



EQUAL HOUSING OPPORTUNITY

Hometown Housing Partnership, Inc. (HHP) CLIENT QUESTIONNAIRE

Each item must be fully completed. Please print clearly.

- | | Yes | No | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you a first time homebuyer? First time homebuyer is defined as someone who has not had ownership interest in a residential unit in the previous 3 years. |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | I acknowledge that all homes receiving downpayment assistance from HHP will be deed restricted preventing any and all rental activities at the property for 30 years. |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | I acknowledge that there will be repayment required at the time of sale or transfer of the property. Further, it is my responsibility to familiarize myself with the specific repayment obligations of the HHP program I am choosing. Full information related to repayment can be obtained by request of the HHP Executive Director. |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Do you intend to own and occupy this property for 7+ years? IF NO: How long do you intend to own and occupy this property? _____ |

Certification:

I certify to the best of my knowledge that all statement are true. I understand that providing false information will result in denial or termination of benefits.

Signature

Date

Please return completed questionnaire and supporting documentation to:

**Hometown Housing Partnership, Inc.
541 E. Grand River Ave.
East Lansing, MI 48823**