

State of Montana
 Montana Department of Commerce
 Board of Housing

TANF LOAN APPLICATION

Applicant: _____ County: _____
 Mailing Address: _____ Phone #: _____

The Housing Revolving Loan Account offers down payment assistance loans through local sources to working families to help with first time homebuyer's needs. Families are eligible when all five of the following conditions are met.

Check those that are true for your family:

- _____ 1. One or more children are in our home. Our family size is _____.
- N/A 2. One or more adults in our home are employed.
- _____ 3. We are not receiving TANF cash assistance.
- _____ 4. We have attended first time homebuyer training and counseling.
- _____ 5. Our family's monthly earned income is at or below the level show in this table. Use worksheet on back to list income sources and determine total gross monthly income. Attach last pay stub, employer statement, or other income verification.

| | | | | | | | |
|----------------|-------|-------|-------|-------|-------|-------|-------|
| Family Size | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Monthly Income | 2,428 | 3,051 | 3,675 | 4,298 | 4,921 | 5,545 | 6,168 |

List all persons residing in your household.

| Name | Relationship | Date of Birth | Social Security # | US Citizen | Enrolled Tribal |
|------|--------------|---------------|-------------------|------------|-----------------|
| | SELF | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Applicant: I hereby affirm that the statements included in this application are accurate, complete, and true to the best of my knowledge.

 Signature Date

| Gross Monthly Income | Applicant | Spouse/Other Adult | Total |
|--|-----------|-------------------------------|-------|
| Wages, Tips, Salary 1 st Job | | | |
| Wages, Tips, Salary 2 nd Job | | | |
| Income from self-employment | | | |
| Farm Income | | | |
| | | Total Monthly Gross Income | |