

AHP / DPP® Beneficiary Questionnaire

Complete a Beneficiary Questionnaire for each household member, 18 years of age or older.

Household Member Information									
Household Member Name:				Age: Number of Household Members:					
Are you currently a student? Yes No					If student, a	nticipated gra	duation date:		
☐ The home being purchased will be used as my primary residence. Marital Status: Married Separated								Married Separated	
* You are considered a first-time homebuyer if any of the following is true: 1) You have not owned a home during the three-year period prior to the purchase date, or 2) You are divorced, legally separated, or widowed and only owned a home with a (former) spouse, or 3) You owned a property that could not be brought into compliance with building codes for less than the cost of a permanent structure. Unmarried (includes Single, Divorced, Widowed) In the past 5 years, I received an AHP/DPP grant. Yes									
* Are you a first-time homebuyer? Yes No No									
Employment Information									
Are you currently employed?** Yes No If unemployed, date of last position									
If self-employed, name of business:						Date business established:			
Do you have any pending employment/income changes? Yes No If yes, please explain below.									
Employer Name			Phone No. Po		ion	Start Date	Termination Date	Pay Frequency	
1								▼	
2								_	
								_	
3								•	
	Other Income**		Periodic Pay	ment Amount		Pay Frequen	су	Annualized Pay	
	Unemployment								
	Social Security								
	Disability/Supplemental Inco	me							
	Child Support								
	Alimony								
	Pension/Annuities								
	Rental Income								
	Other								
** If no income sources are disclosed above, a Certificate of Zero Income form MUST be completed.									
Comments:									
Egt khleckqp<"Kegt khl "vj cv'vj g'kphqto ckqp"r tqxkf gf "cdqxg'ku'vtwg."eqo r ngvg."cpf "ceewtcvg0"Kwpf gtuvcpf "vj cv'providkpi "hang tgr tgugpvckqpu"j gtgkp"o c{"eqpurkwwg"cp"cev'qh'htewf 0"Kcempqy ngf i g'vj cv'vj g'kphqto cvkqp"r tqxkf gf "ku'dgkpi "wugf "hqt'vj g ur gekhle"r wtr qug"qh'f gvgto kpkpi "y j gvj gt"o {"j qwugj qnf "ku'grki kdng"vq"tgegkxg"cuukuvcpeg"vj tqwi j "vj g'Hgf gtcn'I qo g'Nqcp Dcpm'qh'Ej keci q)u'Chtqtf cdng"I qwukpi "Rtqi tco 0"Khwty gt"egt khl "vj cv'cm'kpeqo g''qh'cp{"nkpf "ku'hwn("f kuenqugf "qp"vj ku s wgukqppcktg."cpf "y km'hwn("eqqr gtcvg'y kyj "vj g'Ur qpuqt"cpf/or'O go dgt"vq"qdvckp"qt"r tqxkf g'cp{"pgeguuct{"kpeqo g" xgtkhlecvkqpu"qt"qvj gt"f qewo gpwu"vq"eqphkto "vj g'kphqto cvkqp"r tqxkf gf 0									
Signature:					Date:				
Pri	nted Name:		_						