

REQUEST TO PURCHASE A HOME

BENEFICIARY NAME (PLEASE PRINT) _____

Anchor for Special Needs, Inc. will permit the purchase of house by a trust in certain circumstances. Following a few simple guidelines will make the purchase smooth and satisfying for all parties involved.

- All house purchases must be approved by the Special Needs Committee.
 - To start the process, please submit a signed copy of this form (both pages) along with the attached Home Purchase Application including the Monthly Budget Form (with supporting docs), and a copy of your recent Credit Report to the Trust Administration Team. You can obtain your credit report for free by visiting www.annualcreditreport.com or contact your local consumer counseling center for assistance.
 - The Application will then be submitted to the committee for review as they consider approving the purchase by the trust. If the purchase is approved, the Committee will then set the price range of homes for you to view.
- The Committee will consider various issues including:
 - Your ability to pay the utilities.
 - The annual cost of taxes, homeowner insurance, maintenance and condo fees (i.e., how many years these expenses can be paid by the remaining funds and the beneficiary's life expectancy).
 - Other costs the trust may need to pay for the beneficiary from the remaining funds.
- After you have been approved the purchase of a house and a dollar amount you can work with a local Realtor to find a home suitable for you.
 - If you do not have a realtor, let us know and we can help find a realtor to work with you.
- Provide a copy of this form to your realtor so they know what to expect, following the procedures will help the process move more quickly.
 - Information on this form will help them prepare an Agreement of Sale to submit an offer.
- The contract must provide for the following inspections and reports.
 - Home Inspection
 - Appraisal
 - Termite Inspection
 - Commitment for Title Insurance
 - It is required for you to have dwelling and liability insurance and arrange for coverage.
 - We strongly advise you to also obtain testing for Termites, Radon, Mold, Private Septic Systems, and Private Well Water systems.
- The contract must allow 15 business days for completion of the above inspections/reports/ certifications as well as five (5) days for review after receipt. The contract must also allow for cancellation if the results of the inspections/report/certifications are not found acceptable by the buyer.
- After the Agreement of Sale or Offer for Purchase is accepted by the seller, Anchor for Special Needs, Inc. will place earnest money in escrow; the amount will be determined by what is stated in the contract.
- After all conditions and contingencies have be satisfied, and all documentation has been received for review, settlement or close of escrow can be held within 5 business days or other dates as agreed to in the contract.
- I have reviewed and understand all the steps in the home purchase process and agree to complete all necessary steps before purchasing a home.

Signature _____
(Or the legal representative of the Beneficiary if the Beneficiary is incapacitated or a minor receiving funds)

DATE _____

BENEFICIARY NAME _____

BENEFICIARY PHONE NUMBER (Indicate if work, home or cell) _____

BENEFICIARY EMAIL ADDRESS _____

Applicant Name _____

Relationship of Applicant to Beneficiary _____

List everyone who will be living in the home:

<i>Name</i>	<i>Relationship to Beneficiary</i>	<i>Age</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many bedrooms are needed? _____

Who will be responsible for payment of utilities? _____

Have you owned or maintained a home before? _____

Reason for Purchase Application *(Please tell us what we should consider when reviewing this application, what are the present circumstances that indicate the trust should purchase a home. What plans are in place to ensure payment for maintenance and upkeep, including taxes and insurance after the trust is exhausted):*

Incomplete forms will be returned to the beneficiary.
EMAIL OR MAIL YOUR REQUEST
FAX: 1-267-740-3000 | PHONE: 1-844-526-2467 | EMAIL: info@anchorfsn.org
MAIL: Anchor for Special Needs, Inc. | 188 N Third St. #278 | Rogers City, MI 49779
YOU MAY MAKE COPIES OF THIS FORM OR DOWNLOAD IT FROM OUR WEBSITE @ www.anchorfsn.org



REQUESTED BUDGET INFORMATION

MONTHLY BUDGET FOR (Beneficiary's Name) _____

INCOME (monthly)		EXPENSES (monthly)		
List each member of household who has income)				
(NAME)		RENT		
SSI		FOOD		
SSDI		UTILITIES		
Food Stamps		AUTO PAYMENT		
Other		AUTO INSURANCE		
		CABLE		
		INTERNET		
(NAME)		PHONE(S)		
SSI		OTHER (PLEASE SPECIFY)		
SSDI				
Food Stamps				
Other				

You must attach proof of income and receipts (or other proof of payment) for the past 12 months for all expenses listed above.

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