

**NASSAU COUNTY DOWN PAYMENT ASSISTANCE PROGRAM
DISCLAIMER
CREDIT STATEMENT AGREEMENT**

I/We understand that the Long Island Housing Partnership, Inc. (LIHP) is relying on this information to prove my/our household's eligibility for housing assisted under the program. I/We certify that all information and answers to the questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I/We also understand that such action may result in criminal penalties. If any of the information provided in this application changes prior to closing, it is my/our responsibility to notify the LIHP in writing so that an updated determination can be made regarding my eligibility status. If I/we have not closed on a house within six (6) months of the date qualified, I/we understand that I/we will be required to resubmit current financial information and documentation to determine that I/we still meet the eligibility requirements of the program. Program eligibility must be maintained from the point of application to the awarding of all grant assistance at the closing.

I/We understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I/we provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions. I/We understand that after review of my/our financial status, LIHP may determine that I/we do not qualify for the home selected based on my/our ability to qualify for and/or carry the mortgage required.

Disclaimer: It is understood that this is not an offer and that LIHP may change the terms and conditions at any time. It is further understood that notices by LIHP may be made in such manner as LIHP may determine, including solely by advertisement. LIHP is not responsible to any party for any damage(s) caused or which may be caused as a result of the information collected for this application. LIHP reserves the right to reject any application for any non-discriminatory reason. Decisions by LIHP are final.

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date