Purpose of Housing Program:
I/We understand that the purpose of the housing program is to provide one-on-one contact to help customers rectify those problems that prevent affordable mortgage financing. The coordinator will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing and assist in developing a plan to remove those barriers. The coordinator will also provide assistance in debt load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the coordinator to correct the problems for me/us but rather to provide guidance and to empower me/us in correcting those issues preventing affordable mortgage financing.

Mortgage Financing Assistance:
Upon completion of the housing program, I/we understand that the coordinator will help to identify those loan programs that are best suited for my/our needs and choose a lender that is right for me/us. Upon completion of the program and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the coordinator will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the DBCLT does not guarantee that I/we will receive mortgage financing from the lender.

Eligible Criteria:
I/We understand that the DBCLT provides housing assistance to customers whose problems can be resolved in 12 months or less. I/We understand that if it is determined my/our issues will take longer than 12 months to rectify, I will be referred to a long-term housing counseling program.

Homeownership Education Classes:
I/We understand that as part of the housing program, I/we will be required to attend group homeownership education classes.

Applicant’s Responsibility:
I/We understand that it is our responsibility to work in conjunction with the homebuyer process.

Applicant’s Signature ____________________________________________
Date______________

Co-Applicant’s Signature _________________________________________
Date______________