

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:	FDIC OR NCUA CERTIFICATE NUMBER:

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:

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

APPLICANT PRIMARY ADDRESS <small>(CANNOT BE PO BOX AND MUST BE IN OHIO)</small>			
STREET ADDRESS LINE 1:			
STREET ADDRESS LINE 2:			
CITY:	STATE:	ZIP CODE:	COUNTY:

APPLICANT MAILING ADDRESS <small>(IF DIFFERENT THAN PRIMARY ADDRESS)</small>			
STREET ADDRESS LINE 1:			
STREET ADDRESS LINE 2:			
CITY:	STATE:	ZIP CODE:	

EXPECTED OPENING DEPOSIT	
INITIAL DEPOSIT AMOUNT:	

CERTIFICATION STATEMENT	
<input type="checkbox"/>	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.
<input type="checkbox"/>	The Applicant certifies they will notify the Financial Institution if they no longer meet these Certification Statements.

SIGNATURE OF APPLICANT:	
X	DATE: