

TOWN OF BROOKHAVEN DOWN PAYMENT ASSISTANCE PROGRAM
ACKNOWLEDGMENT

**PLEASE RETAIN THE PROGRAM GUIDELINES AFTER YOU SEND IN
YOUR APPLICATION AS THEY CONTAIN IMPORTANT PROGRAM
INFORMATION**

Applicant(s)

(To be filled out and returned with application)

By signing below, I certify that:

- I have read and understand the 2020 Town of Brookhaven Down Payment Assistance Program Guidelines.
- I understand that I may be required to supply/submit additional documentation to complete and substantiate my eligibility.
- **I acknowledge that Section 1011 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency as to any manner within its jurisdiction.**
- All questions that were answered on this entire application will be verified through the appropriate third-party sources. It will be your responsibility to provide all the necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

Primary Applicant's Name (Please Print)

Co-Applicant's Name (Please Print)

Primary Applicant's Signature

Co-Applicant's Signature

Date _____

Date _____