



PROGRAM CODE:	<input type="checkbox"/> NONE	<input type="checkbox"/> 10%	<input type="checkbox"/> 20%	<input checked="" type="checkbox"/> CHOICE
WEEKLY PAYMENT: \$ 75 / Processing time 3-14 month				
START PAYMENT: DATE ____/____/____				

MEMBER AGREEMENT CONTRACT

Date of Application	How would you describe your Credit?	Area desire:	Available down deposit \$
Type of Property (Est. Purchase Price) \$	Subject Property Address:		
Applicant's Full Name		E-mail	Phone
Co-Applicant Name		E-mail	Phone
Address / City / State			
Landlord info		No. of Year	Phone
Employer Information		# of years	Tel.

This agreement is made on this ____ day of _____, 20____, between _____/_____ hereinafter known as "**Member**", and American Dream Home Management Program ("**ADHMP, INC**").

This agreement is based on the following provisions as follow:

- 1. **ADHMP, INC** shall pre-approve the mortgage for the **Member**. The amount of the approved loan will be based on the **Member's** income and amount of his/her rent for the past year.
 - 2. **ADHMP, INC** shall offer the **Member's** loan at the low interest rate starting of 3.5% for the loan, regardless of the loan program of 30 years, 20 years or 15 years.
 - 3. **ADHMP, INC** shall charge 1% origination fee of the loan amount under this program. Member is responsible to provide proof of fund upon request to cover the cost associated with this loan prior to closing on the property. The **Member** has the choice of using her/his own attorney.
 - 4. **ADHMP, INC** shall offer the **Member** the option of no down payment on the mortgage. The **Member** has the choice of putting a down payment as set forth in the pre-Approval to reduce the wait time in the program.
 - 5. **Member** shall pay a onetime processing application fee in the amount of **\$500.00. or (The processing application fee is WAIVED).**
 - 6. Upon acceptance of the application of his/her application for the mortgage, **Member** shall pay **\$75 weekly until the loan is funded**. The weekly payments is to establish the **Member's** good faith to remain in the program and building equity towards purchasing the property. ***The money accumulated from the \$75 payments by the Member, 40% of that shall be used towards the closing cost, or the closing cost, and the other 60% will be used for your management premium administration fee for the program.***
- Member** shall remain on the program until the purchase is completed during which **Member** shall continue making the **\$75** payments, is on a case to case basis and can take as little as 3 months and maximum 14 month to establish credibility with ADHMP, Inc while your application is being process.
7. If **Member** fails to make the weekly payments on time, his/her membership will be terminated, resulting in loss of the money accumulated from the weekly payments. If **Member** decides to join the program at a later time, he/she will have to begin the process from the beginning.
8. All **Members must take a Credit Counseling Course offered by our management team prior to the closing of the new home**. The **Member** is responsible for fee for the Course which is **\$250.00 (Two hundred and fifty U.S dollars)**. The course will also be available to take over the phone.

This agreement shall be governed by the laws in State of _____ and any appropriate Federal law.

In witness of their agreement to the terms above, the parties or their authorized agents hereby affix their signatures:

AGREED AND ACCEPTED:

X _____	X _____
Borrower Signature	Co-Borrower Signature
Date	Date
SSN: _____	SSN: _____
DOB: _____	DOB: _____
Agent / Office ID: _____	

DOCUMENTS NEED
<input type="checkbox"/> 2 YEARS TAX RETURN
<input type="checkbox"/> 1 MONTH PAY STUB
<input type="checkbox"/> COPY OF LEASE
<input type="checkbox"/> COPY OF IDENTIFICATION CARD
<input type="checkbox"/> PROCESSING FEE \$500.00
<input type="checkbox"/> 2 MONTHS BANK STATEMENT

Please fax documents to 1-800 856-3602 to process the application. or E-mail us to adhmp@live.com

