

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 <sup>st</sup> Job			
Wages, Tips, Salary 2 <sup>nd</sup> Job			
Income from self-employment			
Farm Income			
		Total Monthly Gross Income	