



Mid-Shore Love Down Payment Assistance Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Employer Name: _____
Address: _____ Phone: _____

Name of the Mid-Shore REALTOR® you
are working with.

Are you working in the approved counties? YES NO

Are you relocating to work in approved
counties? YES NO If yes, when? _____

If yes, explain:

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Employer Name: _____
Address: _____ Phone: _____

Are you working in the approved counties? YES NO

Are you relocating to work in approved
counties? YES NO If yes, when? _____

Do you have any other members of your household over the age of 18 working? If yes, please provide names and annual income:

Household member information

Full Name: _____ Relationship: _____
Annual Income: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____
Date _____

Lender Information (to be completed by lender)

Company: _____ Phone: _____
Loan Officer Name: _____ NMLS _____

Loan officer email: _____

Has pre-approval been issued? YES NO

Does pre-approval include use of Mid-Shore Love DPA? YES NO

Maximum amount of DPA funds permitted: _____

Has household income has been verified and meets UDSA median income limits? YES NO

Pre-approval letter attached? YES NO

Mid-Shore Love DPA Only

Approved _____ From: _____ To: _____

Name: _____ Title: _____

Monthly Check in for eligibility: Month one date: _____ Month two date: _____ Month three date: _____
Approval rescinded: _____ Why: _____
Rescinded by: _____ Date: _____

Mid Shore Community Foundation

Signature: _____

Date: _____



MID-SHORE LOVE
D O W N P A Y M E N T G R A N T
BY MID-SHORE BOARD OF REALTORS

Mid-Shore Board of REALTORS
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Application as of March 30, 2023