

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: <input style="width: 95%;" type="text"/>	FDIC OR NCUA CERTIFICATE NUMBER: <input style="width: 95%;" type="text"/>

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: <input style="width: 95%;" type="text"/>

APPLICANT									
FIRST NAME: <input style="width: 95%;" type="text"/>	MIDDLE NAME (Optional): <input style="width: 95%;" type="text"/>	LAST NAME: <input style="width: 95%;" type="text"/>							
DATE OF BIRTH: <small>(Must be 18 years old at the time of application)</small> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px;">MONTH</td> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">YEAR</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	MONTH	DAY	YEAR	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	SOCIAL SECURITY NUMBER OR INDIVIDUAL TAX ID NUMBER: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> SSN	<input type="checkbox"/> ITIN
MONTH	DAY	YEAR							
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>							

APPLICANT PRIMARY ADDRESS (CANNOT BE PO BOX AND MUST BE IN OHIO)			
STREET ADDRESS LINE 1: <input style="width: 95%;" type="text"/>			
STREET ADDRESS LINE 2: <input style="width: 95%;" type="text"/>			
CITY: <input style="width: 95%;" type="text"/>	STATE: <input style="width: 95%;" type="text"/>	ZIP CODE: <input style="width: 95%;" type="text"/>	COUNTY: <input style="width: 95%;" type="text"/>

APPLICANT MAILING ADDRESS (IF DIFFERENT THAN PRIMARY ADDRESS)			
STREET ADDRESS LINE 1: <input style="width: 95%;" type="text"/>			
STREET ADDRESS LINE 2: <input style="width: 95%;" type="text"/>			
CITY: <input style="width: 95%;" type="text"/>	STATE: <input style="width: 95%;" type="text"/>	ZIP CODE: <input style="width: 95%;" type="text"/>	

EXPECTED OPENING DEPOSIT	
INITIAL DEPOSIT AMOUNT: <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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: <input style="width: 95%;" type="text"/>

