



# COUNTY OF LEXINGTON

## COMMUNITY DEVELOPMENT DEPARTMENT

212 South Lake Drive, Ste. 401, Lexington SC 29072 Phone: (803) 785-8121 Fax: (803) 785-8188

### GRANT PROGRAMS DIVISION

Dear Applicant:

We appreciate your interest in the County of Lexington's Down Payment Assistance (DPA) Program that is made possible by the U.S. Department of Housing and Urban Development, which gives annual funding to the County through the HOME Investment Partnerships (HOME) grant.

Please complete the attached Pre-Screening form so preliminary eligibility can be determined. If your Pre-Screening form is approved, you will receive the full application to complete. All applications will be processed on a first-come, first-served basis. Please note that there are multiple components (household income eligibility, condition of home, etc.) in the processing of your application with their individual eligibility requirements. You must pre-qualify for each component or stage throughout the process to ultimately be determined eligible for assistance. After all stages of the application have been completed and reviewed you will receive written confirmation from the County notifying you of your acceptance or denial into the program.

If you wish to apply for DPA through the HOME grant, please carefully review the program guidelines and return a completed Pre-Screening form to our office in person, by mail, or via fax.

If you have any questions or need assistance, please call our office (803) 785-8121.

Sincerely,

HOME Program Grant Administrators



County of Lexington Community Development – Grant Programs  
Down Payment Assistance (DPA) Program



Pre-Screening Form

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address (if available): \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Please select your profession/status:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Police Officer       | <input type="checkbox"/> Active Duty Military         | <input type="checkbox"/> Teacher              | <input type="checkbox"/> Active Duty Military |
| <input type="checkbox"/> Correctional Officer | <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> Teacher's Aide       | <input type="checkbox"/> Veteran              |
| <input type="checkbox"/> Firefighter          |   | <input type="checkbox"/> Nurse (RN, LPN, CNA) | <input type="checkbox"/> Disabled             |

Have you ever purchased a home in your name? Yes \_\_\_ No \_\_\_ If yes, provide month/year? \_\_\_\_\_

Number of Persons Currently Living in Your Home: \_\_\_\_\_

Annual Gross Income of Household Before Taxes and Other Deductions: \$ \_\_\_\_\_

*(Must include all sources of income for all persons 18 and over living in the home)*

Are you under sixty-two (62) years old? Yes \_\_\_ No \_\_\_ If yes, do you have liquid assets over \$20,000? Yes \_\_\_ No \_\_\_

Are you sixty-two (62) years or older? Yes \_\_\_ No \_\_\_ If yes, do you have liquid assets over \$30,000? Yes \_\_\_ No \_\_\_

How did you hear about the County's DPA program?

- |   |   |
|---|---|
| <input type="checkbox"/> Word of mouth  | <input type="checkbox"/> Bank   |
| <input type="checkbox"/> County website | <input type="checkbox"/> Other _____                                      |
| <input type="checkbox"/> Brochure       | <input type="checkbox"/> Agency referral and if so, what agency?<br>_____ |
| <input type="checkbox"/> Realtor        |   |

***Applicants cannot currently have a home under contract prior to applying for assistance. The search for a home should not officially begin until the pre-screening form followed by the full application has been reviewed and approved by County staff, evidenced in writing.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grant Programs Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_