



Rockville, Maryland  
**MPDU HOMEOWNERSHIP FORM**  
<http://www.rockvillemd.gov/836/Affordable-Rental-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.
- A copy of a newborn’s birth certificate must be submitted if the child was not listed on your Federal income tax return. Unborn children are not included in your household size.
- If a dependent is 18 or older, you must verify whether they are a student or working. If they are working, they must provide copies of their two most recent paystubs. If they are a full-time student, you must provide their current school transcript or a class schedule.
- 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.

**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="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input type="radio"/> Female <input type="radio"/>	_____
_____	_____	Male <input type="radio"/> Female <input type="radio"/>	_____

**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="radio"/> or No <input type="radio"/> If Yes, what is the yearly amount? _____	
16. Do you receive income from the following sources? A. Retirement Benefits No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ D. Child Support: No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ E. Other income from assets: No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ F. Any other source of income, such as gifts, public Assistance: No <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ B. Social Security Benefits No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ C. Unemployment Insurance No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ D. Child Support: No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ E. Other income from assets: No <input type="radio"/> Yes <input type="radio"/> If Yes, what is the monthly amount? _____ F. Any other source of income, such as gifts, public Assistance: No <input type="radio"/> Yes <input type="radio"/> 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: \_\_\_\_\_