

FINANCIAL INSTITUTION INFORMATION

FI NAME:	FDIC CERTIFICATE NUMBER:
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APPLICANT INFORMATION

<input type="checkbox"/> NEW ACCOUNT <small>(Applicant's first account)</small>	<input type="checkbox"/> ACCOUNT-TO-ACCOUNT TRANSFER <small>(Applicant is moving to a new Financial Institution)</small>	NAME OF PRIOR FINANCIAL INSTITUTION:
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APPLICANT

FIRST NAME:	MIDDLE NAME (Optional):	LAST NAME:
DATE OF BIRTH: <small>(Must be 18 years old at the time of application)</small>	SOCIAL SECURITY NUMBER OR INDIVIDUAL TAX ID NUMBER:	<input type="checkbox"/> SSN <input type="checkbox"/> ITIN

APPLICANT PRIMARY ADDRESS (CANNOT BE PO BOX AND MUST BE IN OHIO)

STREET ADDRESS LINE 1:			
STREET ADDRESS LINE 2:			
CITY:	STATE:	ZIP CODE:	COUNTY:

APPLICANT MAILING ADDRESS (IF DIFFERENT THAN PRIMARY ADDRESS)

STREET ADDRESS LINE 1:			
STREET ADDRESS LINE 2:			
CITY:	STATE:	ZIP CODE:	

APPLICANT CONTACT INFORMATION / PREFERRED BRANCH

EMAIL ADDRESS:
PHONE NUMBER (CELL):
PREFERRED FSB BRANCH:

EXPECTED OPENING DEPOSIT

INITIAL DEPOSIT AMOUNT:

CERTIFICATION STATEMENT

The Applicant hereby certifies 1) they are over 18 years of age, 2) they are a resident of the State of Ohio, 3) the funds in their Ohio Homebuyer Plus account shall be used exclusively for eligible program home purchase costs, 4) they shall hold not more than one Ohio Homebuyer Plus account at any one time except as allowed in the Ohio Homebuyer Plus Participation Statement, 5) they have reviewed the Ohio Homebuyer Plus Participation Statement and will comply with all its provisions and requirements, and 6) they have not knowingly made any false statements or provided false information.

The Applicant certifies they will notify the Financial Institution if they no longer meet these Certification Statements.

SIGNATURE OF APPLICANT:

X	DATE:
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