



City of Rockville, Maryland
MPDU HOMEOWNERSHIP FORM
<https://www.rockvillemd.gov/837/Affordable-For-Sale-Housing>



INSTRUCTIONS/ELIGIBILITY

- Spouses and all members of the household must be included on the certification form.
 - **Each** adult member of the household cannot currently own or have owned residential property within the last five (5) years.
 - If a dependent is 18 or older, you must verify whether they are a student or working when applying for a loan.
 - Must meet income requirements. **All** household income and sources of income must be disclosed and included.
 - Must have pre-approved letter from lender no more than 365 days older.
 - Must have completed and obtained a certificate of first-time homeowner education.
- **Marital Status** _____ **Single** _____ **Married** _____ **Divorced** _____ **Widowed**.

HOUSEHOLD INFORMATION: Provide the requested information for each household member who will be living in the MPDU.

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	_____

- Have you or any person listed above owned residential property within the last five (5) Years? No__ Yes___. If yes, you can only apply for MPDU rental housing.

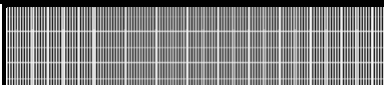
INCOME INFORMATION: FOR EACH ADULT MEMBER OF YOUR HOUSEHOLD COMPLETE THE FOLLOWING:

Applicant:

1. Applicant's Name (First, Middle, Last)		2. Email
3. Applicant's Address (Street, City, State, Zip)		
4. Home Phone	5. Cell Phone	6. Work Phone
7. Employer	8. Employer's Address (where you go to work)	

9. Yearly Salary	10. How often are you paid? Check one: <input type="radio"/> Monthly <input type="radio"/> Every other week <input type="radio"/> Weekly <input type="radio"/> Other (Explain)
11. Employer for 2nd job (if applicable)	12. Employer's Address (where you go to work)
13. Yearly Salary	14. How often are you paid? Check one: <input type="radio"/> Monthly <input type="radio"/> Every other week <input type="radio"/> Weekly <input type="radio"/> Other (Explain)
15. Do you receive alimony? Yes <input type="checkbox"/> or No <input type="checkbox"/> If Yes, what is the yearly amount? _____	
16. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ D. Child Support: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ E. Other income from assets: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ F. Any other source of income, such as gifts, public Assistance: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____	

Co-Applicant:

1. Co-Applicant's Name (First, Middle, Last)		2. Email
3. Applicant's Address (Street, City, State, Zip)		
4. Home Phone	5. Cell Phone	6. Work Phone
7. Employer	8. Employer's Address (where you go to work)	
9. Yearly Salary	10. How often are you paid? Check one: <input type="radio"/> Monthly <input type="radio"/> Every other week <input type="radio"/> Weekly <input type="radio"/> Other (Explain)	
11. Employer for 2nd job (if applicable)	12. Employer's Address (where you go to work)	
13. Yearly Salary	14. How often are you paid? Check one: <input type="radio"/> Monthly <input type="radio"/> Every other week <input type="radio"/> Weekly <input type="radio"/> Other (Explain)	
15. Do you receive alimony? Circle: Yes or No If Yes, what is the yearly amount? _____		
16. Do you receive income from the following sources? A. Retirement Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ D. Child Support: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ E. Other income from assets: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____ F. Any other source of income, such as gifts, public Assistance: No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, what is the monthly amount? _____		

MPDU HOMEOWNERSHIP APPLICATION

By signing below:

I/We certify that the information set forth on this form is true and complete to the best of my /or knowledge and belief and is given under the penalty of perjury. Failure to provide full and accurate information can be considered a breach of MPDU program can result in denial of program participation.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

TO BE COMPLETED CITY STAFF:

Total Household Size: _____ Employment Income (All Adults): \$ _____

All other sources of Income: \$ _____ Total Household Income: \$ _____

Maximum MPDU Income
for household size: \$ _____

Lender Pre-approval Letter? YES: NO: Date of Letter: _____

Lender Name _____ Lender Address: _____

Lender Phone #: _____ Lender email: _____

First Time Homeownership Certificate? YES: NO: Date of Certificate: _____

Training Provider: _____ Provider Contact: _____

MPDU Eligible? YES: NO:

Reviewed By (Staff Name): _____ Date: _____