



**CITY OF BROCKTON
FIRST TIME HOMEBUYER'S PROGRAM DOWN PAYMENT ASSISTANCE
MANDATORY ELIGIBILITY SESSION**

Date:	Borrower(s):	Property:	Funding AMT:
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THE PURPOSE OF THIS FORM IS FOR THE BORROWER(S) TO CONFIRM THAT THE REQUIREMENTS AND INFORMATION OF THE FTHB-DPA PROGRAM HAS BEEN PROVIDED, REVIEWED AND UNDERSTOOD!

CATEGORIES	BORROWER #1 INITIALS	BORROWER #2 INITIALS
FINANCIAL ASSISTANCE		
ELIGIBILITY REQUIREMENTS		
MINIMUM PROPERTY STANDARDS		
DETERMINING HOUSEHOLD SIZE		
DETERMINING HOUSEHOLD INCOME		
DETERMINING HOUSEHOLD ASSETS		
PRINCIPAL RESIDENCE		
CHANGE IN OWNERSHIP		
RECAPTURE PROVISIONS		
SUBORDINATION		
SUB-PRIME LOANS		
FORECLOSURE		
APPLICATION INTAKE		
MONITORING		

I/We _____ are purchasing the property located at _____, Brockton MA. I/We hereby affirm that the above categories have been: (1) Presented to me (us); (2) Reviewed by me (us); and (3) I/We understand the requirements and will abide by it.

Signed under the pains and penalties of perjury this ___ day of _____, _____ (year).

Borrower #1

Borrower #2