Neighborworks® HomeOwnership Center

Orientation: _	
CR Paid/Amt: _	
Appointment: _	

Tallahassee Lenders' Consortium 224 Office Plaza Tallahassee, FL. 32301 Tel. 850-222-6609

Fax.850-222-6687

APPLICANT'S	SINFORMATION:						
Name:							
Maille.	(Last)	(First)	(Middle Initial)	(Suffix-Ir., Sr., etc.)			
	` ,	(11131)	(Middle Initial)	(bunix-j1., b1., etc.)			
Present Address:		(C:+-)	(Ctata)	(7:)			
	(Street)	(City)	(State)	(Zip)			
Phone Numbers:	Home:		Work:				
EMAIL:							
Date of Birth	Social Security Number	Sex*	Marital Status	Race/National Origin*			
	BOOKE SCOULLY ITELESCE	<u> </u>		Hispanic/Latino White not of Hispanic Origin			
/		Male 🗌	Single				
Veteran?	Education Level	Female	Married □	Black not of Hispanic Origin			
		Do you curren Do you own a	tly rent?	☐ American Indian/Alaskan ☐ Asian			
YES NO		Native Hawaiian/Pacific Islander					
(circle one)	T						
APPLICANT CURR	ENT EMPLOYMENT:						
Employer's Name:		Yo	ur Position:	Date of Hire:			
Address:							
	(Street)		(City) (S	state) (Zip)			
IF EMPLOYED LES	S THAN TWO YEARS, PLEA	SE LIST YOUR I	ORMER EMPLOYER	<u>t</u> :			
Employer's Name:		Yo	ur Position:	How Long:			
				11011 1101ig.			
Address:	(04		(0:4-)	(7:)			
D . T . G	(Street)			tate) (Zip)			
PLEASE LIST GROS	SS MONTHLY INCOME FOR	EACH CATEGO	<u>)RY</u> :				
Full-Time Job: \$	Social Security: \$	**C	hild Support: \$	Other: \$			
Part-Time Job: \$	Disability: \$		**Alimony: \$	TOTAL: \$			
CO ADDITION		NT.					
I (:()							
CO-MI I LIOM	NT'S INFORMATIO	IN:					
	N1'S INFORMATIO	IN:					
Name:	(Last)	(First)	(Middle Initial)	(Suffix-Jr., Sr., etc.)			
Name:	(Last)		(Middle Initial)	(Suffix-Jr., Sr., etc.)			
	(Last)	(First)	,				
Name: Present Address:	(Last) (Street)		(State)	(Suffix-Jr., Sr., etc.) (Zip)			
Name:	(Last)	(First)	,				
Name: Present Address:	(Last) (Street)	(First)	(State)				
Name: Present Address: Phone Numbers:	(Last) (Street) Work:	(First) (City)	(State) Home: Marital Status	(Zip) Race/National Origin* Hispanic/Latino			
Name: Present Address: Phone Numbers: Date of Birth	(Last) (Street) Work:	(First) (City) Sex*	(State) Home:	(Zip) Race/National Origin* Hispanic/Latino White			
Name: Present Address: Phone Numbers:	(Last) (Street) Work:	(First) (City) Sex* Male	(State) Home: Marital Status Single	(Zip) Race/National Origin* Hispanic/Latino			
Name: Present Address: Phone Numbers: Date of Birth/ VETERAN?	(Last) (Street) Work: Social Security Number	(First) (City) Sex* Male	(State) Home: Marital Status Single	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian			
Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One)	(Last) (Street) Work: Social Security Number Education Level	(First) (City) Sex* Male	(State) Home: Marital Status Single	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan			
Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One)	(Last) (Street) Work: Social Security Number	(First) (City) Sex* Male	(State) Home: Marital Status Single	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian			
Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One)	(Last) (Street) Work: Social Security Number Education Level	(First) (City) Sex* Male Female	(State) Home: Marital Status Single	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian			
Name: Present Address: Phone Numbers: Date of Birth/_ VETERAN? YES NO (Circle One) CO-APPLICANT Complete C	(Last) (Street) Work: Social Security Number Education Level	(First) (City) Sex* Male Female	(State) Home: Marital Status Single Married	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander			
Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One) CO-APPLICANT C	(Last) (Street) Work: Social Security Number Education Level URRENT EMPLOYMENT:	(First) (City) Sex* Male Female Your P	(State) Home: Marital Status Single Married Married osition:	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire:			
Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One) CO-APPLICANT Complete Comployer's Name: Address:	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street)	(First) (City) Sex* Male Female Your P	(State) Home: Marital Status Single Married Married City) (State	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire:			
Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One) CO-APPLICANT Complete Comployer's Name: Address:	(Last) (Street) Work: Social Security Number Education Level URRENT EMPLOYMENT:	(First) (City) Sex* Male Female Your P	(State) Home: Marital Status Single Married Married City) (State	(Zip) Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire:			
Name: Present Address: Phone Numbers: Date of Birth VETERAN? YES NO (Circle One) CO-APPLICANT C Employer's Name: Address: IF EMPLOYED LES	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street)	(First) (City) Sex* Male Female Your P	(State) Home: Marital Status Single Married Married City) (State	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: (Zip)			
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Name: Present Address: Phone Numbers: Date of Birth / VETERAN? YES NO (Circle One) CO-APPLICANT C Employer's Name: Address: If EMPLOYED LES Employer's Name: Address:	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street) STHAN TWO YEARS, PLEAS (Street)	(First) (City) Sex* Male Female Your P	(State) Home: Marital Status Single Married City) (State Cormer Employer Position: City) (State	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: How Long: (Zip)			
Name: Present Address: Phone Numbers: Date of Birth // VETERAN? YES NO (Circle One) CO-APPLICANT C Employer's Name: Address: If EMPLOYED LES Employer's Name: Address:	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street) SS THAN TWO YEARS, PLEAS (Street) SS MONTHLY INCOME FOR	(First) (City) Sex* Male Female Your P SE LIST YOUR I YOU	(State) Home: Marital Status Single Married Married City) (State Cormer Employer Position: City) (State City) (State	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: (Zip) E: How Long: (Zip) CT HOUSEHOLD MEMBER:			
Name: Present Address: Phone Numbers: Date of Birth	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street) STHAN TWO YEARS, PLEAGE (Street) SS MONTHLY INCOME FOR	(First) (City) Sex* Male Female Your P SE LIST YOUR I YOU	(State) Home: Marital Status Single Married City) (State Cormer Employer Position: City) (State	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: How Long: (Zip)			
Name: Present Address: Phone Numbers: Date of Birth VETERAN? YES NO (Circle One) CO-APPLICANT C Employer's Name: Address: IF EMPLOYED LES Employer's Name: Address: PLEASE LIST GROS Full-Time Job: \$	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street) STHAN TWO YEARS, PLEAS (Street) SS MONTHLY INCOME FOR Social Security: \$	(First) (City) Sex* Male Female Your P SE LIST YOUR I You EACH CATEGO **Ch	(State) Home: Marital Status Single Married Married Osition: City) (State FORMER EMPLOYER Position: City) (State ORY FOR EACH ADUI	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: (Zip) How Long: (Zip) THOUSEHOLD MEMBER: Other: \$			
Name: Present Address: Phone Numbers: Date of Birth // VETERAN? YES NO (Circle One) CO-APPLICANT C Employer's Name: Address: IF EMPLOYED LES Employer's Name: Address:	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street) STHAN TWO YEARS, PLEAS (Street) SS MONTHLY INCOME FOR Social Security: \$	(First) (City) Sex* Male Female Your P SE LIST YOUR I You EACH CATEGO **Ch	(State) Home: Marital Status Single Married Married City) (State Cormer Employer Position: City) (State City) (State	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: (Zip) E: How Long: (Zip) CT HOUSEHOLD MEMBER:			
Name: Present Address: Phone Numbers: Date of Birth VETERAN? YES NO (Circle One) CO-APPLICANT C Employer's Name: Address: IF EMPLOYED LES Employer's Name: Address: PLEASE LIST GROS Full-Time Job: \$	(Street) Work: Social Security Number Education Level URRENT EMPLOYMENT: (Street) STHAN TWO YEARS, PLEAS (Street) SS MONTHLY INCOME FOR Social Security: \$ Disability: \$	(First) (City) Sex* Male Female Your P SE LIST YOUR I Your EACH CATEGO **Ch	(State) Home: Marital Status Single Married Married Sistion: City) (State Cormer Employer Position: City) (State ORY FOR EACH ADUI	Race/National Origin* Hispanic/Latino White Black American Indian/Alaskan Asian Native Hawaiian/Pacific Islander Date of Hire: (Zip) How Long: (Zip) THOUSEHOLD MEMBER: Other: \$			
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*This information is requested for statistical purposes only.

