



**Your Path to Homeownership Starts Here**

The DreamMaker Program helps qualified homebuyers overcome one of the biggest barriers to purchasing a home - upfront costs

ELIGIBLE HOUSEHOLDS WITH AT LEAST \$45,000 IN ANNUAL INCOME, ACCEPTABLE CREDIT, AND MANAGEABLE DEBT MAY RECEIVE ASSISTANCE FOR DOWN PAYMENT AND CLOSING COSTS

**HOUSEHOLD INCOME LIMITS (EFFECTIVE 06.01.2026)**

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8	ADDITIONAL PERSON +
MAX GROSS INCOME 80% AMI	\$60,100	\$68,700	\$77,300	\$85,850	\$92,750	\$99,600	\$106,500	\$113,350	\$6,850
MAX GROSS INCOME 120% AMI	\$90,100	\$102,950	\$115,900	\$128,780	\$139,130	\$149,400	\$159,750	\$170,030	\$10,300

**DREAMMAKER LOANS**



- HOMEBUYERS MUST OBTAIN FIRST MORTGAGE APPROVAL THROUGH A PRIVATE LENDER, SUPPLEMENTED BY DREAMMAKER FINANCING, AND REQUIRED BUYER FUNDS.
- STACKABLE WITH OTHER DOWN PAYMENT ASSISTANCE PROGRAMS
- LOANS RANGE FROM UP TO \$5,000 - \$30,000 FOR USE OF DOWN PAYMENT AND CLOSING COSTS
- ALL LOANS ARE SUBJECT TO BUYER NEED, FUNDING SOURCE, AND AVAILABILITY
- DEFERRED PAYMENT LOANS, 30-YEARS, 2% INTEREST
- ALL LOANS ARE REPAYABLE UPON RELOCATION, SALE, REFINANCE, DEMISE, OR DEFAULT
- DREAMMAKER MAX HOME PURCHASE PRICE OF \$260,000, RATIOS MUST ALIGN WITH PROGRAM GUIDELINES
- HOUSEHOLDS BETWEEN 80% - 120% AMI MAY RECEIVE UP TO \$10,000 & MAX PURCHASE PRICE OF \$360,000, RATIOS MUST ALIGN WITH PROGRAM GUIDELINES
- FULLY EXECUTED PURCHASE & SALES AGREEMENT ACCOMPANIED BY SELLER'S DISCLOSURE IS REQUIRED
- LEAD BASE PAINT DISCLOSURE FOR HOUSES BUILT BEFORE 1978 IS REQUIRED

**BUYER TERMS**



- CONSIDERED A FIRST-TIME HOMEBUYER
- MEET FUNDING SOURCE INCOME REQUIREMENTS
- PROVIDE REQUESTED DOCUMENTS TIMELY
- OWN & OCCUPY THE HOME AS PRIMARY RESIDENCE
- MAINTAIN FIRST MORTGAGE LOAN APPROVAL
- APPLY AT LEAST 25% OF INCOME TOWARD PITI
- OBTAIN CERTIFIED PRIVATE HOME INSPECTION
- COMPLETE FUNDER APPROVED HOMEBUYER COURSE
- SHARE EQUITY IF HOME IS SOLD IN FIRST 10 YEARS

**PROPERTY TERMS**



- LOCATED WITHIN CITY OF SAVANNAH LIMITS
- PROPERTY MUST BE VACANT, TENANT-OCCUPIED BY THE BUYER, OR OWNER-OCCUPIED BY THE SELLER
- BE IN GOOD CONDITION
- NO PEELING OR DETERIORATED PAINT
- PASS DREAMMAKER PROGRAM INSPECTION
- NO FIXER UPPERS, MOBILE HOMES, OR CONDOS
- TOWNHOMES - 2HR FIREWALL
- ACCEPTABLE APPRAISED VALUE

**PRIVATE MORTGAGE LENDER & LOAN TERMS**



- OFFER LOANS THAT MEET ALL TERMS, CONDITIONS, & DREAMMAKER PROGRAM LOAN COMMITTEE APPROVALS
- FIXED INTEREST RATES MAY NOT EXCEED THE GEORGIA DREAM MORTGAGE RATE, PLUS 2%, AS OF DREAMMAKER COMMITMENT DATE
- MUST NOT INCLUDE VARIABLE INTEREST RATES, INTEREST ONLY PAYMENTS, OR BALLOON PAYMENTS
- LIMIT LENDER FEES TO NO MORE THAN 3% OF LOAN AMOUNT
- LIMIT OVERALL DEBT LOAD, INCLUDING PITI PAYMENT, TO 45% OF BUYER GROSS INCOME
- MAXIMUM PITI RATIO OF 35% OF BUYER GROSS INCOME
- OFFER LOAN REPAYMENT TERMS BETWEEN 15 & 40 YEARS

