

*In addition to completing this form, please complete the AHP Household Income Qualification Workbook*

### Homebuyer Information

First Name	M.I.	Last Name	
Address (must be residence address; do not use P.O. box)		County or PMSA (Must be same as in Workbook)	
City		State	ZIP Code
Email	Telephone Number		Fax Number

### Homebuyer is enrolling in

IDEA       WISH

### Homebuyer Counseling Program Name

Program Name (as appears on Homebuyer Counseling Certificate)

*If enrolling in IDEA, please complete the following:*

### Savings Program

Savings Program Name	Program Type <input type="checkbox"/> FSS <input type="checkbox"/> IDA <input type="checkbox"/> Lease-to-Own		
Contact Person	Title		
Address	City	State	ZIP Code
Email	Telephone Number		Fax Number
Sponsor (if applicable)			

*If enrolling in WISH, please complete the following (if applicable):*

### Mortgage Assistance Program

Mortgage Assistance Program Name			
Contact Person		Title	
Address	City	State	ZIP Code
Email	Telephone Number		Fax Number

## Member Institution

Institution

Contact Person		Title		
Address		City	State	ZIP Code
Email	Telephone Number		Fax Number	

## Signatures

Homebuyer Signature

Name ( <i>print or type</i> )	Date Signed
-------------------------------	-------------

Member Signature	Name ( <i>print or type</i> )
Title	Date Signed

- **By signing this form, homebuyer acknowledges that enrollment in either the WISH or IDEA program is not a guarantee that program funds will be available from the Member at the time of the homebuyer's purchase of a home.**
- **The date of enrollment in the WISH or IDEA program is the date that the Member signs this enrollment form.**