

City of McPherson

APPLICATION AND AGREEMENT FOR HOMEBUYER CASH ASSISTANCE PROGRAM (HCAP)

The completed application and all required documentation must be received ten (10) business days prior to closing. Failure to provide all required documentation and/or timely notice may delay payment or disqualify your application. As part of the application process, please furnish a properly completed IRS Form W-9 using the address of the purchased property.

Personal Information:

Name of Person(s) who will be on the title of this property: _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Primary phone: (____) _____ Secondary phone: (____) _____ Email : _____

Property Information:

Address of Property being Purchased: _____

Closing Information:

Name of Realtor: _____ Phone: _____ Email: _____

Closing Agent/Title Company: _____ Phone: _____ Email: _____

(\$5,000.00 will be paid to the order of the Closing Agent/Title Company For the Benefit of the Applicants)

Anticipated Date of Closing: ____/____/____

We/I have read this application and related Ordinance No. 3450 and do hereby agree to comply with all conditions of the City of McPherson HCAP program. By signing, I/we do hereby certify to have not owned a home within the McPherson City Limits for at least 30 of the 36 months prior to applying for HCAP. All statements on this application, to the best of our knowledge, are true.

(Application must be signed by all contract purchasers or owners of record.)

Signature of Applicant

_____/_____/_____
Date

Signature of Applicant

_____/_____/_____
Date

PLEASE SUBMIT APPLICATION AND W-9 TO LISA FAUST OR RICHARD MILLER AT Lisaf@mcpcity.com or Richardm@mcpcity.com. Forms may also be dropped off or mailed to PO Box 1008, 400 E. Kansas Ave., McPherson, KS. 67460.

TO BE COMPLETED BY CITY STAFF:

Approved by City (Signature)

_____/_____/_____
Date Received

_____/_____/_____
Date Approved

_____/_____/_____
Date A/P Processed Check