

The Financial Institution Officer must complete the Ohio Homebuyer Plus savings account application with the help of the prospective account participant ("Applicant"). Once complete, the Financial Institution Officer will enter the application information into TOS Touchpoint portal. The Treasurer's office will notify the Financial Institution once the application is approved.

FINANCIAL INSTITUTION INFORMATION

FI NAME: Union Savings Bank	FDIC OR NCUA CERTIFICATE NUMBER: 32296
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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> MONTH: [] [] DAY: [] [] YEAR: [] [] [] []	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: _____	_____

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: _____

NAME OF REFERRAL:

