

DO NOT LEAVE ANYTHING BLANK - INDICATE "N/A" IF NOT APPLICABLE.

IF ANY PORTION OF THIS APPLICATION IS BLANK, YOU WILL BE REQUIRED TO COMPLETE A NEW APPLICATION.

**AFFORDABLE MARKET PURCHASE PROGRAM (AMPP) APPLICATION FORM:
RESERVE AT SOUTH RIDING I**

Note to Applicant(s): Please print full name and social security number of each applicant responsible for purchasing the home:

Applicant Social Security Number

Co-applicant (if applicable) Social Security Number

2nd Co-applicant (if applicable) Social Security Number

Street Address City/Town State Zip Code

Alternative Address (if applicable): _____
Street Address/P.O. Box City/Town State Zip Code

Home Phone(s) (with area code) Work Phone Number(s) (with area code)

Cell Phone(s) (with area code)

Email Address(es): _____

Name(s), Date of Birth, Social Security Number, and Relationship of ALL household members who will be living in the AMPP home to be purchased (Including all applicants):

Name	Date of Birth	Social Security Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

TOTAL HOUSEHOLD SIZE: _____

TOTAL GROSS HOUSEHOLD INCOME: \$ _____

Show the total amount of GROSS ANNUAL income (before taxes) earned by all wage earners over the age of 18 who will be living with you and who contribute to the support of the household.

APPLICANT

Primary Employment:

Name

Employer Name

Address of Employer

Phone Number

\$ _____
Current Gross Salary Per Year

\$ _____
Overtime Per Year

\$ _____
Other Income from Employer
(Commissions, Bonuses, Shift Diff, etc.)

Secondary Employment:

Name/Address of Employer

Phone Number
\$ _____
Current Salary/Hourly Rate

of Hours Worked Per Week: _____

CO-APPLICANT

Primary Employment:

Name

Employer Name

Address of Employer

Phone Number

\$ _____
Current Gross Salary Per Year

\$ _____
Overtime Per Year

\$ _____
Other Income from Employer
(Commissions, Bonuses, Shift Diff, etc.)

Secondary Employment:

Name/Address of Employer

Phone Number
\$ _____
Current Salary/Hourly Rate

of Hours Worked Per Week: _____

QUALIFYING INCOME (cont.)

ADDITIONAL CO-APPLICANT OR
HOUSEHOLD MEMBER OVER
THE AGE OF 18

ADDITIONAL CO-APPLICANT OR HOUSEHOLD
MEMBER OVER THE AGE OF 18

Primary Employment:

Primary Employment:

Name

Name

Employer Name

Employer Name

Address of Employer

Address of Employer

Phone Number

Phone Number

\$ _____
Current Gross Salary Per Year

\$ _____
Current Gross Salary Per Year

\$ _____
Overtime Per Year

\$ _____
Overtime Per Year

\$ _____
Other Income from Employer
(Commissions, Bonuses, Shift Diff, etc.)

\$ _____
Other Income from Employer
(Commissions, Bonuses, Shift Diff, etc.)

\$ _____

\$ _____

Secondary Employment
\$ _____

Secondary Employment

Name/Address of Employer

Name/Address of Employer

Phone Number

Phone Number

\$ _____
Current Salary/Hourly Rate

\$ _____
Current Salary/Hourly Rate

_____ # of Hours Worked Per Week: _____

_____ # of Hours Worked Per Week: _____

OTHER SOURCES OF INCOME

Social Security: _____
Name(s) of Beneficiary (ies) Annual Dollar Amount

Pensions/Retirement: _____
Name(s) of Beneficiary (ies) Annual Dollar Amount

Annuity(ies) or
IRA Distribution(s): _____
Name of Account Holder(s) Annual Dollar Amount

Disability Claim: _____
Name of Claimant(s) Annual Dollar Amount

Unemployment Claim: _____
Name of Claimant(s) Annual Dollar Amount

VA Benefits: _____
Name of Beneficiary (ies) Annual Dollar Amount

Child Support : _____
Name(s) of Child Annual Dollar Amount

Name(s) of Child Annual Dollar Amount

Name(s) of Child Annual Dollar Amount

Alimony: _____
Annual Dollar Amount

Dividend/Interest Income: _____
Name of Depository/Brokerage Annual Dollar Amount

Name of Depository/Brokerage Annual Dollar Amount

Name of Depository/Brokerage Annual Dollar Amount

Name of Depository/Brokerage Annual Dollar Amount

Other Income Source
(Specify Source) : _____
Name of Recipient Source Annual Dollar Amount

Name of Recipient Source Annual Dollar Amount

Name of Recipient Source Annual Dollar Amount

Complete the following questions:

Does either the primary applicant and/or secondary applicant(s):

- Live in Loudoun County? _____ Yes _____ No
- Work in Loudoun County? _____ Yes _____ No
- Is any member of the household disabled? _____ Yes _____ No
- Ever been married? _____ Yes _____ No
- Are you currently married? _____ Yes _____ No
- If "no" what was the date of your divorce? _____
- Are you engaged to be married or have plans to be married? _____ Yes _____ No
- Owned a home (In the United States or Abroad) in the last three years? _____ Yes _____ No
- If "yes" are you divorced/widowed? (Provide HUD-1 or quit claim deed if applicable) _____ Yes _____ No

Have you filed your Federal Tax Returns for the past 3 years? _____ Yes _____ No

If not, provide explanation for non-filing:

Asset and Liabilities

Assets:

Do you or any member of your household have any assets such as cash on hand, balances in bank/credit union accounts, safety deposit boxes, savings/checking accounts, bonds, stocks, real estate, inheritance, 401 (k)'s, money market accounts, mutual funds, IRA's or other accessible accounts, etc?

Yes No

If yes, do you receive interest or dividends from these accounts? Yes No

List any Accounts as listed above, including Name of Bank, Credit Union, Brokerage or other Depository and the current balance for each account:

1.

2.

3.

4.

5.

6.

Liabilities:

List of monthly payments to others, including rent and utility payments, cell phone payments, all installment (car, student loans, etc.) and revolving (credit cards) credit payments:

Rent:

Heat:

Electricity:

Water:

Phone (Land Line):

Phone (Cell):

Auto Loan(s):

Student Loan(s):

Other Installment Loans (List):

Credit Card #1:

Credit Card #2:

Credit Card #3:

Credit Card #4:

Other Credit Cards and Revolving Debts (List):

Questions	Applicant		Co-Applicant	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?				
b. Have you been declared bankrupt within the last 7 years?				
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?				
d. Are you a party to a lawsuit?				
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment? (This would include such loans as home mortgages, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligations, bond or loan guarantee?)				
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee?				
g. Are you obligated to pay alimony, child support or separate maintenance?				
h. Are you a co-maker or endorser on a note?				
i. Is any part of the down payment borrowed?				
j. Are you a U. S. citizen?				
k. Do you and all household members have a legal presence in the United States? (if yes, what is your status and please provide the required documentation)				

Explanations for Questions indicated above:

DO NOT COMMIT PROGRAM FRAUD!

Fraud is defined as *“an intentional perversion of truth for the purpose of obtaining some valuable thing or promise from another.”*

EXAMPLES OF PERCEIVED FRAUD IN THE AMPP APPLICATION PROCESS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- 1. Addition or Omission of applicants or other intended household members. This includes married, engaged, co-habiting parties who present themselves as a household without the spouse/fiancé/partner and/or adding/omitting family members to allow qualification within the parameters of the program.**
- 2. Omission of income, such as income from a second/third job or income from self-employment, pensions, Social Security, Child Support, Alimony, stipends or allowances, or other forms of assistance.**
- 3. Omission of knowledge of current or past 3 years ownership in a property**
- 4. Misrepresenting any aspect of the application or required documentation.**

The County has a number of state and local resources available to check information being provided by persons applying to the AMPP. You may be requested to provide additional documentation if concerns are raised via these resources.

If it is determined that program eligibility was granted based on the submission of fraudulent and/or the omission of information, you will no longer be eligible for the program and your name will be removed from the date/time wait list. You will not be able to re-apply to the program.

The County sometimes receives information from outside sources that a homeowner in the program may have purchased an AMPP through fraudulent practices or is using their property in a fraudulent manner. Homeowners who have purchased an AMPP home based on the submission of false information will be investigated by the County. Persons found guilty of fraud after having purchased an AMPP home will be required to sell their home through the normal resale process. Some homeowners may face criminal prosecution for fraud.

Applicant/Co-applicant(s) Statements:

I/we certify under penalty of perjury, that the information given to the Department of Family Services regarding the application for participation in the AMPP, is truthful, accurate and complete.

I/we understand that false, misleading or incomplete information submitted for the AMPP, may lead to permanent disqualification.

I/we understand that the submission of false statements and/or information is grounds for the return of the AMPP home through the normal resale process and no monies as a result of the sale will be realized.

I/we understand that the submission of false statements and/or false information is subject to local criminal prosecution.

By: _____
Applicant

Date

Co-Applicant

Date

Co-Applicant

Date