



# ARE YOU READY?



**Please Follow These Directions!**

**First:** Your Application, Release and Disclosures forms **MUST** be turned in the night of your Home Buyer Readiness Class. Even though class begins at 6:00 PM, you can come as early as 5:15 PM to turn in your forms.

**Second:** If you are interested in TLC services, you will need the following documents:

**Confidential Counseling Session: \$20.00 Per Person for Credit Report**

(The Fee can be paid at the class or can be brought to the TLC Office)

**ALL DOCUMENTS MUST BE SUBMITTED TO THE TLC OFFICE 1 WEEK PRIOR TO YOUR SCHEDULED APPOINTMENT**

- Pay stubs for the last 30 days
- If you own your own business, bring the 2 previous months of profit and loss statements.
  - 2 months of bank statements
  - Your driver's license and social security card (Original Only)
    - Personal Budget (form will be provided)
- Proof of Income: social security benefits, veterans' benefits, cash contributions
  - Alimony and Child Support Documentation (Court Order and Pay History)
    - Bankruptcy Documentation –Schedule F or H (if applicable)

**Home Buyers Education Class (8 Hour Certification):**  
**\$25.00 for Materials**

For More Information Please Contact:  
**Shelia Moore, Administrative Assistant**  
**850.222.6609 x100**

### 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	\$36,500	2 People	\$41,700	3 People	\$46,900	4 People	\$52,100
5 People	\$56,300	6 People	\$60,450	7 People	\$64,650	8 People	\$68,800

\*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.*



Tallahassee Lenders' Consortium  
224 Office Plaza  
Tallahassee, FL. 32301  
Tel. 850-222-6609  
Fax. 850-222-6687

NeighborWorks®  
HomeOwnership Center

### AUTHORIZATION FOR RELEASE OF INFORMATION

I/We, \_\_\_\_\_, the undersigned, hereby authorize the release, without liability, information regarding my employment, income, and/or assets, to the Tallahassee Lenders' Consortium for the purposes of verifying information provided as part of determining eligibility for assistance under the Down Payment Assistance Loan Program with the City of Tallahassee or Leon County Housing Finance Authority. I understand that only information necessary for determining eligibility can be requested.

#### **Types of information to be verified:**

I understand that previous or current information regarding me may be required. Verifications that may be requested include, but are not limited to: employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, certificates of deposit, stocks, bonds, Individual Retirement Accounts, interest dividends; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability, worker's alimony or child support payments. It is intended that this authorization be used to obtain any and all of my financial information.

#### **Agreement to Conditions**

I agree that a photocopy of this authorization may be used for the purposes stated herein. I understand that I have the right to review this file and correct any information found to be incorrect.

**\*\*This release is good for one year from the date signed.**

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Signature	Printed Name	Date
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Signature	Printed Name	Date
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*Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form 4506, "Request for Copy of Tax Return" and prepare and sign separately from this document.*



Revised 7/2014







Tallahassee Lenders' Consortium  
224 Office Plaza  
Tallahassee, FL. 32301  
Tel. 850-222-6609  
Fax.850-222-6687

NeighborWorks®  
HomeOwnership Center

### **Tallahassee Lenders' Consortium Housing Counseling Program Disclosure**

**Purpose of Housing Counseling.** I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing.

**Homeownership Education Classes.** I/ We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes.

**Customer's Responsibility.** I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

**City of Tallahassee Down Payment Assistance Program.** Tallahassee Lenders' Consortium is under contract with the City of Tallahassee to administer the municipality's down payment assistance loan program, in which the City is the lender; while we offer the loan program to all qualified clients it is not mandatory to participate.

**The Tallahassee Lenders' Consortium does not discriminate against any person because of race, color, religion, sex, national origin, handicap or familial status (presence of children under the age of 18 or pregnancy).**

**\*\*This release is good for one year from the date signed.**

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Signature	Printed Name	Date
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Signature	Printed Name	Date
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Revised 2/2014



**Current Monthly Household Income and Expenses**

Name:		Date:		
INCOME	AMT	EXPENSES	AMT	COMMENTS
GROSS		<b>HOUSING EXPENSES</b>	\$	
Net (Take Home Pay)		Rent / Mortgage		
GROSS		Rent/Mortgage		
Net (Take Home Pay)		Taxes		
Disability (Social Security		Insurance (Home/Rental)		
Pension/Retirement		Electricity		
Pension/ Retirement		Gas		
Veteran Benefits		Water/Sewer		
Public Assistance		Home Telephone		
Alimony		Cell Phone		
Child Support		Cable/Satellite		
Child Support		Internet		
Other Income		Waste Removal		
Other Income		<b>TRANSPORTATION</b>	\$	
<b>NET MONTHLY INCOME</b>	\$	Auto Payment 1		
<b>TOTAL MONTHLY INCOME</b>	\$	Auto Payment 2		
<b>Credit Debt</b>	\$	Auto Insurance		
Credit Card		Auto Gas		
Credit Card		Public Transportation		
Credit Card		Licensing		
Credit Card		Maintenance		
Credit Card		Other		
<b>OTHER MONTHLY EXPENSES</b>		<b>INSURANCE</b>	\$	
CHILDCARE		Health		
ENTERTAINMENT		Life		
OTHER		Other		
OTHER		<b>FOOD</b>	\$	
Student Loan(s)		Groceries		
Student Loan(s)		Dining Out		
Student Loan(s)		Other		
Student Loan(s)		<b>PERSONAL CARE</b>	\$	
Student Loan(s)		Medical/Prescriptions		
Student Loan(s)		Hair/Nails		
Student Loan(s)		Clothing		
Personal loans				
Personal loans		Gifts and Donations	\$	
<b>TOTAL NET MONTHLY INCOME</b>	\$	Charity		
<b>TOTAL GROSS MONTHLY INCOME</b>	\$	Church/Tithes		
<b>TOTAL MONTHLY EXPENSES</b>		OTHER	\$ -	
<b>TOTAL DIFFERENCE (GROSS)</b>				
<b>TOTAL DIFFERENCE (NET)</b>				
		<b>PETS</b>	\$	
		Food		
Revised 5/26/2016		<b>TOTAL EXPENSES</b>	\$	