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LIST ALL PEOPLE WHO WILL BE LIVING IN THE HOUSE TO BE PURCHASED										
Nam	.e	So	cial Security	Da	te of	Age	Re	elationship	Annu	al Income
			Number	В	irth		to	Applicant	(1	f Any)
									\$	
									\$	
									\$	
									\$	
									\$	
									\$	
				ASSE	inic.					
Do you have an a			, credit union c	or sav	ings baı			es 🗆 No 🗆		
Amount in check		-			•			gs account:		
List what source										
			sons, including				iving	g in the house to	be purc	chased.)
Family Mer	nber	Asset 1	Description	C	Current	t Value)	Annual Inc	ome fr	om Asset
•			•							
							_			
				·D # N	ID DXI	ZTRIC (NT.			
			DEBTS OWE	.D AN	ND PA	ring (<u>)N:</u>			
Debt Owed	Mo	nthly	Balance	9	Debt	Owed	L	Monthly		Balance
		ment	Owed					Payment		Owed
Child Support	\$		\$		Financ	_		\$	\$	
payment					Compa	-				
Alimony	\$		\$		Loan Payment			\$	\$	
Auto Payment	\$		\$		Student Loan(s)		\$	\$		
	Ţ	P					_	•		
Rent	\$	\$			Other:			\$	\$	
MasterCard	\$	\$			Other:			\$	\$	
MasterGara	Ψ		Ψ	Othe.		tner:		Ψ	•	
Visa	\$		\$		Other:			\$	\$	
Other:	\$		\$		TOTAL			\$	\$	
Have you owned	a home ii	n the last t	hree years?		Yes	No				
If yes, how mu	-									
Do you own a hor Have you attende				•	Yes [Yes [yes, when		
Who referred you			-			_ NO		yes, when		
•										-
T/777 1 1 4	• 45 4		ORIZATION T							
I/We hereby authorinformation about										
for individual appl										y
			T CIVI	~ 1177 1		CATO				
I/We understand t	hat the info	ormation o	ACKNO n this form is to l				avin	num income for	eligihilit	r I/We
certify that the stat									_	•
documentation ne	eded to ass									
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.								and	
ımprisonment pro	viaea unde	er statutes	115.082 01 115.83).						
Applicant				_		Dat	e			
				_		_	1 -			
Co-Applicant						Dat	e			

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

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