



# CITY OF WALTHAM

## DOWNPAYMENT ASSISTANCE PROGRAM

### Affadavit of Understanding

I/We have read the Downpayment Assistance Program Guidelines issued by the City of Waltham. I/We understand and agree to abide by the terms and conditions of the Program as set forth therein.

#### **Borrower:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
(home) \_\_\_\_\_ (work) \_\_\_\_\_

#### **Co-Borrower:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Numbers \_\_\_\_\_  
(home) \_\_\_\_\_ (work) \_\_\_\_\_