**HUD HOUSING COUNSELING AGENCIES**



- HUD-APPROVED COUNSELORS - [HTTPS://HUD4.MY.SITE.COM/HOUSINGCOUNSELING](https://HUD4.MY.SITE.COM/HOUSINGCOUNSELING)
- CONSUMER CREDIT COUNSELING SERVICES SAVANNAH (CCCS) - 7220 SALLIE MOOD DRIVE - 912.691.2227
- NEIGHBORHOOD IMPROVEMENT ASSOCIATION (NIA) - 7010 SKIDAWAY ROAD - 912.447.5577

**HOUSING SERVICES DEPARTMENT**

6600 ABERCORN STREET, SAVANNAH, GA 31405  
912.651.6926

DOWNPAYMENT@SAVANNAHGA.GOV



RETURN SIGNED & COMPLETED APPLICATIONS TO:
P.O. BOX 1027 SAVANNAH, GA 31402
6600 ABERCORN STREET SAVANNAH, GA 31405
DOWNPAYMENT@SAVANNAHGA.GOV

APPLICANT:

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Preferred Contact #:  Home  Cell

Email: \_\_\_\_\_

Opt-In to Receive text messages / emails?  Yes  No

Alternate Contact Name: \_\_\_\_\_

Alternate Phone / Email: \_\_\_\_\_

Are you an employee of:

- City of Savannah  GA Ports Authority  Memorial  St. Joseph's/Candler  N/A

If so, how long: \_\_\_\_\_ Department: \_\_\_\_\_

Military Status:  N/A  Active Duty  US Veteran  Spouse of Deceased  Veteran Served in Foreign Conflict

Are you a NACA Member?  Yes  No

Will the number of people living in your household change over the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you a first-time home buyer?  Yes  No

Are you currently working with a Realtor?  Yes  No

If yes, Realtor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your current rent? \_\_\_\_\_

Is your current rent based on subsidized housing?  Yes  No

Are you currently on Section 8?  Yes  No

If yes, what is your portion of the rent? \_\_\_\_\_ What is the total rent? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you taken a Homebuyer Education course in the last 12 months?  Yes  No

**APPLICANT**

Do you have a house under contract?  Yes  No If no, when will you be ready? \_\_\_\_\_

If yes, please provide your lender and property information.

Lender's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Address: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

**APPLICANT – PRIMARY JOB**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Annual Salary: \_\_\_\_\_

How often do you get paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Do you work overtime?  Yes  No If yes, how many overtime hours per week? \_\_\_\_\_

Are you self-employed or have a side business?  Yes  No If yes, how long? \_\_\_\_\_

What is your annual revenue? \_\_\_\_\_

**APPLICANT – 2<sup>nd</sup> JOB**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Annual Salary: \_\_\_\_\_

How often do you get paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Do you work overtime?  Yes  No If yes, how many overtime hours per week? \_\_\_\_\_

**AMOUNT OF ADDITIONAL INCOME**

CHILD SUPPORT	\$	PENSION	\$	ALIMONY	\$
SOCIAL SECURITY	\$	RETIREMENT	\$	UNEMPLOYMENT	\$
SSI	\$	VA BENEFIT	\$	OTHER	\$

Do you have investment accounts (IRA, 401K, 403B etc)?  Yes  No

Total Savings Amount? \_\_\_\_\_

**APPLICANT**

**WHAT ARE YOUR CREDIT SCORES?**

EQUIFAX: \_\_\_\_\_ EXPERIAN: \_\_\_\_\_ TRANSUNION: \_\_\_\_\_

**MONTHLY MINIMUM PAYMENT**

TYPE	MINIMUM PAYMENT	BALANCE
STUDENT LOAN	DEFERRED? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	<input type="checkbox"/> IBR <input type="checkbox"/> IDR <input type="checkbox"/> Default <input type="checkbox"/> Other \$
CAR NOTE	\$	\$
CREDIT CARD	\$	\$
PERSONAL LOAN	\$	\$
OTHER	\$	\$

**DEMOGRAPHICS**

The following information is requested by the Federal Government in order to monitor compliance with Equal Credit Opportunity and Fair Housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate based on the information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations we are required to note race and sex based on visual observation or surname.

