



Down Payment Assistance Program Application

Applicant name: _____

Phone number: _____

Address: _____

Cell number: _____

City: _____

Email: _____

Postal code: _____

Co-Applicant name: _____

Phone number: _____

Address: _____

Cell number: _____

City: _____

Email: _____

Postal code: _____

Select Yes or No for the following:

I/We are at least eighteen (18) years old

I/We have been living or working in Lacombe for at least one (1) year

Our gross household income is between \$45,000 - \$90,000

Do you currently own a home/land

I/We will use the home as our sole and principal residence

I/We have less than \$50,000 in assets

My first preference of location _____

My second preference of location _____

I/We have read the Down Payment Assistance Program Guidelines and understand the rules and eligibility requirements

Application Documentation

1. Copy of mortgage pre-approval
2. Support information as listed in the Down Payment Assistance Program Guidelines
 - a. Proof that you are a legal resident of Canada
 - b. Photo ID
 - c. Bank verification of income and assets form
 - d. 2014 or 2015 notice of assessment

If any of the above documentation is missing the application will be deemed incomplete and not considered.

Acknowledgement

I/We hereby declare and certify that the above information is correct. I/We understand that this is an application for the Down Payment Assistance Program, the purpose of which is to allow the Bethany Group to determine the applicant's eligibility for the program. In the event of false or misleading information, the Bethany has the right to disqualify the applicant(s) at any time. I/We understand that the submission of an application does not constitute a guarantee for support under the Down Payment Assistance Program.

Personal information collected in this application form is confidential and collected for the purpose of administering the Down payment Assistance Program and to maintain communications as considered necessary.

_____ Print name: _____ Date: _____
Applicant Signature

_____ Print name: _____ Date: _____
Co-Applicant Signature