Date: _____

Printed Name: _____