**DISABILITY:** Blind or visually impaired?  Yes  No Disabled?  Yes  No

**EDUCATION:**  Some High School  High School Graduate / GED  Some College  
 Bachelor's Degree  Master's Degree  Advanced Degree  Prefer not to say

**MARITAL STATUS:**  Single  Married  Separated  Divorced  Widowed

**ETHNICITY:**  Hispanic  Non-Hispanic  Prefer not to say

**SEX:**  Female  Male  Prefer not to say

**RACE:**  American Indian  Asian  Black  White  Other  Prefer not to say

**LIST ALL HOUSEHOLD MEMBERS, INCLUDING YOURSELF, & ALL INCOME**

NAME	DOB	SOCIAL SECURITY #	RELATIONSHIP	INCOME AMT	INCOME SOURCE
			SELF		

**CO-APPLICANT**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Preferred #:  Home  Cell

Email: \_\_\_\_\_ Opt-In to receive text messages / emails?  Yes  No

Are you an employee of:  City of Savannah  GA Ports Authority  Memorial  St. Joseph's/Candler  
 N/A? If so, how long: \_\_\_\_\_ Department: \_\_\_\_\_

Military Status:  N/A  Active Duty  US Veteran  Spouse of Deceased  Veteran Served in Foreign Conflict

Are you a first-time home buyer?  Yes  No

**CO-APPLICANT – PRIMARY JOB**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Annual Salary: \_\_\_\_\_

How often do you get paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Do you work overtime?  Yes  No If yes, how many overtime hours per week? \_\_\_\_\_

Are you self-employed or have a side business?  Yes  No If yes, how long? \_\_\_\_\_

What is your annual revenue? \_\_\_\_\_

**CO-APPLICANT – 2<sup>nd</sup> JOB**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Hourly Rate: \_\_\_\_\_ Hours worked per week? \_\_\_\_\_ Annual Salary: \_\_\_\_\_

How often do you get paid?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Do you work overtime?  Yes  No If yes, how many overtime hours per week? \_\_\_\_\_

**AMOUNT OF ADDITIONAL INCOME**

CHILD SUPPORT	\$	PENSION	\$	ALIMONY	\$
SOCIAL SECURITY	\$	RETIREMENT	\$	UNEMPLOYMENT	\$
SSI	\$	VA BENEFIT	\$	OTHER	\$

Do you have investment accounts (IRA, 401K, 403B etc)?  Yes  No

Total Savings Amount? \_\_\_\_\_

**CO-APPLICANT**

**WHAT ARE YOUR CREDIT SCORES?**

EQUIFAX: \_\_\_\_\_ EXPERIAN: \_\_\_\_\_ TRANSUNION: \_\_\_\_\_

**MONTHLY MINIMUM PAYMENT**

TYPE	PAYMENT	BALANCE
STUDENT LOAN	DEFERRED? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<input type="checkbox"/> IBR <input type="checkbox"/> IDR <input type="checkbox"/> Default <input type="checkbox"/> Other \$ _____
CAR NOTE	\$ _____	\$ _____
CREDIT CARD	\$ _____	\$ _____
PERSONAL LOAN	\$ _____	\$ _____
OTHER	\$ _____	\$ _____

**APPLICANT / CO-APPLICANT**

Have you or the co-applicant filed Chapter 7 or Chapter 13 Bankruptcy and currently on a repayment plan?

Applicant:  Yes  No If yes, payment amount? \_\_\_\_\_  
 Co-Applicant:  Yes  No If yes, payment amount? \_\_\_\_\_

Have you or co-applicant been directly or indirectly obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement in the last 3 years?  Yes  No

Do you or the co-applicant owe a balance with a previous landlord?  Yes  No

If yes, please explain:

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APPLICANT / CO-APPLICANT

By signing below, I acknowledge any money received from the Mayor and Aldermen of the City of Savannah and/or Community Housing Services Agency, Inc. is a loan and not a grant.

- Interest rates up to 2%
• No payments are due until you sell or transfer the home, refinance the first mortgage, or no longer occupy the home as you primary residence.

