

**Georgia Dream Homeownership Program**  
**Affidavit of Non-Applicant Household Member**  
(Submit with Underwriting Package)

This form is to be completed and sworn to by any adult (including the applicant's spouse) who will not sign the Note but will live in the property. Co-signers not intending to live in the property need not execute this form.

**CURRENT ANNUAL HOUSEHOLD INCOME**

Indicate the total annual income for any adult (18 years of age or older) who will live in the property, but who is not an applicant:

**Name of Non-Applicant:** \_\_\_\_\_

Employer Name: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To: \_\_\_\_\_

Gross full-time salary including overtime and bonuses (including all regular and special pay and allowances of members of the Armed Forces, whether living in the dwelling, who are the head of the family or spouse)

\$ \_\_\_\_\_

Gro part-time salary

\$ \_\_\_\_\_

Dividends and interest; income from royalties, trusts, and investments

\$ \_\_\_\_\_

Net business or rental income, or other net income from real or personal property

Periodic payments from Social Security (including that received on behalf of children) annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other retirement benefits

\$ \_\_\_\_\_

All housing allowances and similar allowances which reimbursement for job-related expenses are not

\$ \_\_\_\_\_

Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay

\$ \_\_\_\_\_

Alimony and child support, and regular contributions or gifts from persons not residing in the household

\$ \_\_\_\_\_

Public assistance and welfare payments; relocation payments

\$ \_\_\_\_\_

**TOTAL ANNUAL INCOME\***

\$ \_\_\_\_\_

\* Transfer this amount to Form SF-12, "Application Affidavit," page 3.

I have reviewed all the statements made in this Affidavit. Nothing has come to my attention that would lead me to believe that any of the statements made in this Affidavit are inaccurate or incomplete.

By affixing my signature below, I certify that I have read and understood the definition of annual income above and have disclosed all my income.

I fully understand that the above statements and the information set forth in this Affidavit are material to the application for a mortgage loan from the Georgia Housing and Finance Authority ("GHFA") and the Georgia Department of Community Affairs ("DCA"), are public information and may be subject to public disclosure and/or verification by DCA, and I declare under penalty of perjury, which is a felony offense in the State of Georgia, that the above statements and information are true, correct and complete.

Additionally, I fully understand that:

1. In the event that the information set forth in this Affidavit is no longer true at the time of the loan closing and has changed such that the Applicant no longer qualifies for a loan under the Georgia Dream Homeownership Program, then the Applicant will not be entitled to obtain or close the loan; and
2. I hereby release GHFA, DCA and the originating lender from any claims related in any way to their verification or enforcement of the Georgia Dream Homeownership Program requirements.
3. I am a full time student: \_\_\_\_\_Yes \_\_\_\_\_No      If yes, provide school transcripts

\_\_\_\_\_  
Signature of Non-Applicant

\_\_\_\_\_  
Date