



VETERAN- GENERAL APPLICATION

FOR ASSISTANCE

To qualify you must be Honorably or Generally Discharged from the US Military, and purchase a home valued at \$500,000 or less, which will be your sole and primary residence. You agree to own it for a minimum of 3 years. The program awards up to 1% of the purchase price for approved out-of-pocket expenses incurred at closing. Let us know if you need a referral to a Veteran-friendly realtor. Attach all supporting documentation and send to heroeswelcomehome@gmail.com or mail to: Heroes Welcome Home 8235 Blaikie Court, Sarasota, FL 34240 Call 941-448-8651 with any questions. Thank you!

GENERAL INFORMATION: Date of application: _____ * Optional for statistical purposes only

Applicant #1: _____ DOB _____ *Ethnicity _____

Employer or source of income: _____

Applicant #2: _____ DOB _____ *Ethnicity _____

Employer or source of income: _____

Current Address: _____ City: _____ State ____ Zip _____

Phone Name #1: _____ **Email Name # 1:** _____

Phone Name #2: _____ **Email Name #2:** _____

Total Annual Household income: \$ _____

of children living with you? _____ **County of Residence** _____

Current living status: Own home Rent Homeless Other _____ **Length of time:** _____

MILITARY STATUS: Please submit proof of Military status with this application.

Applicant #1: Veteran Branch of Military: _____

Rank: _____ Dates of Service: _____

Military Citations: _____

Location of Deployment: _____

Applicant #2: Veteran Branch of Military: _____

Rank: _____ Dates of Service: _____

Military Citations: _____

Location of Deployment: _____

Are you first-time home buyers? Yes No **Are you using a VA Loan?** Yes No

Have you found a home to purchase? Yes No **Is it under contract?** Yes No

Without assistance would you be able to purchase this home? Yes No

Have you already been pre-approved for a loan? Yes No **Approval amount:**

\$ _____ **If no, have you submitted an application?** Yes No

Purchases Price of home \$ _____ **What is the closing date?** _____



HOME OWNERSHIP APPLICATION, P.2

Name of Realtor: _____ Brokerage: _____

Email: _____ Phone#: _____

Name of Lender: _____ Loan Officer: _____

Email: _____ Phone #: _____

Name of Title/ClosingCo.: _____ Contact: _____

Email: _____ Phone #: _____

Please describe any special considerations and how this financial assistance will impact your life.

If your application needs are other than a home purchase please describe below.

By signing below, you give Heroes Welcome Home permission to discuss this application with the following:

Realtor/Lender listed above Significant Other/Spouse listed on this form Referral organization/VA (list below) I agree to provide a testimony and will allow photos to be taken for HWH to use for marketing the program. I agree to provide an anonymous testimony.

By signing this application, you hereby agree to the program terms and consent to be considered for a financial/services award program. Additionally, you are granting HWH permission to publish photographs taken for promotional purposes, which will remain the sole property of Heroes Welcome Home. By signing below, I understand that this financial assistance award will be used to pay for expenses incurred during the home buying process such as closing costs, down payment, home inspections, doc fees, pest control inspection appraisals and surveys.

Applicant #1: _____ Date: _____

Signature

Applicant#2: _____ Date: _____

Signature

Office use only: DD214 Approved Denied Reason: _____

Closing statement rec'd \$ _____ Distribution at closing Distribution outside of closing

Check # _____ Wire transfer Actual Closing date: _____ Photo taken Testimony rec'd

