

- Note:**
1. In addition to completing this form, the homebuyer must complete the AHP Household Income Qualification Workbook.
 2. The homebuyer must complete a homebuyer counseling program provided by, or based on one provided by, an organization experienced in homebuyer or homeowner counseling.
 3. By signing this, the homebuyer acknowledges that enrollment in the WISH program is not a guarantee that program funds will be available from the Member at the time of the homebuyer's purchase of a home.
 4. The date of enrollment in the WISH program is the date that the Member signs this enrollment form.

Homebuyer Information

First Name	M.I.	Last Name	
Address (must be current residence address; do not use P.O. box)			County or PMSA (Must be same as in Workbook)
City		State	ZIP Code

Homebuyer Counseling Program Name

Program Name (as appears on Homebuyer Counseling Certificate)

Mortgage Assistance Program (if applicable)

Mortgage Assistance Program Name			
Contact Person	Title		
Address	City	State	ZIP Code
Email	Telephone Number		

Member Institution

Institution			
Contact Person	Title		
Address	City	State	ZIP Code
Email	Telephone Number		

Signatures

Homebuyer Signature	
Name (<i>print or type</i>)	Date Signed
Member Signature	Name (<i>print or type</i>)
Title	Date Signed