

Downpayment Plus® Program Beneficiary Questionnaire

Name					Age	
Taxpayer ID (Check one) <input type="checkbox"/> Social Security Number <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)						
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes Single, Divorced, Widowed)						
Student (Please circle) <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time				Expected Graduation Date?		
Employment (Please circle): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> None					If none, date last position held?	
Self employed? Yes No		Name of business			Date business established?	
Employer Name (if position held less than 1 year provide former employer information)			Phone #	Position	Hire Date	Term. Date
1.						
2.						
3.						
Other Income Type	Yes	No	Periodic Payment Amt	Payment Schedule	Total to be Received	
Unemployment						
Social Security Income						
Disability/ Supplemental Income						
Child Support						
Alimony						
Pension/Annuities						
Rental Income						
Other						
First-Time Homebuyer – In the past 3 years:					Yes	No
1. I owned a home. (If yes, please answer 2 and 3 below.)						
2. I owned a home only with a prior spouse. (If divorced or legally separated.)						
3. I owned a property that was not in compliance with state, local or model building codes and that could not be brought into compliance for less than the cost of constructing a permanent structure.						
The home being purchased will be used as my primary residence?						
Comments:						
Beneficiary Certification:						
I hereby certify that the information given above is true and accurate. I acknowledge the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the Downpayment Plus Program. I will fully cooperate with the lender to provide or obtain any necessary income verifications or other documents to confirm the information given. I further certify that all income of any kind has been fully disclosed.						
Signature:				Date:		
Printed Name:						