

**APPLICANT'S INFORMATION:**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial) (Suffix-Jr., Sr., etc.)

**Present Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone Numbers:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Sex\*** Male  Female  **Marital Status** Single  Married  **Race/National Origin\***  
 Hispanic/Latino  
 White not of Hispanic Origin  
 Black not of Hispanic Origin  
 American Indian/Alaskan  
 Asian  
 Native Hawaiian/Pacific Islander

**Veteran?** YES NO (circle one) **Education Level** \_\_\_\_\_  
Do you currently rent? \_\_\_\_\_  
Do you own a home? \_\_\_\_\_

**APPLICANT CURRENT EMPLOYMENT:**

**Employer's Name:** \_\_\_\_\_ **Your Position:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**IF EMPLOYED LESS THAN TWO YEARS, PLEASE LIST YOUR FORMER EMPLOYER:**

**Employer's Name:** \_\_\_\_\_ **Your Position:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PLEASE LIST GROSS MONTHLY INCOME FOR EACH CATEGORY:**

**Full-Time Job:** \$ \_\_\_\_\_ **Social Security:** \$ \_\_\_\_\_ **\*\*Child Support:** \$ \_\_\_\_\_ **Other:** \$ \_\_\_\_\_

**Part-Time Job:** \$ \_\_\_\_\_ **Disability:** \$ \_\_\_\_\_ **\*\*Alimony:** \$ \_\_\_\_\_ **TOTAL:** \$ \_\_\_\_\_

**CO-APPLICANT'S INFORMATION:**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle Initial) (Suffix-Jr., Sr., etc.)

**Present Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Phone Numbers:** Work: \_\_\_\_\_ Home: \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_ **Sex\*** Male  Female  **Marital Status** Single  Married  **Race/National Origin\***  
 Hispanic/Latino  
 White  
 Black  
 American Indian/Alaskan  
 Asian  
 Native Hawaiian/Pacific Islander

**VETERAN?** YES NO (Circle One) **Education Level** \_\_\_\_\_

**CO-APPLICANT CURRENT EMPLOYMENT:**

**Employer's Name:** \_\_\_\_\_ **Your Position:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**IF EMPLOYED LESS THAN TWO YEARS, PLEASE LIST YOUR FORMER EMPLOYER:**

**Employer's Name:** \_\_\_\_\_ **Your Position:** \_\_\_\_\_ **How Long:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**PLEASE LIST GROSS MONTHLY INCOME FOR EACH CATEGORY FOR EACH ADULT HOUSEHOLD MEMBER:**

**Full-Time Job:** \$ \_\_\_\_\_ **Social Security:** \$ \_\_\_\_\_ **\*\*Child Support:** \$ \_\_\_\_\_ **Other:** \$ \_\_\_\_\_

**Part-Time Job:** \$ \_\_\_\_\_ **Disability:** \$ \_\_\_\_\_ **\*\*Alimony:** \$ \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

INCOME LIMITS							
1 Person	\$35,950	2 People	\$41,050	3 People	\$46,200	4 People	\$51,300
5 People	\$55,450	6 People	\$59,550	7 People	\$63,650	8 People	\$67,750

*\*This information is requested for statistical purposes only.*

*\*\*This information is necessary in qualifying you for the City of Tallahassee Down Payment Assistance Program (Regulation "B" - Equal Credit Opportunity - Section 202.8(d))*

**LIST ALL PEOPLE WHO WILL BE LIVING IN THE HOUSE TO BE PURCHASED**

Name	Social Security Number	Date of Birth	Age	Relationship to Applicant	Annual Income (If Any)
					\$
					\$
					\$
					\$
					\$
					\$

**ASSETS:**

Do you have an account with a bank, credit union or savings bank?      Yes       No

If yes, please list the name of your financial institution(s): \_\_\_\_\_

Amount in checking account: \_\_\_\_\_      Amount in savings account: \_\_\_\_\_

List what source you will use for your portion of the down payment: \_\_\_\_\_

*Must be completed for ALL persons, including minors, who will be living in the house to be purchased.)*

Family Member	Asset Description	Current Value	Annual Income from Asset

**DEBTS OWED AND PAYING ON:**

Debt Owed	Monthly Payment	Balance Owed	Debt Owed	Monthly Payment	Balance Owed
Child Support payment	\$	\$	Finance Company	\$	\$
Alimony	\$	\$	Loan Payment	\$	\$
Auto Payment	\$	\$	Student Loan(s)	\$	\$
Rent	\$	\$	Other:	\$	\$
MasterCard	\$	\$	Other:	\$	\$
Visa	\$	\$	Other:	\$	\$
Other:	\$	\$	<b>TOTAL</b>	\$	\$

Have you owned a home in the last three years?      Yes       No

If yes, how much do you owe on it? \$ \_\_\_\_\_

Do you own a home or a mobile home now?      Yes       No

Have you attended a first-time homebuyer's class?      Yes       No       if yes, when \_\_\_\_\_

Who referred you to the Tallahassee Lenders' Consortium? \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby authorize the staff of the Tallahassee Lenders' Consortium to obtain a credit report containing detailed information about my credit history from Core Logic Credco. I also agree to pay a non-refundable processing fee of \$20.00 for individual applicants or \$40.00 for joint applicants to the Tallahassee Lenders' Consortium.

**ACKNOWLEDGMENT**

I/We understand that the information on this form is to be used to determine maximum income for eligibility. I/We certify that the statements are true and complete to the best of my/our knowledge. I/We agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

*A payment of \$20.00 for each applicant must be provided to cover the cost of processing.*