

**SAN MIGUEL COUNTY REGIONAL  
DOWN PAYMENT & CLOSING COST (DP&CC) ASSISTANCE PROGRAM  
APPLICATION**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: H) \_\_\_\_\_ W) \_\_\_\_\_ Cell ) \_\_\_\_\_
4. Address of the Property you are Purchasing: \_\_\_\_\_
5. Is this Deed-restricted property? \_\_\_\_\_
6. Is the DR property price-capped? Yes \_\_\_\_\_ What %? \_\_\_\_\_ No \_\_\_\_\_
7. Amount of Assistance Requested: \_\_\_\_\_
8. Type of Mortgage Financing: \_\_\_\_\_
9. Total Amount Financed: \_\_\_\_\_
10. Household Income: \_\_\_\_\_
11. Household Size: \_\_\_\_\_
12. Purchase Price of Property : \_\_\_\_\_
13. Amount of Applicant's Personal Contribution towards Purchase Price : \_\_\_\_\_

**Please explain all other funding available for use and their relationship to you, if any, and attach to the application. If you are not a 1<sup>st</sup> Time Homebuyer, please explain the need for this assistance.**

***THIS PROGRAM IS SUBJECT TO FUND AVAILABILITY. YOU WILL BE NOTIFIED, IN WRITING, IF YOU HAVE MET THE ELIGIBILITY CRITERIA AND THERE ARE FUNDS AVAILABLE.***

Please complete this application and attach the following information before submitting to San Miguel Regional Housing Authority:

- Loan File Checklist and all required documents;
- Fully executed purchase contract.

I hereby certify that all information provided on and with this application submitted to San Miguel Regional Housing Authority is true and complete.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Staff Use Only**

Received \_\_\_\_\_ By \_\_\_\_\_ Receipt # \_\_\_\_\_  
date and time initials

Approved \_\_\_\_\_ By \_\_\_\_\_  
date and time initials