



**I. DOWN PAYMENT ASSISTANCE PROGRAM**

| W/Pf | Occupant | Date of Application | Proof of Enrollment | Annual Income @ Time of Appl. | Family Size @ Time of Appl. | Income Limit | Difference | Eligible? | # of Bedrooms | Purchase Price | Price within TDC? | Verified Check Issued to Mortgage Co.? | Date of Assistance | Lead-Based Paint? | Useful Life Agreement | Insurance? | Comments |
|------|----------|---------------------|---------------------|-------------------------------|-----------------------------|--------------|------------|-----------|---------------|----------------|-------------------|--|--------------------|-------------------|-----------------------|------------|----------|
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**II. REHABILITATION ASSISTANCE PROGRAM**

| <b>W/P</b> | <b>Occupant</b> | <b>Date of Application</b> | <b>Proof of Enrollment</b> | <b>Annual Income @ Time of Application</b> | <b>Family Size @ Time of Application</b> | <b>Income Limit</b> | <b>Difference</b> | <b>Eligible?</b> | <b>Date of Assistance</b> | <b>Useful Life Agreement</b> | <b>Comments</b> |
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**III. RENTAL ASSISTANCE PROGRAM**

| W/P | Occupant | Date of Application | Proof of Enrollment | Annual Income @ Time of Application | Family Size @ Time of Application | Income Limit | Difference | Eligible @ Time of Entrance? | Adequate Income Verification? | Number of Bedrooms | Rent Calculation (30% or less) | Date of Assistance | Comments |
|-----|----------|---------------------|---------------------|-------------------------------------|-----------------------------------|--------------|------------|------------------------------|-------------------------------|--------------------|--------------------------------|--------------------|----------|
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**IV. HOMEOWNERSHIP PROGRAM**

| W/P | Occupant | Date of Application | Proof of Enrollment | Annual Income @ Time of Application | Family Size @ Time of Application | Adequate Income Verification? | Income Limit @ Time of Application | Difference | Eligible @ Time of Entrance? | Number of Bedrooms | Payment Calculation (30% or less – 15% if MH) | Date of Assistance | Comments |
|-----|----------|---------------------|---------------------|-------------------------------------|-----------------------------------|-------------------------------|------------------------------------|------------|------------------------------|--------------------|---|--------------------|----------|
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