By signing below, I

- Certify that all information reported in and submitted with this application is complete, true and correct. I also understand that it is against the law to knowingly present false information on this application.
• Authorize the City of Savannah Housing Services Department (HSD) / Community Housing Services Agency, Inc.(CHSA) to verify all information reported on this Home Purchase Assistance Application and Bank Loan Application.
• Authorize my bank to provide HSD/CHSA with copies of information obtained by the Bank and reported to it by the applicant(s)
• Authorize HSD/CHSA to obtain my credit report
• Authorize HSD/CHSA to obtain verification of employment
• Agree to provide HDS/CHSA with information requested in a timely manner
• Understand that completing this application should not be construed as being an approval of a loan.

I hereby certify that I am:

You Must Initial One

US Citizen Legal Alien

I hereby certify that I am:

You Must Initial One

US Citizen Legal Alien

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

WARNING: SECTION 1001 OF TITLE 18 U.S. CODE MAKES IT A CRIMINAL OFFENSE TO WILLFULLY FALSIFY A MATERIAL FACT OR MAKE A FALSE STATEMENT IN ANY MATTER WITHIN THE JURISDICTION OF FEDERAL AGENCY.



Borrower and Co-Borrower,

The HSD/CHSA offers programs for modest wage income home buyers. The HSD Dream Maker Home Buyer Assistance Program offers a loan for a portion of down payment, closing costs and prepaid expenses.

The Dream Maker Home Buyer Assistance Program **is a loan and not a grant**. No payments are due unless you (1) sell or transfer home, (2) refinance your first mortgage, or (3) you no longer occupy your home as your principal residence. **The interest rate is 2.00%.**

\_\_\_\_\_  
**BORROWER SIGNATURE**

\_\_\_\_\_  
**CO-BORROWER SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

By signing the above, I/We acknowledge any money received from the Dream Maker Home Buyer Assistance Program **is a loan and not a grant**.



U.S. Department of Housing and Urban Development  
U.S. Environmental Protection Agency  
U.S. Consumer Product Safety Commission

To: Owners, Tenants & Purchasers  
Of Housing Constructed **before 1978**

# Notification

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## Protect Your Family from Lead in Your Home

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If your property was constructed **before 1978**, there is a possibility it contains lead-based paint. The enclosed pamphlet will give you more information about lead-based paint.

I have received a copy of the pamphlet entitled, "**Protect Your Family from Lead in Your Home**".

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APPLICANT - PRINT FULL NAME

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APPLICANT SIGNATURE

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DATE



**INFORMATION DISCLOSURE AUTHORIZATION**

To Whom It May Concern:

I/We hereby authorize you to release to the City of Savannah, Housing Services Department, and its assigns the following information for the purpose of verification:

1. Employment history (dates and title)
2. Income (hourly rate)
3. Banking, savings (loan information and ratings)
4. Mortgage company (loan information and ratings)
5. Student enrollment status
6. And any other information deemed necessary for the purpose of processing or re-verifying your credit file

This information is for confidential use in verifying information to be used in determining program eligibility.

A photographic copy of this authorization (being a valid copy of the signatures of the undersigned), may be deemed the equivalent of the original and may be used as a duplicate original.

\_\_\_\_\_  
**APPLICANT - PRINT FULL NAME**

\_\_\_\_\_  
**CO-APPLICANT - PRINT FULL NAME**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**CO-APPLICANT SIGNATURE**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**SOCIAL SECURITY NUMBER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**



## PHOTO, VIDEO, & INTERVIEW RELEASE AGREEMENT

I, \_\_\_\_\_, authorize the City of Savannah, Community Housing Services Agency, Inc., CHSA Development, and any of its partners, to record, photograph, or film me and/or conduct interviews with me that may be seen and heard by the general public. Interviews used for advocacy or educational purposes, and in publications, such as brochures, newsletters, articles, display boards, or other promotional materials.

I understand that these interviews or images will be used for educating the public about housing initiatives or those of its housing practitioner partners. As such, I am granting my permission for the use of my likeness in any and all educational, advocacy, or marketing materials, unless revoked in writing.

Additionally, I understand that these interviews or images, or portions of them, may be displayed on any website and/or social media channels published by and agree to such use.

I waive my right to approve or inspect the interview and images prior to their use and forgo any claim of royalties or compensation, now or in the future. I agree to hold harmless *from the City of Savannah and CHSA Inc.*, its board of directors, agents, or employees from any claims, damages, or liability arising from the use of my interview and/or image.

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**EMAIL ADDRESS**

\_\_\_\_\_  
**PHONE NUMBER**

\_\_\_\_\_  
**DATE**

