



HARP REFINANCE GRANT PROGRAM APPLICATION/AFFIDAVIT

Form must be TYPED, fully signed and submitted to MSHDA at least six (6) business days prior to closing. Incomplete or illegible forms will not be processed. Please eFax this document to MSHDA: 517-636-6163

Homeowner/Borrow Name:

Homeowner/Co-Borrowers Name:

Property Address: City: ,MI County: Zip:

Phone: Borrowers Social Security #: Co-borrowers Social Security #:

Lending Institution:

Contact Name:

Address: City: State: Zip:

Email: Phone:

Closing Agent/Title Company:

Payee Number: Mail Code:

Contact Name:

Address: City: State: Zip:

Email: Phone:

Loan Information: Loan Approval Date: Closing Date:

Grand Amount: \$500 HARP REFINANCE:

Homebuyer Information & Verification (Refer to Terms & Guidelines)

Property located in Michigan: Owner Occupied: Single Family/One-Unit

Post-Closing: Submit a copy of the final executed HUD-1 Settlement Statement to MSHDA via eFax: 517-636-6163 within 6 business days after closing

Borrower(s) hereby certify, under penalty of Michigan Compiled Laws Section 125.1447, that the above statement, submitted for the purpose of aiding the named Borrower(s) in applying for a HARP grant, is true. Borrower(s) further certify that the property being refinanced is a single family, owner occupied, principal residence of the Borrower(s). Borrower(s) understand that the amount of grant money received may be taxed and as such be reported on income tax returns as ordinary income. Borrower(s) understand that it is the Borrower(s) responsibility to consult with a tax professional regarding appropriate tax treatment of the grant funds. In addition Borrower(s) acknowledge that if any person, with an intent to defraud or cheat, designedly by false pretense, including any false statement or misrepresentation, obtains grant money as a result of a false statement or misrepresentation shall be guilty of a crime. Such person may be guilty of either a misdemeanor or felony.

Date: Borrowers Signature:

Date: Co-borrowers Signature:

The undersigned hereby certify, under penalty of Michigan Compiled Laws Section 125.1447, that they are not aware of any facts that would make the certification of the Borrower(s), above, untrue.

Date: Lender Originator's Signature:

Date: Lender Underwriter's Signature:

Email forms to agsettlement@michigan.gov