



HOMESTRETCH ASSISTANCE APPLICATION

APPLICANT INFORMATION

First name	Last name	Middle initial		
Date of birth	Social security number	Gender		
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____				
Race: <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____				
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other: _____				
Current address:	City	State	Zip code	Year built
Home number:	Work phone number:	Email address:		
Employment status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Employment type:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of employer:	___ Years ___ Months	Previous name of employer (if less than a year)	___ Years ___ Months	
Total monthly income:	\$	Total assets amount across all accounts:	\$	

CO-APPLICANT INFORMATION

First name	Last name	Middle initial		
Date of birth	Social security number	Gender		
Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other: _____				
Race: <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____				
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other: _____				
Current address:	City	State	Zip code	Year built
Home number:	Work phone number:	Email address:		
Employment status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	Employment type:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Name of employer:	___ Years ___ Months	Previous name of employer (if less than a year)	___ Years ___ Months	
Total monthly income:	\$	Total assets amount across all accounts:	\$	

HOUSEHOLD COMPOSITION

List all occupants in the household including the applicant and co-applicant.
Please use additional sheets if necessary.

Full name	Relationship	Birthdate	Age	Monthly income	Total assets
1.					
2.					
3.					
4.					
5.					
6.					
7.					

DOWNPAYMENT CONTRIBUTION

Applicant and/or co-applicant will be contributing the following amount towards closing costs:

\$

REALTOR AND LOAN OFFICER INFORMATION

Name of realtor: Realtor email: Realtor phone number:

Mortgage/lender company name: Loan officer name: Loan officer email:

Loan officer phone number:

PROGRAM SELF-CERTIFICATION

Please answer the following questions to the best of your ability.
Claims in this section will require supporting documentation. Please submit documentation with your application.

1. I/we certify that we are first-time homebuyers and have not owned a home in the past three years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I/we have been discharged from bankruptcy for at least 2 years. (Leave blank if unfilled.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I/we have completed an eight-hour Pre-Purchase Mortgage Counseling course with a HUD-approved agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. I/we have a total annual household income at or below HUD's maximum income limits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. I/we have total household assets under \$25,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. I/we have a mortgage/lender pre-approval letter.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. I/we have a credit score of 580 or higher from at least one major credit bureau.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I/we are under contract and expect to close soon.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What is your expected closing date? If none, please leave blank:	



CERTIFICATION & GENERAL AUTHORIZATION

I/we, the undersigned applicant/co-applicant, certify that all information provided in my application for the Homestretch Down Payment Assistance Program, administered by the Gwinnett County Housing and Community Development Division, is true and complete to the best of my knowledge. I understand that any false or incomplete information may result in denial or withdrawal of my application. I authorize Gwinnett County Government and its partners to verify any information provided, including obtaining necessary records from financial institutions, employers, or other relevant entities.

I acknowledge that I have reviewed and understand the Homestretch Down Payment Assistance Program requirements. I understand that program assistance is contingent upon approval of a primary mortgage loan and final underwriting and that assistance will be provided as a loan subject to specific repayment terms. I agree to comply with all applicable HUD and Gwinnett County Government program rules and regulations. I acknowledge that purchasing a home involves legal and financial responsibilities, and I have been advised to consult qualified professionals in real estate, finance, law, and home inspection.

I understand that beyond confirming compliance with applicable housing codes and absence of evident health or safety hazards, Gwinnett County Government and its representatives assume no responsibility for the condition of the property purchased through the program.

I authorize the release of information regarding my credit, income, benefits, employment, assets, property title, and mortgage status for the purposes of determining eligibility and administering program benefits. This authorization applies to HUD, Gwinnett County Government, Realtors, and Lenders and may be used as a copy in lieu of the original.

By signing below, I acknowledge and agree to the terms above.

Applicant signature: _____

Date: _____

Co-Applicant signature: _____

Date: _____

Additional Attachments: Please ensure that the following documents are included with your application. All other documents should be submitted as applicable to your circumstances. It is your responsibility to provide all required and necessary documents.

1. **Photo identification and proof of social security or birth certificate** for all household members aged 18 and older.
2. **1040 Tax Returns** from the most recent tax year if there have been no changes in income. If there have been changes in income, provide **three months of paystubs** for all household members aged 18 and older with income.
3. **Pre-Purchase Mortgage Counseling Certificate** from a HUD approved housing counseling agency.
4. **Credit Score Report** from the three major credit bureaus
5. **Three months of checking account statements** and **three months of savings account statements** for all household members ages 18 and older.
6. **Pre-Approval Letter from mortgage company**
7. **A current SSI/SSDI statement** for individuals receiving disability or social security benefits, if applicable.
8. **Bankruptcy discharge documentation**, if applicable.
9. **Current profit and loss statement** if self-employed, if applicable.
10. **Other documentation** that may additionally confirm eligibility.