



**OFFER AVAILABLE FOR A LIMITED TIME ONLY**

- Up to \$25,000.00 with monthly repayment over a 10-year term with the Fund having deed of trust second only to the primary mortgage
- Fixed rate loan program with up to 2.00% / 2.001% APR\*
- First payment due within 35 days of loan date
- Must qualify for a permanent mortgage or similar product along with this loan
- Funds may be used for down payment, closing costs, or prepaid items
- Can be combined with other down payment assistance programs as long as the Fund’s deed of trust remains in second place only behind the primary mortgage

*\*APR is Annual Percentage Rate. Interest is fixed. A \$25,000.00 loan with 120 monthly payments of \$230.03 = 2.001% APR. Based on the subject loan program and repayment over 120 equal monthly payments of \$230.03, the total interest paid over the life of the loan is \$2,604.04.*

**DOWN PAYMENT ASSISTANCE LOAN PROGRAM QUALIFICATIONS (initial to certify):**

1. I am currently an employee of an educational institution (verified) \_\_\_\_\_
2. I will be living in the property being financed \_\_\_\_\_
3. I am a first-time home buyer \_\_\_\_\_
4. The cost of the property is equal to or less than \$350,000 (verified) \_\_\_\_\_
5. My household income is equal to or less than \$100,400 a year (or 120% of AMI County) (verified) \_\_\_\_\_
6. My verified Debt to Income is below 50% (calculated with 1<sup>st</sup> mortgage balance) \_\_\_\_\_
7. I am current on any existing debt with FNB Oxford Bank with no prior unpaid charge offs with FNB Oxford Bank (verified) \_\_\_\_\_
8. I am not currently in Bankruptcy \_\_\_\_\_

**CUSTOMER APPLICATION INFORMATION**

|                                 |  |
|---------------------------------|--|
| Applicant Name:                 |  |
| Physical Address:               |  |
| City / State / Zip:             |  |
| Mailing Address (if different): |  |
| Social Security #:              |  |
| Date of Birth:                  |  |
| Phone Number:                   |  |
| Email Address:                  |  |
| Driver’s License #:             |  |
| DL Issue / Expiration Date:     |  |

**LOAN REQUEST INFORMATION**

|                               |                                                 |
|-------------------------------|-------------------------------------------------|
| <b>Loan Amount Requested:</b> | \$                                              |
| <b>Terms Requested:</b>       | 10 years, payments due monthly                  |
| <b>Loan Purpose:</b>          | FNB Community Fund Down Payment Assistance Loan |
| <b>Repayment Source:</b>      | Personal income; liquidation of assets          |

**ABILITY TO REPAY**

|                                                    |    |
|----------------------------------------------------|----|
| <b>Applicant Monthly Gross Income:</b>             | \$ |
| <b>Applicant Monthly Debt &amp; Rent payments:</b> | \$ |
| <b>Applicant Debt to Income*:</b>                  | %  |

*\*Debt to Income may not exceed **50%** in order to qualify for the Down Payment Assistance Loan. Debt payments must include the new loan payment. Gross income to be verified by recent pay stub or tax return; debts to be taken from credit report.*

*By signing this application, I acknowledge that everything that I have stated in this application is correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I acknowledge and understand that any loans from this program are limited by availability of funds. The Board of Directors retains the right to designate availability of funds first to those who qualify and yet have lower household income based upon FNB Community Fund's mission statement and charitable purpose.*

|                             |  |
|-----------------------------|--|
| <b>Applicant Signature:</b> |  |
| <b>Date:</b>                |  |

*I hereby authorize FNB Community Fund to make arrangements to initiate debit entries to my checking or savings account as indicated below. This authority is to remain in full force and effect until FNB Community Fund receives written notification from me of its termination in such time and in such manner as to allow reasonable opportunity to act on it.*

|                                    |  |
|------------------------------------|--|
| <b>Account #:</b>                  |  |
| <b>Routing #:</b>                  |  |
| <b>Financial Institution Name:</b> |  |