

Town of Plymouth

Down Payment Assistance



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 (can be submitted after application)**
- ☐ 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

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 (please list head of household 1 st)	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:

Employment Information about Borrower and Co-Borrower

1. Borrower Employed By: _____

Address: _____

How Long There? _____

Position held? _____

2. Co-Borrower Employed By: _____

Address: _____

October 2, 2025

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)

Income Information: Please include income for ALL 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				

October 2, 2025

Assets: Attach: copies of 3 months of the most recent **Full Bank Statements**. (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.)			
Totals:			

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
2025 Income Limits**

Household Size	Max. Income
1	\$92,650
2	\$105,850
3	\$119,100
4	\$132,300
5	\$142,900
6	\$153,500
7	\$164,100
8	\$174,650

*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:

☐ I do not wish to furnish this Information

Race/National Origin:

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

☐ Black/African American

☐ Caucasian

☐ Asian

☐ American Indian or Alaskan Native and
Caucasian
Asian and Caucasian

☐ Black/African American and Caucasian

☐ American Indian or Alaskan Native and
Black/African American

Other (specify) _____

Ethnicity:

☐ Hispanic
☐ Non-Hispanic

Sex:

☐ Female
☐ Male

Marital Status:

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

CO-APPLICANT

☐ I do not wish to furnish this Information

Race/National Origin:

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

☐ Black/African American

☐ Caucasian

☐ Asian

☐ American Indian or Alaskan Native and Caucasian
Asian and Caucasian

☐ Black/African American and Caucasian

☐ American Indian or Alaskan Native and
Black/African American

Other (specify) _____

Ethnicity:

☐ Hispanic
☐ Non-Hispanic

Sex:

☐ Female
☐ Male

Marital Status:

☐ 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, 3rd Floor
Plymouth, MA 02360**