

**Town of Plymouth**  
**Down Payment Assistance funded by The Affordable Housing Trust**



**Homebuyer Assistance Program**  
**Application Checklist**

*Please do not use staples in your submission. Use paperclips to separate documents. Must be an actual print out of application and **not a printout of a photo taken of the application.***

**Application form.** Must be **completed** and **signed** and include with **all** attachments.

- 1. **Pre-Approval Letter** from eligible Mortgage Lender that meets first mortgage requirements listed in the policy manual.
- 2. **Federal Tax Returns (1040)** – copies of signed tax returns for the past three (3) years. You will also need to include the W-2's and 1099-R forms for the most current full year. If you have not filed a tax return for any of the years requested, we need a signed statement that you have not filed for a particular year and why.
- 3. **Pay Stubs** – copies of the most recent **30 day period**, consecutive pay stubs for **all working members** of the household, 18 years and older (unless a full-time student)
- 4. **Verification of any other household income.** i.e.: Social Security, SSDI, VA Benefits, unemployment benefits, and/or public assistance. Please **include** a copy of the official statement of the monthly amount received for the current year.
- 5. **Self-Employment.** In addition to other items on this list must submit copies of **Schedule C for the past 3 years and a Profit & Loss Statement reflecting your earnings and expenses for the current year.** The name of the business must be on the Profit & Loss Statement.
- 6. **Student Status Verification.** Please submit documentation for each child 18 years of age or older verifying their full-time student status to have their income not counted in the household income total.
- 7. **Savings Account Statements.** Submit copies of **3** months of the most recent **All pages.**
- 8. **Checking Account Statements.** Submit copies of **3** months of the most recent **All pages.**
- 9. **Copy of the Signed Purchase & Sales Agreement.**
- 10. **Copy of First Time Homebuyer Certificate.**

**Application packages will only be reviewed if complete and contain all requested documentation.**

# Town of Plymouth

## Office of COMMUNITY DEVELOPMENT

*With any Questions Contact: Peggy Whalen, Director*  
 Phone: (508)-322-3321 or Email: [pwhalen@plymouth-ma.gov](mailto:pwhalen@plymouth-ma.gov)

**Homebuyer Assistance Program Application –**

Applicant 1 Name: \_\_\_\_\_ Applicant 2 Name: \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Property address: \_\_\_\_\_ Potential Closing Date: \_\_\_\_\_

Lender: \_\_\_\_\_ Closing Attorney: \_\_\_\_\_

**Household Composition:** List all individuals who will living in your home and relationship to self

Full Name <i>(please list head of household 1<sup>st</sup>)</i>	Relationship	Date of Birth	Full Time Students over 18 yrs. of age
	Self		

**Does any member of your household currently or within the past three years own/owned any residential property?**  No  Yes, if yes please give details:

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### Employment Information about Borrower and Co-Borrower

1. Borrower Employed By: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 How Long There? \_\_\_\_\_  
 Position held? \_\_\_\_\_

2. Co-Borrower Employed By: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 How Long There? \_\_\_\_\_  
 Position held? \_\_\_\_\_

**Homebuyer Education:** I have attended a Home Buyer Education Workshop Series  No

If yes, location \_\_\_\_\_ Date \_\_\_\_\_

**Do you have down payment money available?**  No  If Yes,

Amount: \$ \_\_\_\_\_, Source: \_\_\_\_\_

*Reminder: you must have at least 1.5% of the purchase price of your OWN money for down payment)*

<b>Income Information:</b> Please include income for <u>ALL</u> household members aged 18 or older who receive income. Any household member over 18 must provide a signed notarized statement describing the current situation if not working. Contact our Office for assistance.				
Source of Income	Applicant 1	Applicant 2	Other household members 18 & over	Total
Gross Salaries, wages, and tips				
Taxable Interest				
Dividend Income				
Alimony Received				
Business income (or loss)				
Capital Gains (or loss)				
Taxable amount of IRA distributions				
Rental real estate, royalties, partnerships, trusts etc.				
Taxable amount of Social Security, Pensions, Retirement, Disability income				
Unemployment compensation				
Farm income (or loss)				
Other Income				
Totals for each member & total				

<b>Assets: Attach:</b> copies of 3 months of the most recent <u>Full Bank Statements</u> . (Do not just include the first page of the month. This is applicable for all active accounts), 3 Years of Federal Tax Returns with Current Year's W-2 and Documentation of other Assets.			
Type	Cash Value	Annual Income from Assets	Bank Name(s)
Checking Acct.			
Savings Acct.			
Retirement Plans			
Owned Real Estate			
Stocks			
Other (i.e., rental properties, lump sum payment, etc.)			
<b>Totals:</b>			

Please check the box below that applies and sign to certify, under penalties of perjury that I certify the information provided in this application is true and correct.

- I/We have not owned real property at any time during the last three years.
- I am a single parent and/or a displaced homemaker and have only owned with a spouse.
- At least one borrower is over 55 years old.

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

Income Guidelines  
2023 Income Limits

Household Size	Max. Income
1	\$82,950.00
2	\$94,800.00
3	\$106,650.00
4	\$118,450.00
5	\$127,950.00
6	\$137,450.00
7	\$146,900.00
8	\$156,400.00

\*Income guidelines are subject to change without notice.

**Applicant Characteristic Survey: Information for Government Monitoring Purposes**

The following requested information is voluntary and in no way affects your application for participation in this program. This information will be used for federal reporting and research purposes only to find out how effective our efforts are in reaching all segments of the population and in providing equal opportunity services to the community.

**APPLICANT:**

**CO-APPLICANT**

I do not wish to furnish this Information

I do not wish to furnish this Information

**Race/National Origin:**

**Race/National Origin:**

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander

- Black/African American
- Caucasian
- Asian

- Black/African American
- Caucasian
- Asian

American Indian or Alaskan Native and Caucasian  
Asian and Caucasian

American Indian or Alaskan Native and Caucasian  
Asian and Caucasian

Black/African American and Caucasian

Black/African American and Caucasian

American Indian or Alaskan Native and Black/African American

American Indian or Alaskan Native and Black/African American

Other (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Ethnicity:**

**Ethnicity:**

- Hispanic
- Non-Hispanic

- Hispanic
- Non-Hispanic

**Sex:**

**Sex:**

- Female
- Male

- Female
- Male

**Marital Status:**

**Marital Status:**

- Married
- Separated
- Unmarried (includes single, widowed, divorced)

- Married
- Separated
- Unmarried (includes single, widowed, divorced)

**Please submit completed application with copies of the required documentation to:**

**Attn: Peggy Whalen, Director  
Office of Community Development  
26 Court Street, 3<sup>rd</sup> Floor  
Plymouth, MA 02360**